**Performance**

**Report**

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| Name: | Ourcare Services Limited |
| Commission ID: | 200454 |
| Address: | 3 Bathurst Street, SINGLETON, New South Wales, 2330 |
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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: 5979 Ourcare Services Limited  
Service: 26380 OURCARE SERVICES LTD

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7445 Ourcare Services Limited  
Service: 28136 Ourcare Services Limited - Care Relationships and Carer Support  
Service: 24925 Ourcare Services Limited - Community and Home Support

**This performance report**

This performance report for Ourcare Services Limited (**the service**) has been prepared by E Woodley, 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 11 June 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not 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 Compliant** |
| **Standard 6** Feedback and complaints | **Not 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 | Not 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 Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

Requirement 1(3)(a) – the provider must demonstrate all consumers are treated with dignity and respect, and staff are aware of and value consumer’s identity, culture, and diversity.

* Requirement 2(3)(a) – the provider must demonstrate assessment and planning considers risks to consumer’s health and well-being and informs the delivery of safe and effective care and services. The service has procedures and tools to guide staff in the effective assessment of consumer risks.
* Requirement 2(3)(b) – the provider must demonstrate assessment and planning consistently addresses the needs, goals, and preferences of consumers, including advanced care planning and end of life planning if the consumer wishes.

Requirement 2(3)(e) – the provider must demonstrate care and services are reviewed for effectiveness when circumstances change or incidents impact on the needs, goals, or preferences of the consumer. Regular review of care plans occur in line with the organisation’s policies and expectations.

Requirement 5(3)(b) – the provider must demonstrate the service environment is safe, clean, and enables consumers to move freely indoors and outdoors.

Requirement 5(3)(c) – the provider must demonstrate equipment is safe, clean, well maintained, and suitable for the consumer. The service has effective processes in place to identify suitable equipment to enhance consumer well-being, and ensure equipment is regularly monitored for cleanliness and maintenance if required.

Requirement 6(3)(c) – the provider must demonstrate appropriate action and an open disclosure process is consistently used in response to complaints. The service has effective processes to monitor complainant satisfaction with the resolution of their complaint.

Requirement 6(3)(d) – the provider must demonstrate feedback and complaints are effectively reviewed, trended, or analysed, and used to improve the quality of care and services. Consumer and representative feedback informs continuous improvement actions for the service.

Requirement 7(3)(c) – the provider must demonstrate staff are competent and have the knowledge required to effectively perform their roles. This includes but is not limited to assessment and planning, the Quality Standards, open disclosure, the serious incident response scheme (SIRS), restrictive practices, and antimicrobial stewardship.

Requirement 7(3)(d) – the provider must demonstrate staff are trained and supported to deliver the outcomes required by the Quality Standards.

Requirement 8(3)(c) – the provider must demonstrate the organisation wide governance systems implemented at the service are effective. This includes in relation to information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints.

Requirement 8(3)(d) – the provider must demonstrate risk management systems are consistently effective in identifying and managing high impact or high prevalence risks associated with the care of consumers, and managing and preventing incidents, including the use of an incident management system.

Requirement 8(3)(e) – the provider must demonstrate the clinical governance framework implemented at the service is effective in ensuring safe and quality clinical care for consumers. This includes oversight and promotion of best practice antimicrobial stewardship, restrictive practices, and open disclosure.

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Not Compliant | Not 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 Quality Standard is not compliant as one of the six specific Requirements has been assessed as not compliant.

The Assessment Team observed staff interactions with consumers were generally dignified and respectful, and most consumers interviewed by the Assessment Team provided positive feedback about staff being respectful and caring. However, one consumer interviewed said staff had spoken to them rudely, and felt this interaction and the management of their subsequent complaint was disrespectful. Internal documentation reviewed by the Assessment Team demonstrated staff were not always communicating about consumers in a respectful and dignified manner. The Assessment Team observed interactions between staff members were not always respectful to consumers and representatives, including respectful of their diversity. The service has a suite of documented policies and procedures to guide staff practice, which outline that care and services are to be delivered in a person-centred caring and respectful manner. However, staff have not been provided training on how these policies inform their work and interactions with consumers. This was evident across both CHSP and HCP programs.

The provider’s response to the Assessment Contact report acknowledges the issues regarding consumer dignity and respect, and provides further information about action taken in response to these instances identified in the Assessment Contact report. The provider’s response identifies continuous improvement planned including review and updating of language in internal documentation, and staff training including on the service’s policies and procedures on respect and diversity.

While the service has commenced action to improve staff practice regarding consumer dignity and respect, this has not yet been demonstrated to be effective in ensuring each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Further monitoring and evaluation systems are required to ensure consumers are consistently treated with dignity and respect, and disrespectful interactions are identified and responded to appropriately.

For CHSP and HCP I find Requirement 1(3)(a) is not compliant.

Staff interviewed by the Assessment Team provided examples of how they tailor care and services to ensure they consider consumer’s family and community connections, and cultural beliefs, needs and practices. The service has policies and procedures that reflect the service’s commitment to providing culturally safe care. However, areas for improvement were noted regarding staff training and documentation of consumer’s diversity. For both CHSP and HCP programs, the service demonstrated consumers are supported to exercise choice and maintain their independence by making decisions about their care and services. Consumers and representatives described how they are supported to exercise choice and independence regarding care planning and delivery. For example, regarding the type and frequency of services, and choice of support worker. Staff interviewed described how they help consumers make and communicate their day-to-day choices.

Consumers and representatives described information they receive to help them make decisions about their care and services. Consumers and representatives provided positive feedback about the statements and invoices they receive regarding their care and services. However, some information available to consumers was out of date regarding services provided, and contact information for the Commission and advocacy bodies. Management acknowledged the out of date information and said new booklets are being designed with current information. Additionally, while the service identified plans for a consumer newsletter to be established in late 2023, this had not occurred at the time of the Quality Audit. While some information provided to consumers was not current, no consumers raised any issues or concern with this and no impact on consumer decision making and choice was identified. The service had self-identified improvements to their information sharing systems. Therefore, I am satisfied the information provided to consumers is current, accurate, timely, communicated clearly, easy to understand, and enables them to exercise choice.

For both CHSP and HCP programs, consumers and representatives interviewed were satisfied consumers are supported by staff to take risks and live the best life they can. For example, for a sampled consumer who had risks associated with vision impairment, the service was supporting them to participate in activities and in the community in a safe manner. The service assesses and purchases equipment to reduce risks to consumers in their home environment, while supporting them to live the life they choose.

The service demonstrated each consumer’s privacy is respected, and personal information is kept confidential. Consumers and representatives interviewed said their privacy is respected. Staff interviewed described the practical ways they respect the personal privacy of consumers including closing doors in their homes, knocking and requesting entrance, and not moving or touching personal items without permission. Staff also discussed maintaining consumer privacy in their conversations with other staff and in the community.

For CHSP and HCP I find the following Requirements are compliant:

* Requirement 1(3)(b)
* Requirement 1(3)(c)
* Requirement 1(3)(d)
* Requirement 1(3)(e)
* Requirement 1(3)(f)

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Not Compliant | 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

The Quality Standard is not compliant as three of the five specific Requirements have been assessed as not compliant.

For HCP consumers, the Assessment Team found assessment and planning did not comprehensively include consideration of risks to consumer’s health and well-being, or identify and address consumer’s current needs, goals, and preferences. While some risks and mitigating strategies were communicated to staff through alerts, this was not consistent for all HCP consumers sampled. The Assessment Team found deficiencies in the service’s assessment processes for wounds, pain and fall risks, including a lack of assessment tools available to guide staff practice. For HCP consumers sampled, assessment and planning did not consider risks or needs and preferences regarding diabetes, skin integrity, clinical procedures, visual impairment, or mental health concerns. Advanced care and end of life planning documentation was limited, with only legal information identified for consumers.

The Assessment Team identified that for both CHSP and HCP consumers, the service did not demonstrate care and services are reviewed regularly for effectiveness and when impacts or circumstances change. The service advised the Assessment Team that care plan reviews are expected to occur at least annually, or when there is a change in a consumer’s condition. However, the service had a significant number of CHSP and HCP care plans that had not been reviewed in the last 12 months. The Assessment Team’s review of care plans identified consumer’s needs and preferences were not consistently reflective of their current condition and needs. Consumers interviewed by the Assessment Team said they had not received an annual review of care and services.

The provider’s response to the Assessment Contact report outlines continuous improvement action planned to improve the assessment, planning, and review of consumer’s care and services. This includes the implementation of a suite of validated assessment tools, staff education and training, and improved communication and review systems for consumers who experience hospital admission.

The service has not yet demonstrated effective systems and processes to ensure assessment and planning consistently considers risks to consumers who have higher level clinical care and service needs. For HCP consumers, assessment and planning does not consistently identify and address consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. For both HCP and CHSP consumers, the service is not following organisational expectations regarding care plan reviews to ensure care and services are reviewed regularly and as required.

For CHSP I find the following Requirement is not compliant:

* Requirement 2(3)(e)

For HCP I find the following Requirements are not compliant:

* Requirement 2(3)(a)
* Requirement 2(3)(b)
* Requirement 2(3)(e)

For CHSP consumers, the service demonstrated assessment and planning includes consideration of risk to consumer's health and well-being, and this generally informs the delivery of safe and effective care and services. The level of assessment and planning depends on the level and type of care and services consumers are provided under the CHSP. The service demonstrated assessment and planning identifies and addresses consumer’s current needs, goals, and preferences. For CHSP consumers sampled, care assessment and planning detailed how consumers want their domestic services undertaken, goals of care and service delivery, and needs and preferences regarding personal care.

For both HCP and CHSP, the service demonstrated assessment and planning is based on ongoing partnership with the consumer, their representatives, and other providers of care and services involved in the consumer’s care. All consumers interviewed gave positive feedback about how the service worked with them in planning their care. Staff interviews and documentation reviewed demonstrated involvement of occupational therapists, podiatrists, and medical officers in consumer’s assessment and care planning.

For both HCP and CHSP, the service demonstrated the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care plan that is readily available. Consumers and representatives said they had been given copies of their care plan and felt communication of assessment outcomes was effective. Sampled consumer’s care plans were documented and readily available in the consumer’s file.

For CHSP I find the following Requirements are compliant:

* Requirement 2(3)(a)
* Requirement 2(3)(b)
* Requirement 2(3)(c)
* Requirement 2(3)(d)

For HCP I find the following Requirements are compliant:

* Requirement 2(3)(c)
* Requirement 2(3)(d)

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | 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

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

Consumers and representatives interviewed by the Assessment Team across CHSP and HCP programs provided feedback that they were satisfied with the personal care and clinical care they receive. Interviews with staff and consumers, and documented reviewed, demonstrated staff provide personal care that is tailored to consumer needs, and optimise their well-being. For one consumer, the service supported their care through home visits including from registered nurses, arranging medical appointments, and implementing recommendations from allied health professionals regarding nutrition.

For two HCP consumers, the Assessment Team found limited assessment and monitoring of their wounds in line with best practice. However, the Assessment Team found for one of these consumers a registered nurse had been attending to the wound with best practice wound solutions and products. While the Assessment Team found that risks associated with two consumer’s wounds were not considered in the assessment and planning of their care to inform best practice management of the wounds, I have considered this in my assessment of Requirement 2(3)(a).

For CHSP, the service was able to generally demonstrate each consumer receives safe and effective personal care that is tailored to their needs and optimises their health and well-being. Most CHSP consumers do not have high clinical needs and mainly receive services for lawn mowing, transport, domestic assistance, and personal care. Clinical services are provided through CHSP if the need arises, however no CHSP consumers were receiving clinical services during the Quality Audit.

Overall, I am satisfied for both HCP and CHSP that consumers generally receive personal and clinical care that is tailored to their needs and optimising their health and well-being.

For both CHSP and HCP the service demonstrated the effective management of high impact and high prevalence risks associated with consumer’s care. The service monitors high impact and high prevalence risks for consumers through review of progress notes, identification and documentation of action plans for risk management, and review of incident data and clinical indicators. Service management attend discharge planning meetings with the local hospital to ensure risks for consumers who have been hospitalised are identified and managed. Consumers and representatives interviewed indicated risks associated with their care are managed effectively.

The service demonstrated they liaise with registered nurses, palliative care services and medical officers when a consumer becomes palliative or is nearing the end of their life, to ensure their needs, goals and preferences are recognised and addressed, and their comfort and dignity maximised. The service had identified where consumers have expressed that they would like palliative care services, and work with consumers to ensure this meets their needs.

The service demonstrated deterioration or a change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. While the Assessment Team identified gaps in documentation, overall, staff interviewed could explain the actions they took when a consumer deteriorates and know the consumers well to assist in identifying deterioration. For consumers sampled, where staff had identified a deterioration, they called the ambulance for hospital transfer. Where a consumer experienced a deterioration in mobility, appropriate response was supported by the service including assistance with medical officer and allied health appointments. The provider’s response to the Assessment Contact report includes planned continuous improvement that supports the response to consumer deterioration or change in condition, including improved communication and review systems for consumers who experience hospital admission.

The Assessment Team found information about consumer’s condition, needs and preferences was generally documented and communicated within the organisation and with others where responsibility for care is shared. Consumers and representatives interviewed provided positive feedback about the communication of their care and service needs. Consumer information is documented on an electronic care management system which staff have access to on mobile devices. Care and service delivery notes written by support workers are regularly reviewed and communicated within the service, and documentation reviewed by the Assessment Team demonstrated communication systems for other providers of care including medical officers and allied health services. While documented consumer needs, goals and preferences were not always contemporary or informed by assessment of risk, I have considered this in my assessment of Requirement 2(3)(a) and Requirement 2(3)(b). Overall, systems to communicate consumer information internally and externally where required were effective. The service demonstrated timely and appropriate referrals to individuals and other providers of care and services. Interviews with consumers, and documentation reviewed, demonstrated timely and appropriate referrals occurred to occupational therapy, podiatry, palliative care, physiotherapy, vision services, registered nurses, and medical officers.

The service demonstrated the minimisation of infection related risks through implementation of standard transmission based precautions to prevent and control infection. Consumers and representatives interviewed indicated they were satisfied with the measures taken by staff to protect consumers from infection, including hand washing, sanitising, and wearing gloves when appropriate. Staff interviewed confirmed they have access to sufficient personal protective equipment (PPE), and had completed competencies in handwashing and PPE donning and doffing. While the organisation has a policy on antimicrobial stewardship, the service did not demonstrate education and promotion of antimicrobial stewardship, and staff did not demonstrate knowledge of practices to promote appropriate antibiotic prescribing and use. However, the Assessment Team did not find evidence of inappropriate antibiotic prescribing and use for consumers, and management advised consumers who have infections are referred to their medical officer. Infection data is collected as part of the clinical indicators that are reported to the Board. I have considered deficiencies in staff knowledge regarding antimicrobial stewardship in my assessment of Requirement 7(3)(c). While the Assessment Team found areas for improvement regarding antimicrobial stewardship, overall, the service demonstrated infection related risks to consumers are minimised, including through standard and transmission-based precautions, referral of consumers with infections to their medical officer, and monitoring of infections.

For CHSP and HCP I find the following Requirements are compliant:

* Requirement 3(3)(a)
* Requirement 3(3)(b)
* Requirement 3(3)(c)
* Requirement 3(3)(d)
* Requirement 3(3)(e)
* Requirement 3(3)(f)
* 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. | Not Applicable | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

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

Most consumers and representatives interviewed by the Assessment Team were satisfied that the services and supports they receive for daily living meet their needs, goals, and preferences, and optimise their independence. However, one HCP consumer provided feedback that risks associated with their vision and mobility when being assisted in the community are not well managed, and staff are not well trained to assist with safe management of this risk. I have considered this in my assessment of Requirement 2(3)(a) regarding assessment and planning of consumer risk and Requirement 7(3)(d) regarding staff training. One CHSP consumer provided feedback that the time of their domestic services were moved which impacted on their activities of daily living. Overall, staff demonstrated knowledge of individual consumer’s needs and preferred daily living activities and how they support consumers to meet their needs, goals, and preferences. While two consumers identified issues with services for daily living, the Assessment Team identified limited impact to consumer’s health and well-being as a result. Considering that most consumer and representative feedback regarding services and supports for daily living was positive, I find Requirement 4(3)(a) is compliant.

HCP and CHSP consumers have been provided with equipment to support their daily living in their home and community environment, informed by assessments from occupational therapists where relevant. There is a checklist for bus trips that requires staff to check if wheelchairs are clean and in working order. However, the service did not demonstrate systems to monitor and ensure other equipment provided is safe, clean, and well maintained. While the Assessment Team found the service did not demonstrate systems are in place to ensure all equipment provided for consumer’s daily living is safe, clean, and well maintained, consumer feedback and observations by the Assessment Team did not indicate any issues with the cleanliness, safety or maintenance of equipment provided. While there are areas for improvement in the review and monitoring of consumer equipment for daily living, overall, equipment provided was indicated to be safe, clean, and maintained. I find Requirement 4(3)(g) is compliant.

Interviews with consumers and staff, and some documentation reviewed, demonstrated the service is supporting consumer’s emotional, spiritual, and psychological well-being. Staff interviewed provided examples of how they support consumer’s emotional and psychological well-being. For one consumer sampled who had a history of mental health conditions and a recent emotional event, the Assessment Team found the service was looking at options to engage the consumer in social support and other support mechanisms. Consumers interviewed generally felt supported to participate in the activities at the service’s day centre and in the wider community, and make and maintain relationships of choice. For example, consumers interviewed provided positive feedback about transport services, shopping assistance, respite services, social support services, and the company and conversations with staff.

Consumers and representatives said most staff providing care were aware of consumer’s needs and preferences regarding daily living. Consumers were confident their information was being provided to external agencies engaged in shared care and responsibility. However, some consumers said they have to explain their preferences to new support workers who are not familiar with their specific care needs. Consumer information regarding daily living is documented on an electronic care management system which staff have access to on mobile devices. The service demonstrated timely and appropriate referrals to organisations and other providers of daily living services. For example, consumers sampled were referred to occupational therapists for assessment of equipment, dietitians, and vision services. One consumer interviewed said the service arranged a magnifying glass for them from a vision support service, and this enables them to continue their craft making which they enjoy.

For CHSP and HCP I find the following Requirements are compliant:

* Requirement 4(3)(a)
* Requirement 4(3)(b)
* Requirement 4(3)(c)
* Requirement 4(3)(d)
* Requirement 4(3)(e)
* Requirement 4(3)(g)

# 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. | Not Compliant | Not Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Compliant | Not Compliant |

Findings

The Quality Standard is not compliant as two of the three specific Requirements have been assessed as not compliant.

The Assessment Team observed some areas of the day centre environment were unclean, with visible dirt and cobwebs. The Assessment Team found the respite cottages did not enable consumers to move freely indoors and outdoors. These areas are used by HCP and CHSP consumers. The entrances and exits to the respite cottages had steps with no ramps available, and the design of the shower and bedrooms was not enabling safe and easy mobility for consumers, especially those with motility aids. A representative for a consumer residing in the respite cottages advised that the consumer was unable to go into the backyard unassisted due to the environment not enabling their mobility. While the Assessment Team was not provided evidence of a schedule for preventative maintenance, this was included in the provider’s response to the Assessment Contact report. The provider’s response to the Assessment Contact report also identifies that the service has arranged for an assessment to consider improvements to the functional design of the cottages. However, I am not satisfied that the social support environment was consistently clean, and the respite cottages were enabling free movement indoors and outdoors.

The day centre and respite cottage equipment and furniture was observed by the Assessment Team to be clean and well maintained. However, observations by the Assessment Team and consumer and representative feedback, indicated equipment in the respite cottages was not always suitable for consumers, or additional equipment may be required. For example, a representative interviewed said the television did not have closed caption text and the consumer was unable to hear it, and there was no ergonomic equipment in the kitchen or shower available. The service did not demonstrate systems to monitor and ensure equipment provided is safe, clean, well maintained, and suitable for consumers. The provider’s response to the Assessment Contact report identifies that in response to the feedback, an occupational therapist assessment has been scheduled for the respite cottages. While the service has commenced a review process in response to feedback raised, I am not yet satisfied that equipment is suitable for consumers, or additional equipment may be required to ensure the safety of and well-being of consumers. There are areas for improvement in the review and monitoring of consumer equipment to ensure it is safe, clean, well maintained, and suitable for consumers.

For CHSP and HCP I find the following Requirements are not compliant:

* Requirement 5(3)(b)
* Requirement 5(3)(c)

The service demonstrated the service environment, including the day centre for social support activities and the respite cottage, is welcoming and easy to understand. Consumers and representatives interviewed said they felt welcomed at the service, and the environment was observed to support interaction with consumers and staff during the Quality Audit. The day centre was arranged to enable the independence and function of consumers with mobility and cognitive impairment. While the Assessment Team identified some areas for improvement in the design of the respite cottages, I have considered this in my assessment of Requirement 5(3)(b). Overall, the environment was welcoming, easy to understand, and optimising consumer well-being.

For CHSP and HCP I find the following Requirement is compliant:

* Requirement 5(3)(a)

# 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. | Not Compliant | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant | Not Compliant |

Findings

The Quality Standard is not compliant as two of the four specific Requirements have been assessed as not compliant.

For both HCP and CHSP consumers, the service was not able to demonstrate appropriate action is taken in response to complaints, and an open disclosure process is not used when things go wrong. Some consumers and representatives interviewed advised they were not satisfied with the management of the complaints they had raised. For example, one consumer said while their complaint was responded to initially, they were not offered an apology, and was not informed of action taken to address the concern. Another consumer was not satisfied in the service’s communication regarding their compliant. The service’s complaints register identified long timeframes for resolution that were outside the organisation’s policies and expectations.

The service did not demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. While complaints are recorded in a register, the service did not provide evidence of analysis and review of these complaints, or continuous improvement action implemented in response. Consumers and representatives interviewed were unable to identify improvements made to care and services in response to complaints.

The provider’s response to the Assessment Contact report includes additional information regarding the management and action taken in response to complaints and feedback. The provider is planning to review their reporting and resolution processes for management of complaints, and implement a new format for their continuous improvement register.

While the service demonstrated action was taken in response to complaints and feedback raised, the service did not demonstrate processes to ensure complainant satisfaction in the management and resolution of the complaint, including the use of open disclosure. The service did not demonstrate effective review of complaints and feedback to inform continuous improvement at the service.

For CHSP and HCP I find the following Requirements are not compliant:

* Requirement 6(3)(c)
* Requirement 6(3)(d)

The service demonstrated consumers and representatives across HCP and CHSP are encouraged and supported to raise feedback and complaints. Consumers and representatives interviewed by the Assessment Team confirmed they understand how to give feedback or make a complaint, and provided examples of how the service encourages and enables them to raise their concerns. Consumers and representatives said they raise feedback and complaints through feedback forms, calling the office, or at consumer meetings. The service uses morning teas, newsletters, and consumer surveys to promote and elicit feedback and complaints. Consumers are made aware of how to access advocates, language services, and other methods for raising and resolving complaints through their service agreement information and documents in the service environment. While the Assessment Team observed some information regarding external complaint services was outdated and incorrect, this was being updated and consumers and representatives knew how to make external complaints to relevant services.

For CHSP and HCP I find the following Requirements are compliant:

* Requirement 6(3)(a)
* Requirement 6(3)(b)

# 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. | Not Compliant | Not Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant | Not 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 Quality Standard is not compliant as two of the five specific Requirements have been assessed as not compliant.

The Assessment Team found the service did not demonstrate the workforce is competent and have the qualifications and knowledge to effectively perform their roles in line with the Quality Standards across both HCP and CHSP. There was some mixed feedback from consumers and representatives interviewed about the competency of staff providing their care. For example, some consumers and representatives felt staff were not competent to provide the care and services they required, and some felt staff need additional education on caring for consumers, particularly consumers living with dementia or cognitive decline. While the service has orientation and induction processes, the service did not demonstrate how they ensure competency of staff on an ongoing basis. The service did not demonstrate an ongoing training and education program to support staff in delivering the outcomes of the Quality Standards. Staff interviewed did not demonstrate an understanding of the Quality Standards, and their requirements regarding open disclosure, the serious incident response scheme (SIRS), restrictive practices, and antimicrobial stewardship. Staff interviewed said they had not received recent training or education. However, the service has processes to ensure all staff including subcontractors have relevant qualifications for their roles.

The provider’s response to the Assessment Contact report provides some additional information to the consumer and representative feedback identified in the Assessment Contact report. The provider’s response outlines continuous improvement action planned to improve the competency, knowledge, training, and support of the workforce. This includes implementation of a 12-month training and development plan for staff.

The service has commenced the implementation of a training and development program for staff. However, this has not yet been evaluated for effectiveness in ensuring the workforce is competent, knowledgeable, trained, equipped, and supported to effectively perform their roles and deliver the outcomes required by the Quality Standards.

For CHSP and HCP I find the following Requirements are not compliant:

* Requirement 7(3)(c)
* Requirement 7(3)(d)

The service demonstrated for HCP and CHSP consumers the workforce is planned, and the number and mix of the workforce deployed enables, the delivery and management of safe and quality care and services. The service demonstrated effective systems in place to fill unplanned leave and unfilled shifts to ensure there is a full complement of staff on the roster and that continuity of care is being delivered to consumers. Most consumers and representatives interviewed provided positive feedback in relation to staff attending on time for shifts and completing all required work during the allocated time. While one consumer and their representative raised some concern regarding staff leaving shifts early, the service instigated action in response during the Quality Audit and no negative impact to the consumer’s health and well-being was identified.

Most consumers and representatives interviewed by the Assessment Team said their interactions with staff are always respectful, and care and services are provided in a kind and caring manner. Observations by the Assessment Team demonstrated interactions between consumers and staff were generally kind and respectful. While some documentation and interactions between staff members was not respectful of consumers, I have considered this in my assessment of Requirement 1(3)(a). Consumer and representative feedback, and observations by the Assessment Team, demonstrated that the workforce interactions staff were having with consumers was generally kind and respectful.

The service demonstrated regular assessment, monitoring and review of each staff member’s performance is undertaken. The service has systems in place to ensure all formal performance appraisals are conducted in a timely manner and at the time of the Quality Audit all staff performance appraisals were up to date in line with the service’s expectations. The service demonstrated a formalised process is used to manage staff performance when things go wrong, or staff are not meeting organisational expectations.

For CHSP and HCP I find the following Requirements are compliant:

* Requirement 7(3)(a)
* Requirement 7(3)(b)
* Requirement 7(3)(e)

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Not  Compliant | Not Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not Compliant | Not Compliant |

Findings

The Quality Standard is not compliant as three of the five specific Requirements have been assessed as not compliant.

The service did not demonstrate effective organisational governance systems are implemented at the service for information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints. Consumer management systems and the incident and hazard management systems were not effectively consolidated. While the service identifies opportunities for improvement through various mechanisms, feedback gained through these systems is not consistently recorded on the continuous improvement plan and does not inform continuous improvement. There was limited oversight of staff education, training, and competency, including to direct an ongoing or mandatory training or competency program. While the service was generally meeting their regulatory requirements, staff interviewed did not demonstrate understanding of some requirements including the SIRS, Aged Care Code of Conduct, and restrictive practices. However, effective financial governance systems were demonstrated. Consumers were receiving financial statements in a timely manner, and the service worked with consumers to manage unspent funds. Service management is given a budget and a delegation authority for discretionary spending, and can approach the governing body and seek authorisation for further spending as required. The organisation conducts regular reviews to track the service’s budget and spending.

The Assessment Team found the service did not demonstrate effective risk management systems and practices in place to manage high impact and high prevalence risks, and manage and prevent incidents. While high impact and high prevalence risks for individual consumers were generally being managed at the service, risk management policies and procedures were not always implemented, well understood by staff, or provided appropriate guidance to direct staff practice. For example, the Assessment Team was not provided evidence of a policy to direct when a chronic wound should be referred to a wound specialist. This had impacted the care provided to two consumers. Additionally, assessment and planning systems and processes did not ensure assessment and planning consistently considers the high impact and high prevalence risks associated with consumer’s care to inform effective care delivery. While the service demonstrated incidents are generally documented, the service did not demonstrate incidents are consistently assessed, investigated, and used to identify interventions to prevent further incidents. However, systems and practices to identify and address abuse and neglect, and support consumers to live their best lives were demonstrated.

The organisation did not demonstrate an effective clinical governance framework is implemented at the service. The organisation has policies for antimicrobial stewardship, minimising the use of restraint, and open disclosure. However, the service did not demonstrate processes for education and promotion of these policies, and they were not well understood by staff to direct practice. Deficiencies in reporting to the governing body were impacting on the oversight of clinical care delivery at the service.

The provider’s response to the Assessment Contact report reiterates the governing body's commitment and accountability for the delivery of safe and quality care and services. The provider has planned continuous improvement in response to the findings in the Assessment Contact report including a training and development plan for staff and the Board, review of the terms of reference and functions of the committees of the governing body, and review of organisational policies, procedures, and frameworks.

While the provider has commenced improvements in organisational governance, they have not yet demonstrated the implementation of effective systems for information management, continuous improvement, workforce governance, regulatory compliance, feedback and complaints, risk management, and clinical governance.

For CHSP and HCP I find the following Requirements are not compliant:

Requirement 8(3)(c)

Requirement 8(3)(d)

Requirement 8(3)(e)

The Assessment Team found the Board’s commitment to a culture of safe, inclusive, and quality care is captured in the organisation’s vision, mission, and values. The Board satisfies itself that the Quality Standards are being met within the service via reports sent from the CEO. The organisation has established a Quality of Care Advisory Committee in accordance with the governance reforms, and the Board had attended organisational governance training. However, the Assessment Team found that reporting to the Board did not include sufficient detail to ensure oversight of the service’s performance against the Quality Standards.

The provider’s response to the Assessment Contact report demonstrates the governing body’s commitment to promoting safe, inclusive, and quality care and services, and has used the findings of the Quality Audit to strengthen organisational governance of the service and capacity building of the Board. Overall, the findings in the Assessment Contact report, and the provider’s response, satisfies me that the governing body is committed to promoting a culture of safe, inclusive, and quality care and services and is accountable for their delivery, and had commenced action in line with this prior to the Quality Audit.

The service demonstrated consumers and representatives are engaged in the development, delivery, and evaluation of care and services through morning tea feedback sessions, and consumer surveys. While consumer feedback did not always inform continuous improvement, I have considered this in my assessment of Requirement 8(3)(c). The organisation engages consumers to support the development of care and services.

For CHSP and HCP I find the following Requirements are compliant:

Requirement 8(3)(a)

Requirement 8(3)(b)

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)