**Performance**

**Report**

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| Name: | Omnicare Home Services |
| Commission ID: | 201262 |
| Address: | 41-47 Morton Street, PORT MACQUARIE, New South Wales, 2444 |
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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: 9529 Omnicare Alliance Ltd  
Service: 27452 Omnicare Alliance Home Care Service  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9087 Omnicare Alliance Ltd  
Service: 28362 Omnicare Alliance Ltd - Care Relationships and Carer Support  
Service: 26743 Omnicare Alliance Ltd - Community and Home Support

**This performance report**

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

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the 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, and
* the provider’s responses to the assessment team’s report received 7 and 15 June 2024.

# Assessment summary for Home Care Packages (HCP)

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

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

# Areas for improvement

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

Requirement 3(3)(a) – The Provider will implement effective systems to ensure consumers receive best practice clinical care tailored to their needs that optimises their health and well-being.

Requirement 3(3)(b) – The provider will implement effective systems to ensure identification and timely management of high impact or high prevalence risks, including management of skin integrity, wound management, pressure injury care, diabetes, and continence management.

The Provider will implement effective systems to ensure identification, analysis and development of preventative measures related to high impact and high prevalence consumer risk(s).

* The Provider will ensure appropriate assessment of the severity of a range of risks to consumers and ensure appropriate measures are implemented to safeguard consumers commensurate with the risk
* Requirement 3(3)(c) - The Provider will provide training resources to enhance workforce capabilities in the assessment, care planning and comfort caring for end of life care and palliative care.
* Requirement 3(3)(d) – The Provider will ensure effective systems to identify and respond in a timely manner to deterioration and changes in consumers’ mental health, cognitive or physical condition.
* Requirement 3(3)(f) – The Provider will ensure effective systems to identify, manage and respond to consumer needs to ensure consumers are consistently referred to appropriate specialists or other providers of care in a timely manner.
* Requirement 3(3)(g) – The Provider will implement an effective system to ensure staff practices adhere to appropriate standard and transmission-based precautions.
* Requirement 8(3)(e) – The Provider will ensure effective clinical governance framework relating to antimicrobial stewardship and minimising the use of restraint.

# Standard 1

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

Findings

The service demonstrated that each consumer is treated with dignity and respect, with their identity, culture and diversity valued. All consumers and representatives advised they are treated with dignity and respect and that personal and clinical care is undertaken with dignity. Consumers and representatives advised that the service respects their culture and diversity. Consumer care plans are written in a respectful manner and contain relevant details about consumers’ unique identities and culture. At their initial assessment and planning meetings, consumers complete an ‘All About Me’ form, which gathers relevant information about individual consumer background, culture, career history, family situation, likes and dislikes.

The service demonstrated that care and services are culturally safe. Consumers and representatives advised that care and services are provided in a culturally safe manner in accordance with their preferences and in a way that makes them feel comfortable. Support workers demonstrated knowledge about what it means to provide care and services in a culturally safe manner.

The service demonstrated each consumer is supported to exercise choice and independence, which enables individual consumers to make decisions about the way their care and services are delivered, when others should be involved in their care, communicate their decisions, make connections with others and maintain relationships of choice. Consumers and representatives advised that the service supports them to exercise choice and maintain their independence while living at home. Consumer consent forms highlight that consumers make informed decisions about who can be involved in their care and consumer care plans contain details about third parties, such as family, friends and others who are involved in the care of each consumer.

The service demonstrated each consumer is supported to engage in risk to enable them to live the best life they can. Support workers demonstrated appropriate understanding of ‘dignity of risk’ and the importance of respecting consumer choices even if they pose a risk to the health and wellbeing of the consumer. Support workers described relevant strategies they use to encourage consumers when they refuse care or choose to engage in risk. The service administers a ‘Procedural Guideline Dignity of Risk’ document which states that the service will assist consumers to make informed choices and that appropriate risk assessments are completed to identify the risks and strategies to mitigate them.

The service demonstrated that information provided to consumer is current, accurate and timely, and communicated in a way that is clear and enables the consumer to exercise choice. Consumers and representatives advised that the service provides them with detailed information about the services available to them and in a way they understand. Consumers can easily contact their care coordinators for information or present questions. Consumers and representatives provided positive feedback on their monthly financial statements. The service provides a consumer contract upon commencement of services which contains detailed information including the Charter of Aged Care Rights, how to provide feedback or make a complaint, and consumer privacy information.

The service demonstrated that each consumer’s privacy and personal information is kept confidential. Consumers and representatives advised that the service respects their privacy and confidentiality and support workers demonstrated the importance of maintaining the privacy and confidentiality of consumers. Support workers advised that they cannot access care plans or progress notes about consumers to whom they are not providing care or services. The service administers relevant policies and procedures in relation to information management and consumer privacy and confidentiality.

# 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. | Compliant | 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. | Compliant | Compliant |

Findings

The service demonstrated appropriate initial assessment when consumers commence care and services, however consumer care plans lacked information regarding risks and clear mitigation strategies. Clinical assessments are forwarded to case coordinators however the service was unable to demonstrate ongoing monitoring and changes to consumer care planning implement strategies and interventions to guide support staff in managing risk for consumers. Whilst consumer assessments are completed by registered nursing staff, they are not targeted assessments, and therefore lack information relating to medication, pain and skin integrity. In their response to the Assessment Team Report, the Provider supplied their plan for continuous improvement. The Provider highlighted that they have undertaken a review of their assessment procedure to enhance identification of known and potential risks to consumer health and well-being including high prevalence and high impact risks. Registered nursing staff have undertaken a review of priority consumer assessment and care plans and the service is delivering training for staff with roles in assessment and care planning that reinforces the requirements to follow and comply with assessment and care planning procedures. The Provider’s response actions demonstrate appropriate measures and I find the Provider’s findings to be more compelling in regard to compliance for this requirement. The Provider’s response demonstrates that the service ensures safe and effective care and services through robust assessment and planning, and with these considerations, I find the service compliant in Requirement 2(3)(a).

The Assessment Team reported that the service was unable to demonstrate that assessment and planning identifies and addresses consumer current needs, goals and preferences including advanced care planning (ACP) and end of life planning. Consumer care plans and goals were not consumer-centric and the service administers a procedural guide for advanced care directive, however did not demonstrate related policies for palliative care or end of life care. In their response to the Assessment Team Report, the Provider supplied their plan for continuous improvement and highlighted that they have commenced a new assessment and care planning document which includes elements of advance care planning, as well as greater detail regarding consumer assessed care needs and goals. Information on end-of-life planning is also provided in the service’s welcome packs. The Provider has undertaken a review of all consumer care plans to ensure that there is an individualised response to their assessed care and clinical care needs, and training is being delivered to staff who are responsible for conducting consumer care planning. The Provider has also taken action to update their policy and procedure on end of life care, palliative care and voluntary assisted dying. The Provider’s response actions demonstrate appropriate measures and I find the Provider’s findings to be more compelling in regard to compliance for this requirement. The Provider’s response demonstrates that the service ensures consumer assessment and planning identifies and addresses individual consumer’s current needs, and with these considerations, I find the service compliant in Requirement 2(3)(b).

The service demonstrated that care is based on ongoing partnership with individual consumers and those they wish to be involved in their care, including other organisations and providers of care and services. Consumers advised of their satisfaction with the care they receive, advising that assessments routinely include other people involved in their care. Consumer documentation highlighted that representatives were included in care planning when consumers wished, including guardians, family, partners and friends. Other providers of care included allied health, occupational therapists (OT), physiotherapists and medical officers. With these considerations, I find the service compliant in Requirement 2(3)(c).

The service demonstrated that outcomes of assessment and planning are effectively communicated within the organisation. The initial consumer assessments are appropriately used to inform visit schedules and to highlight the needs of consumers regarding the services they receive. Consumer clinical assessments completed by nursing staff are routinely shared with coordinators and uploaded to the service’s computer system. Coordinators work with rostering staff to ensure services are provided that align with the consumer’s choice of staff, gender and times for services. Consumers advised that their care plans are available and signed copies remain in their home file. Support workers access care plans on their mobile phones via the service’s electronic care documentation system. With these considerations, I find the service compliant in Requirement 2(3)(d).

The Assessment Team reported that the service was unable to demonstrate that care and services are reviewed regularly for effectiveness and when circumstances change impacting on the needs, goals and preferences of each consumer. The Assessment Team reported that consumer care plans were not consistently reviewed when circumstances changed such as incidents or deteriorating condition, therefore care plans lacked relevant information necessary to guide support staff interventions. In their response to the Assessment Team Report, the Provider supplied their plan for continuous improvement and highlighted that they have undertaken a review of their current assessment and care planning tools with a renewed focus on clinical care and consumer health care check in. The service is introducing a suite of validated assessments, including pain assessment as well as a post service evaluation form to ensure consumers, family members, support workers or contracted staff can communicate any immediate concerns. Consumer clinical care and risk registers will be reviewed at case management and clinical care meetings, and consumer competency regarding self-administration of blood pressure and blood glucose levels will be part of the services assessment and healthcare check in tool. The Provider’s response actions demonstrate appropriate measures and I find the Provider’s findings to be more compelling in regard to compliance for this requirement. The Provider’s response demonstrates that the service ensures consumer care and services are reviewed regularly for effectiveness, and with these considerations, I find the service compliant in Requirement 2(3)(e).

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not Compliant | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant | Not applicable |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Not Compliant | Not applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Not Compliant | Not applicable |
| 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 | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not Compliant | Not applicable |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Not Compliant | Not applicable |

Findings

As the service does not provide personal care or clinical services to CHSP consumers, these requirements are not applicable for CHSP service type.

The service was unable to demonstrate consumers receive safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being. The organisation administers a limited suite of policies to guide staff, and care issues were observed to be escalated to case coordinators who do not have clinical skills or qualifications to guide safe clinical and personal care. Staff were unable to demonstrate an understanding of the concept or implementation of best practice care and management advised that regular clinical meetings to discuss consumer care needs had ceased. In their response to the Assessment Team Report, the Provider highlighted that they are implementing a new suite of assessment tools including use of validated assessments to ensure safe, effective assessment of clinical and personal care. In addition, the service will undertake risk assessment of consumer care needs of high risk and vulnerable consumers, and these consumers will be monitored via the service’s clinical risk register and at clinical governance meetings. The organisation will update a new high impact and high prevalence risk policy and procedures to ensure that strategies to mitigate risks are reflected in consumer care plans, and targeted training will be delivered to staff on medication management, continence monitoring which includes the need for referral for continence assessment. The Provider’s response demonstrates appropriate measures, however I acknowledge that time is required to embed the continuous improvement actions. As such I find the Assessment Team’s findings to be more compelling at this time. With these considerations, I find the service non-compliant in Requirement 3(3)(a).

The service was unable to demonstrate effective management of high impact or high prevalence risks associated with consumer care. The service demonstrated a lack of clinical intervention and oversight of consumer care, and support workers were providing care that was outside of their scope of practice leading to repeated incidents of falls, skin tears and pressure injuries and medication incidents. Strategies for managing consumer care to prevent or minimise incidents was lacking. The service administers policies including wound management, however, these policies were not consistently followed and the Assessment Team observed some support workers were providing complex wound care to consumers, including pressure injuries, ulcers and skin tears. The service’s clinical incident register demonstrated that incidents were routinely not followed up or investigated, including falls. The service was unable to demonstrate timely and effective follow up by clinical staff and assessment mostly included a falls assessment screening and a cognitive impairment scale (PAS) assessment that did not consistently result in referral to services to manage falls risks such as physiotherapy or other allied health. As such, relevant strategies were not established to prevent and manage risk of falls. In their response to the Assessment Team Report, the Provider highlighted that they are undertaking a review of their assessment procedures to ensure that a wide range of care and clinical domains are applied, that consumers’ goals, preferences and care needs are established, and that all available referral documentation is applied to assessment and amended as required. The Provider advised delivery of training for staff responsible for conducting consumer assessment and care planning on the revised procedures and this includes care coordinators and contractor management to ensure that care provided is consistent with specified service requirements and delivery instructions. The service has reinstated clinical care meetings and has commenced reviewing their clinical risk register of consumers identified as high impact high prevalence and vulnerable. The organisation has undertaken to review and develop policy and procedures on falls management, palliative care, and responding to deterioration. The Provider’s response demonstrates appropriate measures, however I acknowledge that time is required to embed these continuous improvement actions. As such I find the Assessment Team’s findings to be more compelling at this time. With these considerations, I find the service non-compliant in Requirement 3(3)(b).

The service was unable to demonstrate the needs, goals and preferences of consumers nearing their end of life are addressed and recognised. The service was unable to demonstrate a policy or procedure for palliative care or end of life, although an advanced care procedural guide is available for staff to request an advanced care directive (ACD) and to encourage consumers and representatives to liaise with their medical officer and to document information in consumer care plans. In their response to the Assessment Team Report, the Provider highlighted the organisation is undertaking a review and developing policy and procedures on falls management, palliative care, and responding to deterioration. The organisation will provide training resources to enhance workforce capabilities in the assessment, care planning and comfort caring for end of life care, and will establish reach out assistance with End of Life Directions for Aged care (ELDAC) to ensure facilitated support and to develop formal linkages with specialised palliative care services. The Provider’s response demonstrates appropriate measures, however I acknowledge that time is required to embed these continuous improvement actions. As such I find the Assessment Team’s findings to be more compelling at this time. With these considerations, I find the service non-compliant in Requirement 3(3)(c).

The service was unable to demonstrate that deterioration in consumer mental, cognitive or physical function is recognised and responded to in a timely manner. While the service maintains an incident register, and support staff document care thoroughly, the service lacked follow up or investigation to prevent further deterioration and repeated incidents. Support workers and case coordinators do not routinely seek clinical advice or support to manage consumer deterioration. In their response to the Assessment Team Report, the Provider highlighted the organisation is undertaking a review of its current clinical governance and management of complex care requirements. The organisation will consider implementation of a clinical care audit to ascertain gaps in their provision of clinical care, response and communication protocols when changes in care is recognised. The service is to implement ‘Healthcare check reviews’, which is a post service evaluation accessible by consumers, support workers, families and contractors to provide timely advice when there are concerns in relation to change in care requirements, and the service will implement standup and learn toolbox talks to ensure coverage of key training such as responding to consumer deterioration and dementia care support. The Provider’s response demonstrates appropriate measures, however I acknowledge that time is required to embed these continuous improvement actions. As such I find the Assessment Team’s findings to be more compelling at this time. With these considerations, I find the service non-compliant in Requirement 3(3)(d).

The service demonstrated that information regarding consumer condition, needs and preferences is effectively documented and communicated within the organisation, and with others when care is shared. The service administers appropriate systems for sharing information between case coordinators, rostering staff, clinical and support staff. Consumer preferences for staff and scheduling of services are routinely documented and actioned. Information including consumer care plans and progress notes are readily available for both office staff and support staff via the service’s electronic care management system, and case coordinators were observed to communicate often with support staff with a focus on the needs of individual consumers. As such, I find the service compliant in Requirement 3(3)(e).

The service was unable to demonstrate appropriate and timely referrals to individuals and other organisations and providers of care and services. The service utilises brokered services such as occupational therapists to assess consumer equipment and aids and home modifications, and provide meal services and centre-based respite within the organisation, however, the Assessment Team reported minimal referrals to other providers of care. In their response to the Assessment Team Report, the Provider highlighted the organisation is undertaking a review of its referral processes to ensure timely and appropriate referrals are made to support ongoing consumer care and services. Further, the organisation’s future information management system will have the ability to monitor referrals and responses. The Provider’s response demonstrates appropriate measures, however will require time to establish, embed and evaluate. As such, I find the Assessment Team’s findings to be more compelling at this time. With these considerations, I find the service non-compliant in Requirement 3(3)(f).

The organisation was unable to demonstrate appropriate minimisation of infection related risks, including antibiotic prescription to support optimal care and reduce the risk of increasing resistance of antibiotics. Consumer infection and antibiotic use is not monitored or investigated by the service. Consumers advised they visit their medical officer when infections are suspected, and the service was unable to demonstrate clinical oversight or monitoring of consumers who are prescribed antibiotics, including correct usage and monitoring of repeat or long-term prescriptions. Clinical staff were unable to demonstrate an effective understanding of antimicrobial stewardship. In their response to the Assessment Team Report, the Provider highlighted the organisation is undertaking a review of their existing policy and procedures related to the service’s responsibility of minimisation of infection related risks, infection control and microbial stewardship. The Provider advised upcoming delivery of health literacy information to its consumers as a means on improving health education of infection control, vaccinations, health living tips, and general health care checks. The Provider also highlighting continuous improvement action to implement healthcare check audits with the purpose of increasing consumer involvement in health care education and awareness. The Provider’s response demonstrates appropriate measures, however these actions will require time to establish, embed and evaluate. As such, I find the Assessment Team’s findings to be more compelling at this time. With these considerations, I find the service non-compliant in Requirement 3(3)(g).

# 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. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

The service demonstrated that consumers receive safe and effective services and supports for daily living that meet their needs, goals and preferences and optimises their independence, health, well-being and quality of life. Consumers and representatives advised that they are satisfied with the services and supports provided by the service, such as on-site respite and social support, and that these help them do the things they want to do. Consumers and representatives advised that their services and supports satisfy their needs and goals for independence and an improved quality of life. Consumer care plans consider and outline individual consumer needs, goals and preferences in relation to services and supports for daily living and support worker progress notes clearly highlight how they deliver services and supports in accordance with consumer needs and preferences.

The service demonstrated that services and supports for daily living promote each consumer’s emotional, spiritual, and psychological wellbeing. Consumers and representatives advised that the service promotes their emotional and psychological well-being, and support workers and consumer care plans demonstrated relevant knowledge related to consumer emotional and spiritual needs and how the service can help promote these.

The service demonstrated that services and supports for daily living assist each consumer to participate in their community, to maintain social and personal relationships and to do things that interest them. Consumers and representatives advised that the service provides them with services such as transport, that allows them to participate in their community and to maintain social relationships. Support workers demonstrated how they ensure that consumers participate in their community, do things of interest to them and maintain relationships. Consumer care plans clearly outline consumers’ interests and their needs to participate in their community.

The service demonstrated that information about individual consumer’s condition, needs and preferences is effectively communicated within the organisation, and with others where responsibility for care is shared. Consumers advised that their services and supports are consistent and that support workers are knowledgeable about their needs and preferences. Support workers demonstrated effective progress notes detailing what services and supports are provided to consumers, as well as any needs and/or preferences the consumer had during the shift. Support workers also demonstrated appropriate knowledge about consumers’ needs and preferences, such as dietary requirements.

The service demonstrated timely and appropriate referrals to other providers of care and services. Consumers and representatives advised that the service promptly actions their requests for services from third parties and consumers advised they are satisfied with the services and supports delivered by those third parties.

The service demonstrated that meals are varied and of suitable quality and quantity. Consumers provided positive feedback regarding the service’s food and consumers advised that they are very satisfied with the quality and choice available. The service demonstrated that consumer meals are designed and prepared with guidance from a nutritional analysis by a qualified nutritionist.

The service demonstrated that equipment provided is safe, suitable, clean and well-maintained. Consumers and representatives advised that the equipment provided by the service meets their needs and consumers advised they are satisfied that equipment is clean and well-maintained. Consumers and representatives confirmed that the service organises occupational therapist assessments if required.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The service demonstrated a welcoming and easy to understand service environment that optimises each consumer’s sense of belonging, independence, interaction and function. Consumers advised that the room where the service delivers onsite respite and social support is welcoming to them and their family, and allows them to connect with other consumers and socialise. The Assessment Team observed that the room was large and all consumers were comfortably sitting at tables, allowing each consumer to interact and socialise.

The service demonstrated a safe, clean, well maintained and comfortable service environment that enables consumers to move freely, both indoors and outdoors. Consumers said that the room where on-site respite is conducted is clean and well-maintained and they can move freely on the premises. The Assessment Team observed daily maintenance and cleaning schedules which demonstrates that the room is routinely cleaned. The Assessment Team reviewed the current annual fire safety statement, and noted that the room ensures consumers with limited mobility can safely exit the building and onto the bus to transport them home.

The service demonstrated that furniture, fittings and equipment is safe, well maintained and suitable for each consumer, and consumers confirmed that the furniture at the on-site respite was comfortable and suitable for them. The service demonstrated an appropriate asset schedule which showed when electrical assets were tested and tagged in accordance with legislation. The service also demonstrated provision of specially modified furniture, such as chairs.

# 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

The service demonstrated that consumers and others involved in their care are encouraged and supported to make complaints. Complaints can be raised through phone calls, emails and in writing via a complaint form or verbally to staff members. The head of each department who is allocated the complaint is responsible to respond and resolve the complaint within a timely manner. The service’s complaints register is reviewed monthly and analysed for trends, and reported to the board. Consumers and representatives advised they feel safe and supported to provide complaints and feedback, and understand the channels available to them to voice their concerns.

The service demonstrated that consumers have access to advocates and other methods of raising and resolving complaints. The service provides information to consumers on how to access advocacy and language services via their consumer welcome pack. This includes access information for the Older Persons Advocacy Network (OPAN), Seniors Rights Service, Telephone Interpreting Service (TIS) and contact details for the Aged Care Quality and Safety Commission.

The service demonstrated that appropriate action is taken in response to complaints including open disclosure. The service’s complaint register demonstrates that complaints are captured and resolutions recorded and that this information informs continuous improvement. The service has delivered on continuous improvement in response to consumer complaint and feedback data including providing additional staff training and education such as professional boundaries, identifying and reporting incidents, and dignity and choice. Consumers and representatives highlighted their positive experiences with the service and advised they do not have any major complaints and feel any minor concerns are actioned in a timely and appropriate manner. Staff demonstrate a practical understanding of the service’s complaint process and open disclosure policies and processes.

The service demonstrated that consumer complaint data is used to improve the quality of care and services. The service manages complaints and feedback through a complaint register and implements improvements to care and services through relevant projects initiated from their continuous improvement plan. Management seek regular feedback from consumers and staff which is reviewed, analysed and reported to the governing body. Findings and lessons learnt from complaints and feedback are shared with staff through regular email communications, staff meetings and training. Consumers and representatives provided positive feedback of how their care and services are delivered and many stated they ‘cannot fault the service’ and ‘have no complaints’. Management meet regularly to review complaints and feedback and discuss actions, solutions and undertake analysis and trending. The service demonstrated through effective documentation that appropriate monitoring of feedback and complaints occur and that staff are competent in escalating complaints to management who in turn implement improvement initiatives.

# 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. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

The service demonstrated a sufficient number and mix of staff to provide safe and quality care and services. Consumers and representatives advised they receive consistent care and services and regular staff are replaced when on leave. The service demonstrated prioritisation for consumers with high care needs such as showering and clinical care to ensure these consumers do not miss out on care and services. The service engaged a new registered nurse to provide ongoing and consistent clinical care for consumers. The service’s rostering team demonstrated effective coordination to fill shifts and make changes when staff are unable to fulfil rostered shifts, thus minimising impact on consumers.

The service demonstrated workforce interactions that are kind, caring and respectful of consumer culture, identity and diversity. Consumers and representatives spoke highly of staff and consistently stated staff are kind and caring and commented on how they are treated with respect. Staff demonstrated completion of relevant training and education on consumer identity, culture, and diversity policies and processes. Management monitor consumer feedback and undertake regular audits, surveys and review consumer complaints and feedback information to gauge consumer satisfaction regarding staff.

The service administers relevant education systems to ensure staff maintain the right qualifications and skills to provide quality care and services within the responsibilities of their roles. Recruitment records highlight that qualifications, certificates and licences are checked and verified, and staff training and educational records demonstrate that staff have completed regular competency and performance reviews. The service demonstrated a variety of roles to support consumer needs such as registered and enrolled nursing staff, team leaders, care coordinators, rostering team and support workers. Staff demonstrated appropriate knowledge and access to relevant policies and processes and highlighted that their core competencies are regularly reviewed. Staff training documentation demonstrated an effective education delivery process, staff performance reviews, compulsory training and scheduled review date system. Consumers and representatives provided positive feedback on the personal care they receive and advised that staff are highly competent in personal care such as showering, transport, and psychological and social support needs.

The Assessment Team reported that the service was unable to demonstrate for HCP that the workforce is recruited, trained and equipped to deliver the outcomes required by the Standards. This was due to oversight of clinical care where support workers have been administering medication without relevant qualifications to consumers which is outside of the scope of their qualifications and responsibilities. The service did however, demonstrate effective recruitment systems, training programs and ongoing staff support to ensure provision of safe and quality personal care. New staff are reference checked, including checks on the industry banning registers, criminal checks such as police checks, and qualifications and transcript checks. New staff are provided with induction training and undertake mandatory and practical training and supervised buddy shifts to assess their competency. Documentation highlighted that the service provides a range of training and education to support staff to ensure they maintain the skills to provide safe and quality care. In their response to the Assessment Team Report, the Provider highlighted the organisation is undertaking a review of their position descriptions including scope of practice for all staff responsible for assessment, care planning and delivery of care and services. The organisation has actioned review and updated to their policy and procedures for effective management of high-impact or high-prevalence risks related to the personal and clinical care, and is implementing standup and learn toolbox talks to ensure coverage of key training requirements. The clinical care team will be provided advanced training and refresher in clinical competencies and assessments including medication administration. The Provider’s response demonstrates appropriate measures and I find the Provider’s findings to be more compelling in regard to compliance for this requirement. The Provider’s response demonstrates that the service ensures a workforce that is recruited, trained, equipped and supported to deliver the outcomes of these Standards, and with these considerations, I find the service compliant in Requirement 7(3)(d).

The service demonstrated effective systems to monitor and review staff performance by a qualified officer who can evaluate and identify training and development needs. Staff undergo regular assessments through an audit process and undertake annual performance reviews. The service also demonstrated that staff receive regular feedback from coordinators, consumers and the rostering team through their direct reports. Staff performance reviews are conducted face-to-face through a paper based form and staff are provided with the opportunity to discuss their feedback and performance matters via their direct report line and receive feedback on their performance and development needs. Staff confirmed they have received regular performance reviews and the Assessment Team reported that assessments and documentation shows yearly performance review records.

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

Findings

The organisation demonstrated consumers are engaged and supported in the development, delivery and evaluation of care and services. Consumers and representatives provide input into improvements of care and services via feedback, surveys, focus groups and a Quality Care Advisory Body. The Quality Care Advisory Body engages with consumers and representatives through resident meetings and focus groups to gather feedback which is used to inform the advisory body’s feedback to the governing body. Consumers and representatives advised they have opportunities to provide feedback and make complaints, and highlighted that they see improvements as a result. The Quality Care Advisory Body is proactive to initiate improvements such as starting a support group for consumers, carers and families to mitigate isolation. The CEO presents an individual consumer profile each month to the governing body to better understand care analysis and to demonstrate examples of care and services. The service generates a feedback report which includes survey results and analysis of complaint trends that are followed through with strategies to inform continuous improvements and is presented to the governing body. As such, I find the service compliant in Requirement 8(3)(a).

The organisation demonstrated a governing body that is accountable in promoting safe and quality care and services. The governing body comprises of members who are independent non-executive board members as well as allied health and registered nursing representation. The governing body has received training in the Quality Standards and ensures regular communications of its values to all staff members via the management team’s weekly email and quarterly newsletters. These communications focus on the governing body’s values, building a positive culture and promoting wellbeing for consumers. Consumers and representatives advised that they are satisfied with the way the service is managed and provided positive and affirming comments about the consistency and quality of their care and services. Staff advised that they receive a high standard of training, communication and support from the non-management team. As such, I find the service compliant in Requirement 8(3)(b).

The Assessment Team reported that the service administers effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. However, the Assessment Team noted that the governing body have not ensured regulatory compliance in clinical care in complying with relevant legislation, regulatory requirements, professional standards and guidelines. This is in relation to oversight of staff members who have administered medications to consumers without clinical training or experience, and that this demonstrates a considerable risk in the governance of clinical care. In their response to the Assessment Team Report, the Provider highlighted the organisation is undertaking a review of position descriptions, board charter, terms of reference for relevant committees and documentation to ensure they reflect the roles and responsibilities for clinical governance and clinical quality and safety. In addition, the organisation is undertaking review the staff development and performance management policy and procedures and ensuring consistent subcontractor reporting templates and reporting timeframes to ensure these are incorporated to facilitate accurate and timely reports are communicated. The Provider’s response demonstrates appropriate measures and I find the Provider’s findings to be more compelling in regard to compliance for this requirement. The Provider’s response demonstrates that the service ensures effective organisation wide governance systems, and with these considerations, I find the service compliant in Requirement 8(3)(c).

The governing body demonstrated effective risk management systems and practices for identifying and responding to consumer risks and incidents and supporting consumers to live their best lives. As a result of oversight in clinical care in administering medication by unqualified staff members, the Assessment Team reported that this demonstrates the governing body is not managing clinical risks effectively. The Assessment Team reported that the organisation’s risk register and consumer care plans do not contain sufficient information including strategies on how to address consumer risks and ensure consumers are receiving safe clinical care. The organisation’s risk register includes high level risks and consumers are assessed as high, medium or low risk however, strategies are generic and not individual to consumer risks such as medication management and end of life assessments. In relation to identifying and responding to abuse and neglect, the governing body administers systems to protect and safeguard consumers and effectively respond to incidents of abuse and neglect. The governing body have implemented training and education to mitigate risks including serious incident response scheme (SIRS) and staff demonstrated appropriate knowledge and application of SIRS and incident identification and reporting. Policies and processes are in alignment with best practice and provide relevant guidance to staff. In their response to the Assessment Team Report, the Provider highlighted the organisation is undertaking staff training to develop their identification and reporting abilities relating to high impact or high prevalence risks, risk mitigation and delivery of safe and effective care for each consumer. Training includes abuse & neglect, managing and preventing incidents, SIRS, code of conduct, and restrictive practices in home care settings. The organisation is also undertaking review of all consumer risks identified in the Assessment Team Report with a focus to update the clinical risk register based on specific risks identified. The Provider’s response demonstrates appropriate measures and I find the Provider’s findings to be more compelling in regard to compliance for this Standard. The Provider’s response demonstrates that the service ensures effective risk management systems and practices, and with these considerations, I find the service compliant in Requirement 8(3)(d).

The organisation demonstrated a clinical governance framework consisting of policies and procedures to guide staff to achieve effective clinical results. However, clinical staff were unable to demonstrate appropriate understanding of clinical requirements to provide safe and quality clinical care to consumers. In relation to antimicrobial stewardship, the organisation was unable to demonstrate that infections are routinely being monitored or escalated to registered nursing staff. Antimicrobial stewardship such as preventing, managing and controlling infections and antimicrobial resistance are not sufficiently understood by clinical staff members and clinical policies and procedures contain general guidelines however are insufficient for guiding staff. This includes the absence of a deterioration policy to guide clinical care. Clinical staff demonstrated insufficient understanding of restrictive practices and were unable to describe how restraints are used in alignment with legislation and policies and how to report the use of restraints. The organisation was able to demonstrate appropriate understanding and use of open disclosure and staff highlighted their use of the open disclosure policy and procedures to ensure transparency when things go wrong, apologise and explain facts to consumers and take steps to prevent future occurrences. In their response to the Assessment Team Report, the Provider highlighted the organisation is undertaking updates to their policies and training on antimicrobial stewardship and minimising the use of restraint. The organisation is also delivering training on clinical governance in aged care and responsibilities for ensuring quality and safety of clinical care. This training will include roles and responsibilities for the quality and safety of clinical care. The Provider’s response demonstrates appropriate measures however these actions will require time to establish, embed and evaluate. As such, I find the Assessment Team’s findings to be more compelling at this time. With these considerations, I find the service non-compliant in Requirement 8(3)(e).

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)