**Performance**

**Report**

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| Name: | Peel Community Care Inc |
| Commission ID: | 500269 |
| Address: | Lot 3001 Dixon Avenue, PINJARRA, Western Australia, 6208 |
| Activity type: | Quality Audit |
| Activity date: | 14 February 2024 to 15 February 2024 |
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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: 9192 Peel Community Care Inc  
Service: 26965 Peel Community Care Inc.

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9462 PEEL COMMUNITY CARE INC  
Service: 27205 PEEL COMMUNITY CARE INC - Community and Home Support

**This performance report**

This performance report for Peel Community Care Inc (**the service**) has been prepared by M Glenn, 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; the report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others; and
* the provider’s response to the assessment team’s report received 14 March 2024. The response includes commentary directly relating to information in the assessment team’s report, and outlines actions planned and/or undertaken to address the deficits identified. Evidence, such as documentation, to support statements made were not included as part of the response.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **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 | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **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.

**Standard 2 requirements (3)(a), (3)(b), (3)(c), and (3)(e) for HCP and CHSP**

* Ensure assessments are undertaken initially and on an ongoing basis, and use information gathered to develop care plans which are tailored and reflective of consumers’ current care and service needs.
* Ensure risks to consumers’ health and well-being are identified and appropriate management strategies developed and implemented to enable staff to provide quality care and services.
* Ensure consumers’ goals, needs and preferences, including those related to advance care and end of life planning where consumers wish to disclose, are identified and appropriate management strategies developed.
* Ensure assessment and planning processes are based on ongoing partnership with consumers, and others the consumer wishes involved.
* Ensure consumer care plans are reviewed for effectiveness and/or updated in response to incidents and changes in consumers’ circumstances. Ensure care plans are reflective of consumers’ current and assessed needs, preferences and services.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.

**Standard 2 requirement (3)(d) for CHSP**

* Ensure outcomes of assessment and planning are effectively communicated with CHSP consumers and representatives and care plans are discussed with and available to them.

**Standard 3 requirements (3)(a) and (3)(e) for HCP and CHSP**

* Ensure staff have the skills and knowledge to provide personal and or clinical/care and services to consumers in line with their assessed needs and preferences and that is best practice, tailored to their needs and optimises their health and well-being, specifically in relation to wounds/skin integrity and personal hygiene;
* Ensure information relating to consumers’ personal and clinical care needs is documented and effectively communicated to others, and review information exchange processes between the service and other providers to enable effective coordination of care and services.
* Ensure policies, procedures and guidelines in relation to best practice care and information exchange processes are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to best practice care and information exchange processes.

**Standard 3 requirements (3)(b), (3)(d) and (3)(f) for HCP**

* Ensure staff have the skills and knowledge to:
* identify, manage, monitor and provide appropriate care relating to high impact or high prevalence risks, including wounds/skin integrity, pain and behaviours;
* recognise changes to consumers’ condition, and implement appropriate monitoring and management strategies; and
* initiate timely and appropriate referrals to medical officers and/or appropriate allied health professionals in response to changes in consumers’ condition.
* Ensure policies, procedures and guidelines in relation to management of high impact or high prevalence, management of deterioration and referral processes are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to best practice care, management of high impact or high prevalence, management of deterioration and referral processes.

**Standard 6 requirements (3)(c) and (3)(d) for HCP and CHSP**

* Ensure feedback and complaints are documented, including actions taken and follow-up with the complainant to ensure satisfaction is achieved.
* Review processes to ensure all feedback and complaints are captured and regularly reviewed to enable emerging trends and improvement opportunities to be identified.

**Standard 7 requirements (3)(c), (3)(d) and (3)(e) for HCP and CHSP**

* Ensure staff competency, skills and knowledge are assessed, monitored and tested to ensure staff are competent to undertake their roles.
* Ensure staff are provided appropriate training to address the deficiencies identified in five of the eight Quality Standards and completion of training is documented and monitored.
* Ensure regular assessment, monitoring and review of the performance of each staff member, including brokered/subcontracted staff, is undertaken and accurate records maintained.

**Standard 8 requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e) for HCP and CHSP**

* Review processes relating to how consumers are supported and engaged in the development, delivery and evaluation of care and services and that feedback gathered through various avenues is considered.
* To ensure the governing body is aware of and accountable for the delivery of care and services, review communication and reporting processes from the service to the governing body and vice versa.
* Review the organisation’s governance systems in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.
* Review the organisation’s risk management processes in relation to managing high impact or high prevalence risks and supporting consumers to live the best life they can.
* Review the organisation’s clinical governance framework, ensuring it includes reference, policies and procedures in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Ensure training is provided to staff in relation to these aspects of the framework.

# 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 Quality Standard is compliant as all six requirements assessed have been found compliant. The assessment team recommended requirements (3)(a) and (3)(b) not met for both **HCP** and **CHSP**.

**Requirement (3)(a)**

The assessment team found each consumer is not treated with respect and dignity by all staff and recommended this requirement not met. Three consumers and a representative described experiences where staff have not treated them with respect and dignity. One consumer said a staff member had been rude and negative toward them during a telephone conversation, and a representative said the same staff member had been rude when they discussed dissatisfaction with a service. Another consumer felt embarrassed when they had a fall. In October 2023, the consumer had two falls. After the first fall, staff recorded the consumer was embarrassed, however, steps to mitigate future risk were not undertaken and they had another fall in the same location a week later. Another consumer said approximately 12 months ago a staff member made them feel disrespected. The consumer raised the matter with management and the support worker was changed.

I have come to a different finding to that of the assessment team. I find the evidence presented does not demonstrate systemic deficits relating to how consumers are treated as it relates to the intent of this requirement. While I acknowledge the evidence relating to a staff member who was described by a consumer and representative as rude, there is no evidence indicating management have been informed of these instances to enable them to investigate and implement any remedial action. The provider’s response indicates the staff member identified will be spoke to. One example provided by a consumer demonstrated where they had raised a matter regarding a staff member’s behaviour, appropriate action was taken. I acknowledge the feelings of a consumer following falls, however, the fact that steps were not taken to mitigate future risks does not support that the consumer was not treated with dignity or respect. The provider’s response for this consumer outlines actions which have been taken, including discussing support of allied health professionals, which has commenced, and alternative transport options, although documentation to support these actions is not included in the response. In coming to my finding for this requirement, I have also considered other evidence in the assessment team’s report indicating three consumers made positive comments about staff and the way they are treated.

For the reasons detailed above, I find requirement (3)(a) in Standard 1 Consumer dignity and choice compliant.

Requirement (3)(b)

The assessment team found staff have not received training on culturally safe care and recommended this requirement not met. Not all consumers have had their needs, wants and preferences met. There is a lack of formal assessment processes specifically designed to evaluate cultural safety in care delivery, including through surveys, assessment and planning. Staff and management could not provide any examples of how they consider consumers’ cultural diversity needs, with management advising cultural needs are identified by external assessment processes with no assessments undertaken by the service.

The provider’s response indicates training will be provided to staff at induction. The response also states needs identified by external assessment processes are considered. Assessments for CHSP consumers are not conducted as they are assessed by an external body and a referral is sent to the service outlining all their needs. The provider states they are in the process of implementing assessment/review documentation which will identify and address consumers’ cultural needs.

I have come to a different finding to that of the assessment team. I find the evidence presented does not demonstrate systemic deficits relating to provision of culturally safe care as it relates to the intent of this requirement. While staff have not received training in culturally safe care, there is no evidence demonstrating this has impacted consumers’ care and services, in fact, the assessment team’s report indicates consumers interviewed did not provide any specific comments in relation to this requirement, and expressed general satisfaction with care and services. I agree with the assessment team that lack of assessment processes has the potential for consumers’ specific cultural care requirements not to be identified and met, however, the evidence presented does not demonstrate this has impacted consumers’ dignity and choice. I consider these processes are more aligned with assessment and planning of care and services and this evidence, as well as the provider’s response, has been considered in my finding for requirement (3)(b) of Standard 2.

For the reasons detailed above, I find requirement (3)(b) in Standard 1 Consumer dignity and choice compliant.

**In relation to all other requirements**, the service ensures consumers make decisions about their own care, involve representatives and family where appropriate, and prioritise consumers’ own decisions. Coordinators consult with consumers on commencement of services and ongoing to ascertain their preferences and to discuss new circumstances that arise where decisions need to be made. Consumers are supported to be independent and make connections with others through a weekly activity provided by the service. Consumers are also supported to take risks to allow them to live their best life. Options are discussed with consumers to ensure their services align to their needs to manage identified risks.

Information provided to consumers is clear way and easy to understand. On commencement of services, coordinators visit each consumer and discuss options available to them, their rights as a consumer and other details about the service and external services, such as advocacy and complaints avenues. The home care agreement outlines the service’s commitment that they will issue monthly statements to consumers outlining income, expenditure and balance of funds, a price list for all support services offered under the package, and reference to the Charter of Aged Care Rights. Several staff interviewed said they have an open door policy to enable consumers to express their needs and be informed of solutions or options available to them efficiently. There are processes to ensure consumers’ privacy is respected and personal information is kept confidential.

Based on the assessment team’s report, I find requirements (3)(c), (3)(d), (3)(e) and (3)(f) in Standard 1 Consumer dignity and choice compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not Compliant | Not Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Not Compliant | Not Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Not Compliant | Not Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Not 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 non-compliant as four of five requirements assessed for **HCP** and all five requirement assessed for **CHSP** have been found non-compliant. The assessment team recommended requirements (3)(a), (3)(b), (3)(c) and (3)(e) not met for both **HCP** and **CHSP**, and requirement (3)(d) not met for **CHSP**.

**Requirement (3)(a)**

The assessment team found assessments are not undertaken on commencement of services or ongoing and recommended this requirement not met. Risks are not identified and validated risk assessment tools are not used to identify and plan safe care or to ensure risks are appropriately assessed, and mitigating strategies implemented.

Risks relating one consumer’s diagnoses, including, but not limited to depression, diabetes, peripheral neuropathy, and osteoarthritis with chronic pain were not considered on commencement of services. From mid-2023 until discharge in 2024, the consumer suffered wound infections and fractures. Assessments for another consumer have not been completed since commencement of services in 2019. Risks relating to falls, ability to perform household tasks or personal care, and ongoing pain have not been assessed. Assessments to ensure CHSP consumers’ goals, needs, and preferences are met, or to assess and manage risk, including those related to falls, behaviours, pressure injuries, and skin integrity have not been undertaken. Management said assessments are not completed as the service is not funded to do this, with information, including from My Aged Care (MAC) support plans transcribed directly to consumer care plans. Where an assessment is required, referrals are initiated. On further discussion, management said the service does not have an assessment process, and validated risk assessment tools are not used to identify and mitigate risk.

The provider states they are an in-home provider, do not have admissions, and consumers are referred the service, by which time they have been assessed. The provider states they cannot assess a consumer for funding for CHSP or HCP. Annual reviews can be done for CHSP consumers and if there is a change noted in this review, the support worker tells us of their concerns. If consumers require more help, this is discussed with the consumer and reassessment requested, or consumers will contact MAC to ask for a reassessment. The provider indicates assessment/review paperwork will be implemented for changes in consumers’ needs.

I acknowledge the provider’s response. However, I find assessment and planning processes do not effectively inform delivery of safe and effective care and services, including consideration of risk. I acknowledge providers do not assess consumers for CHSP or HCP funding and that information, including from assessments completed by external bodies prior to commencement of services is being transcribed onto care plans to guide care delivery. However, this does not negate the service’s responsibilities of undertaking further, supplementary assessments to identify and plan for risks which may impact consumers’ health and well-being. Assessment processes have not been undertaken to identify risks, including in relation to falls, skin integrity and pain, and risks related to consumers’ diagnoses have not been considered, nor strategies to manage these risks developed. For one consumer, assessments have not been undertaken since commencement of services approximately five years ago, and known risks have not been assessed. These practices are not in line with the organisation’s own policy which directs staff to complete an assessment on admission and to use risk assessment tools to identify and manage risks. As such, I find lack of assessment and planning has not ensured consumers are supported to get the best possible care and services or that their safety, health and well-being are not compromised.

For the reasons detailed above, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**Requirement (3)(b)**

The assessment team found consumers’ preferences relating to end of life planning are not identified or addressed and recommended this requirement not met. All 14 care files sampled did not include an assessment or record of discussion in relation to consumers’ advance care or end of life planning preferences, and six consumers interviewed said they have not been approached by the service to have this discussion. Management confirmed assessments are not completed to ensure consumers’ current needs and preferences are respected and honoured, and end of life planning and assessments are not undertaken to ensure personalised, safe and appropriate care planning. In coming to my finding for this requirement, I have also considered evidence highlighted in requirement (3)(b) of Standard 1 indicating a lack of formal assessment processes specifically designed to evaluate cultural safety in care delivery.

The provider’s response states when consumers are receiving services due to serious health issues, palliative care is usually involved and this is discussed with them. Some consumers do not want to discuss end of life, and there is an entry in the consumer handbook about advanced health directive/planning. The provider states in future, information will be added to consumer files and consumers will be advised to let staff know if they want to discuss this. Training will also be provided to staff on Standard 2 and advance and end of life planning will be included in documentation being implemented.

I acknowledge the provider’s response. However, this requirement expects that services do everything they reasonably can to plan care and services that centre on consumers’ goals, needs and preferences, including in relation to advance care and end of life planning. I find the service’s current practices have not ensured this has occurred. There is no evidence of discussions with consumers either on commencement or ongoing relating to advance care or end of life planning, in line with consumers’ preferences, and consumers confirmed these discussions have not been undertaken with them. I acknowledge some consumers do not wish to discuss this topic, however, the provider should consider how such conversations and consumers’ responses are documented and how and when these conversations are revisited to ensure currency of information.

For the reasons detailed above, I find requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**Requirement (3)(c)**

The assessment team found assessment and planning is not based on ongoing partnership with consumers and/or others and recommended this requirement not met. Some consumers expressed dissatisfaction with their involvement in planning of care and services. While some consumers are referred to external health professionals for assessment, management said information following the referral is not consistently received and this is not actively followed up. One consumer is identified with a high falls risk, has limited mobility and chronic pain and visits an allied health professional regularly. The service does not receive information, such as allied health assessments or reviews, relating to the consumer’s mobility, transfers, and pain management. The service has not received information for another consumer who had 13 falls in a 12 month period and receives allied health treatments.

The provider states they are only allowed to provide services CHSP consumers have been assessed for, and consumer choice and decision making are done when consumers are assessed by an external body. Referral is discussed at initial home visits and consumers are provided an opportunity to express their needs and expectations of the service they have been assessed for. The provider asserts allied health reports are on file for one highlighted consumer and for another, the consumer did not report falls. Allied health partners have been contacted and regular reports/updates on consumers’ treatment/support being provided has been requested.

I acknowledge the provider’s response. However, I find assessment and planning processes are not based on ongoing partnership with the consumer, representatives or others. Initial and ongoing assessment processes are not occurring, with care plans developed based on information included in assessments completed by an external body prior to consumers commencing services. While there is evidence of consumers being referred to allied health professionals, this is not leading to a coordinated approach to the provision of consumers’ care as information on outcomes of these referrals is not being actively sought to contribute to assessment and planning processes. The provider’s response states consumer choice and decision making are done when consumers are assessed by an external body. This implies consumers are not encouraged and supported to make decisions about their care and services and the way they are delivered beyond assessment processes conducted before they commence with the service. Such practices do not recognise that making decisions on an ongoing basis about their own life and having those decisions respected has the potential to improve consumers’ health and well-being and enables a coordinated approach to consumers’ care and service provision, as well as to manage any real or potential risks.

For the reasons detailed above, I find requirement (3)(c) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**Requirement (3)(d) – CHSP only**

The assessment team recommended this requirement not met as while CHSP consumers said their support plan is discussed with them, they do not have a care plan that is readily available to them in their home. One consumer said they have to explain their care to every new staff member that provides them personal care, and another consumer and representative said support workers do not seem to know what to do when they provide domestic assistance. Management said staff have access to CHSP consumers’ care plans through a mobile phone application, however, confirmed a copy of the care plan is not available at their home.

The provider’s response states all consumers have the option of having their support plan in their home. All support workers know what services consumers have, are able to access care plans on the phone application, and are directed to look at support plans to ensure there have been no changes. The only CHSP consumers that do not have care plans in their home are those that don’t wish to or new consumers from June 2023 due to a new client based system. The provider is in the process of rectifying the issue, however, consumers are shown the care plan and it is discussed with them on the initial visit.

I acknowledge the provider’s response. However, I have considered the intent of this requirement which states a care and service plan, which includes a person’s needs, goals and preferences, should be available to the consumer in a way they understand. While I acknowledge the provider’s response stating all consumers have the option of having a support plan in their home, I have considered feedback from management confirming the 703 CHSP consumers receiving services do not have a copy of the care plan at their home. I have also considered feedback from consumers and representatives who described impacts to provision of care which may indicate not all staff are accessing care plans to guide delivery of care and services. As such, I find consumers are not supported to understand and have ownership of the care plan.

For the reasons detailed above, I find requirement (3)(d) in Standard 2 Ongoing assessment and planning with consumers, specifically for **CHSP**, non-compliant.

**Requirement (3)(e)**

The assessment team found there are no processes to review assessments when consumers’ circumstances change or when incidents impact on their needs, goals and preferences and recommended this requirement not met. Care files for four consumers show risks, goals, needs, or preferences have not been reassessed in response to changes in condition or circumstance. Management said assessments or reassessments are not completed, which is not in line with organisational policy. Management also said the service is not funded to undertake assessments, and consumers are referred to external bodies, if required.

The provider’s response includes responses for the four consumers highlighted, including indicating there was a home visit for one consumer, nursing support and constant phone contact was undertaken for another consumer; and the provider was not informed of one consumer’s falls. In relation to a CHSP consumer, reassessments cannot be undertaken, only reviews, and reassessment from an external body will be requested if there are changes. Training will be provided to staff on how to report back to the service for a review request.

I acknowledge the provider’s response. However, I find the service has not ensured care and services are regularly reviewed for effectiveness, including in response to changes in condition or circumstance. In coming to my finding, I have placed weight on feedback from management who stated assessments or reassessments are not completed, which is not in line with organisational policy which states reassessments are to occur annually, or earlier if there is a change in the consumer’s condition. As such, I find the service’s current practices do not ensure care and services are being delivered in line with consumers’ current needs and preferences or ensure consumers are safe and risks are minimised.

For the reasons detailed above, I find requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**In relation to requirement (3)(d) for HCP,** consumers said support plans are discussed with them on commencement of service. Support workers said they have access to care plans through a phone application and care plans for HCP consumers are located in their homes.

For the reasons detailed above, I find requirement (3)(d) in Standard 2 Ongoing assessment and planning with consumers, specifically for **HCP**, compliant.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not Compliant | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Not Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Not Compliant | Not Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not 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 non-compliant as five of seven requirements assessed for **HCP** and two of seven requirements assessed for **CHSP** have been found non-compliant. The assessment team recommended requirements (3)(a), (3)(c), (3)(d), (3)(e) and (3)(f) not met for both **HCP** and **CHSP**, and requirement (3)(b) not met for **HCP**.

**Requirement (3)(a)**

The assessment team found some consumers do not receive care that is best practice, tailored to their needs, and optimises their health and well-being and recommended this requirement not met. Personal care was not provided to one consumer at the frequency agreed which the representative believes contributed to development of skin integrity issues and subsequent pain in June 2023. Management said the consumer often declined services, providing two records for late 2023. Strategies were not discussed with the consumer nor interventions trialled to enable delivery of safe and effective care. Monitoring or oversight of brokered nursing services to ensure a consumer’s wound care was best practice and tailored to their needs was not demonstrated, with wounds deteriorating and becoming painful. Following a specialist review in January 2024, hospital staff communicated concerns with the consumer’s wound care, including treatment being undertaken infrequently and prescribed wound products not being used. One consumer said staff do not follow their care plan to ensure safety during personal care and another consumer said there have been times they have had to wash independently as staff have not arrived for the service.

The provider’s response states for one consumer, staff provided bed baths if the consumer consented; and for another consumer, nursing services provide a date but not exact time (of services) and on occasions, the consumer was not home or didn’t answer door, and there were also cancellations due to no staff availability. Provision of personal care for two consumers is being investigated.

I acknowledge the provider’s response. However, I find each consumer is not provided safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being. Initial and ongoing assessments are not conducted to ensure care provision is based on consumers’ needs, goals and preferences and changing care and service requirements. Two consumers described care provision which was not in line with their needs and preferences. Personal care was not provided to one consumer at the agreed frequency, and while management stated the consumer often declined services, there is no evidence the service had worked with the consumer or representative to tailor care or to consider alternative options and management strategies. Wound care has not been undertaken in line with best practice by brokered services with wound care for one consumer being undertaken infrequently and prescribed wound products not being used.

For the reasons detailed above, I find requirement (3)(a) in Standard 3 Personal care and clinical care non-compliant.

**Requirement (3)(b) HCP only**

The assessment team found high impact or high prevalence risks are not effectively managed and recommended this requirement not met. Assessments, including validated risk assessment tools are not completed to identify level of risk and mitigate harm. For three consumers, risks relating to falls, skin integrity, and behaviours had not been identified nor management strategies developed. Two consumers admitted to the service with wounds developed wound infections. Wounds were managed by brokered services. One consumer had a diagnosis of depression and was regularly declining personal care. Assessments were not undertaken or referral relating to behaviours initiated. Care provided by a brokered service for the other consumer was not adequately overseen and monitored. In January 2024, hospital staff raised concerns about lack of wound care attendance and the incorrect use of wound products, and indicated the consumer had acquired an infection. A further specialist review at the end of January 2024 indicated the consumer had pain levels of 10 out of 10. While the consumer was noted to have behaviours relating to wounds, related risks were not assessed or managed, including discussion with the consumer, trialling of new interventions, or refer to a health specialist. One consumer’s falls risk was not assessed or managed and the consumer had two falls in a six week period resulting in injury and medical intervention.

For two consumers requiring wound care, the provider’s response states one consumer was receiving rehabilitation in the home with the hospital. The response also highlighted brief notes for this consumer indicating, for example, ‘nursing note,’ ‘liaising with the hospital,’ and ‘home visit,’ however, further explanation of these notes or supporting documentation was not included in the response. For another consumer, the response is limited to stating nursing notes from (the brokered service) are on file and the consumer was already under the specialist clinic. The provider states they had not been advised of a consumer’s falls.

I acknowledge the provider’s response. However, this requirement expects that services effectively manage high impact or high prevalence risks associated with the care of each consumer. That is, each individual consumer should expect to have high impact or high prevalence risks associated with their care effectively managed. I find this did not occur in relation to risks associated skin integrity/wounds, pain and behaviours. Assessments are not undertaken on commencement or on an ongoing basis to assist to identify, monitor, and effectively manage high impact or high prevalence risks associated with consumers’ care. Wound care and associated risks, including pain and behaviours for two consumers have not been adequately managed by brokered services or monitored by the service; both consumers’ wounds deteriorated and became infected. One consumer had a subsequent amputation and surgery for the other consumer was delayed. I acknowledge the provider may not have been aware of a consumer’s falls.

For the reasons detailed above, I find requirement (3)(b) in Standard 3 Personal care and clinical care for HCP non-compliant.

Requirement (3)(c)

The assessment team found the needs, goals and preferences of consumers nearing end of life are not recognised and addressed and recommended this requirement not met. Consumers interviewed said they had not discussed their end of life preferences with the service nor provided information on their end of life goals. End of life preferences were not recorded in the 14 consumer files sampled and management said they do not assess or ask consumers about preferences for end of life planning.

I have come to a different finding to that of the assessment team. The evidence presented relates to assessment and planning processes and does not demonstrate deficits with provision of care as it relates to this requirement. There is no indication that consumers have not been provided appropriate end of life care. The provider’s response indicates when consumers are receiving services due to serious health issues, palliative care is usually involved and this is discussed with them.

For the reasons detailed above, I find requirement (3)(c) in Standard 3 Personal care and clinical care compliant.

**Requirement (3)(d)**

The assessment team found deterioration or change in consumers’ condition is not recognised and responded in a timely manner and recommended this requirement not met. While brokered nursing services are provided when required, management said they do not monitor the services provided. Timely action was not taken when a HCP consumer developed a wound infection or sustained falls resulting in fractures and a subsequent amputation. Brokered services were not monitored in relation to a HCP consumer’s wound care, with the wound deteriorating. Correspondence from a hospital clinic highlighted concerns with wound management, indicating the wound plan was not followed. Management were unaware they should monitor brokered nursing services. For a CHSP consumer, the service was not aware they required an increase in services with the consumer applying directly to MAC for review. In response to the deficits highlighted, the provider’s response indicates ‘already answered.’

I acknowledge the provider’s response. However, I find changes or deterioration in consumers’ condition are not effectively recognised or responded to promptly. Oversight of services provided by brokered staff are not effective. While wounds for both consumers were identified as deteriorating, there is no evidence of communication with the service to keep them informed or enable early intervention to occur to avoid further complications. Management were unaware they should monitor brokered services. As such, I find consumers’ were not effectively monitored or changes escalated to ensure deterioration and/or change in clinical condition was effectively recognised and promptly responded to. The evidence presented relating to a CHSP consumer does not demonstrate systemic issues relating to recognising and responding to deterioration or change in condition. In relation to the CHSP consumer highlighted, the assessment team’s report indicates the service will investigate.

For the reasons detailed above, I find requirement (3)(d) in Standard 3 Personal care and clinical care for **HCP** non-compliant and **CHSP** compliant.

**Requirement (3)(e)**

Support plans do not consistently contain current information about consumers’ condition, needs and preferences, and are not communicated within the organisation and with others who provide care. Some support plans sampled have not been updated in response to changes in consumers’ condition or circumstances. Not all health providers involved in consumers’ care provide reports or information to the service, or have access to support plans and care records. In coming to my finding for this requirement, I have also considered evidence highlighted in requirement (3)(f) of this Standard in the assessment team’s report indicating there was no monitoring or communication with brokered services providing wound care for two consumers.

The provider’s response indicates requests have been sent to allied health/nursing partners. For CHSP consumers, the provider states they do not have access to their information from other health services as consumers are independent and in their own home, therefore, have rights on what the service should and shouldn’t know about.

I acknowledge the provider’s response. However, I find information about consumers’ condition, needs and preferences is not effectively documented and communicated. For consumers highlighted in the assessment team’s report, support plans are not reflective of current needs and preferences, and the evidence suggests communication between the service, other care providers and staff is not effective. For one consumer who experienced a fall six weeks prior to the quality audit resulting in a change in condition, the care plan had not been updated for over 12 months. I acknowledge consumers’ personal information needs to be collected and shared in line with consumers’ preferences and in a way which complies with relevant legislation. The provider should consider how consumer preferences for information sharing are considered and documented to enable coordination of care and to improve outcomes for consumers. As such, I have considered as assessment processes are not undertaken or care plans updated in response to consumers’ changing needs, the workforce does not consistently have access to accurate information to enable coordination and delivery of safe and effective personal and/or clinical care.

For the reasons detailed above, I find requirement (3)(e) in Standard 3 Personal care and clinical care non-compliant.

**Requirement (3)(f)**

The assessment team recommended this requirement not met as while consumers are referred to health professionals, referrals are not always timely or appropriate. The service could not demonstrate they assess or identify when there is deterioration or a change in consumers’ condition. While one HCP consumer was referred to a brokered service for wound care, referral was not considered when an infection developed, or when they had two falls resulting in fractures. The service did not monitor or communicate with a brokered service in relation to a HCP consumer’s wound care and the wound deteriorated and became infected. The service does not assess or identify when a consumer is at the end stage of life and does not initiate referrals to ensure consumers’ needs and preferences are recognised and respected. In response to the deficits highlighted in the assessment team’s report, the provider referenced their response for requirement (3)(b) in Standard 2 for CHSP.

I find for HCP consumers highlighted, timely and appropriate referrals have not been initiated in response to changes in consumers’ condition, specifically deterioration in wounds and resulting infections. There is no indication brokered staff informed the service of changes in wound appearance to enable appropriate and timely referrals to occur. While I acknowledge information relating to consumers’ care at the end of life, the assessment team’s report does not include any evidence demonstrating referrals have not been initiated for consumers at this phase of life.

For the reasons detailed above, I find requirement (3)(f) in Standard 3 Personal care and clinical care, specifically **HCP**, non-compliant and for **CHSP** compliant.

**In relation to requirements (3)(g) and (3)(b) (for CHSP)**, the service has processes to minimise infection and prevention is practiced through following Department of Health and Aged Care guidelines, screening and provision of personal protective equipment. An infection outbreak plan is available to guide staff and management on processes and procedures to follow in the event of a declared outbreak, including when to suspend in home care services. Staff do not provide care and services to consumers if they exhibit symptoms of infection, and personal protective equipment and good hand hygiene are used where services are provided to consumers who are symptomatic. Consumers manage their own medications with the support of general practitioners or medical specialists, and the service may be aware of if and when a consumer is prescribed antibiotics. Staff will suggest consumers seek medical advice if they feel antibiotic medications are not working as intended.

The assessment team’s report did not include any evidence to support their recommendation of met for requirement (3)(b) in relation to **CHSP** consumers. As such, in the absence of information indicating deficiencies with management high impact or high prevalence risks, consideration of other evidence presented in the assessment team’s report, and the majority of consumers and representatives interviewed not providing any negative feedback relating to provision of personal and clinical care, I find this requirement compliant. However, I would encourage the provider to review their processes relating to management of high impact or high impact risks within the CHSP.

Based on the assessment team’s report, I find requirement (3)(b) for **CHSP**, and (3)(g) for **HCP and CHSP** in Standard 3 Personal care and clinical care compliant.

# 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 Quality Standard is compliant as all seven requirements assessed have been found compliant. The assessment team recommended requirements (3)(a), (3)(d) and (3)(g) in Standard 4 not met for both **HCP** and **CHSP**.

**Requirement (3)(a)**

The assessment team found appropriate reassessments are not undertaken to monitor consumers’ needs, goals, and preferences as they change and recommended this requirement not met. Other than an informal, infrequent review with the consumer to ask them if they feel their needs have changed, assessments relating to goals are not completed. Systems and processes to ensure transportation assistance is tailored to each consumer’s specific needs and is safe and effective were not demonstrated, and assessments to identify consumers’ safety and other risks, including getting on and off the bus are not conducted.

I have come to a different finding to that of the assessment team. The evidence presented does not persuade me that consumers are not receiving safe and effective supports for daily living. The evidence presented to support the not met recommendation is more aligned to assessment, planning and review, as well as provision of equipment. In coming to my finding for this requirement, I have considered evidence highlighted in the assessment team’s report demonstrating some consumers are receiving effective supports to meet their needs, goals and preferences which assists them to maintain their independence. Emotional and spiritual needs are supported, and community engagement, meals and activities are provided in line with consumers’ needs, goals and preferences. Consumers and representatives interviewed are satisfied the service takes time to get to know consumers and find out what is important to them, and how they want to live their lives, and support them to achieve this by using information collected from assessments completed by external organisations.

For the reasons detailed above, I find requirement (3)(g) in Standard 4 Services and supports for daily living compliant.

**Requirement (3)(d)**

The assessment team found consumers’ care needs and preferences are not communicated when responsibility for care is shared and recommended this requirement not met. There is no system in place for regular assessments, or for changes to consumers’ condition, needs and preferences to be communicated in the organisation when they occur. As regular reassessments are not occurring, there is no process to provide updates on consumers’ condition other than file notes from the visiting support worker. File notes are accessible by support staff on their mobile phone, however, care plans are not accessible through the phone system and need to be accessed either physically or on the servers. The mobile system’s file notes are not accessible to subcontracted staff.

I have come to a different finding to that of the assessment team. I find the evidence presented does not demonstrate systemic issues relating to information exchange processes as they relate to the purpose and scope of this Standard. The assessment team have indicated file notes are used to provide updates on consumers’ condition, care plans for CHSP and HCP are accessed on two different systems, and file notes are not accessible to subcontracted staff. However, the assessment team have not established how and if these processes have impacted provision of consumers’ care and services. In coming to my finding, I have considered evidence in the assessment team’s report indicating there are processes to include consumers and others they want to include in communication about their services and supports. Care plans are individualised and include information on equipment and level of support consumers require with transfers and mobility which are completed on commencement of services. Staff said information about consumers’ daily living support needs and preferences are documented in care plans and consumers interviewed said staff know their daily living support needs and requirements.

For the reasons detailed above, I find requirement (3)(d) in Standard 4 Services and supports for daily living compliant.

**Requirement (3)(g)**

The assessment team recommended requirement (3)(g) not met as while there are systems to ensure the bus, used to transport consumers, is well maintained and clean, systems to ensure the safety and suitability of the bus were not demonstrated. In coming to my finding for this requirement, I have also considered evidence highlighted in requirement (3)(a) of this Standard indicating consumers’ safety or other risks, for example, getting on and off the bus are not assessed and there is no form or checklist to guide staff on safely utilising the bus, which does not currently have a ramp for wheelchair access, for transporting consumers. One consumer had two falls in October 2023 when getting on the bus. Management said following these incidents, the service now visits consumers at their home with the bus to see if they can manage the stairs. If they are unable to, then they are not provided with transport from the service to be involved in activities.

I have come to a different finding to that of the assessment team. I find the evidence presented does not demonstrate systemic deficits relating to provision of equipment, specifically the bus. While I acknowledge incidents sustained by one consumer, the provider’s response shows strategies to assess consumers’ suitability to get on and off the bus have been implemented. The provider’s response outlined one example of where a consumer was not able to enter the bus which has resulted in alternative arrangements to ensure they do not miss out on social outings.

For the reasons detailed above, I find requirement (3)(g) in Standard 4 Services and supports for daily living compliant.

**In relation to requirements (3)(b), (3)(c), (3)(e) and (3)(f)**, consumers said staff provide support when they are feeling low. Staff know consumers well and described strategies required for each consumer to feel supported. Staff said they build trust with consumers to enable them to identify when they need support with their psychological well-being, and progress notes show staff recognise, record and report when a consumer is feeling low or requires support.

Consumers and representatives confirmed consumers are supported to participate in the wider community, have opportunities to do things of interest to them, and are supported to connect with friends and family. Care files include information about consumers’ likes, dislikes, preferences, important relationships and community connections and staff are familiar with consumers’ interests.

Consumers said prompt referrals to appropriate providers of other services are initiated when specific needs are identified. Referral documentation for consumers shows the service has a range of contracted providers, including meal delivery suppliers, gardening, and maintenance. Three consumers said referrals have taken place for further assessment of their condition resulting in falls prevention strategies and provision of adaptive equipment.

Most consumers are satisfied with the meals provided. The service provides morning tea and lunch once a week as part of an activity group. Meals on wheels are provided by an external organisation, and where consumers do not wish to use this service, external organisations are arranged to provide meals to consumers who are no longer able to cook. Information relating to consumers’ dietary requirements and preferences is gathered and shared with external organisations.

Based on the assessment team’s report, I find requirements (3)(b), (3)(c), (3)(e) and (3)(f) in Standard 4 Services and supports for daily living compliant.

# 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 environment is welcoming and easy to access, encouraging consumers attendance at regular activities, and to visit the office when required. The centre has two large activity rooms with adjacent amenities. The space is arranged in a functional manner for each participant to have space and maintain social connection. All participants are independently mobile, however, room layout and access to amenities have been considered should participants with mobility aids need to be accommodated. Consumers said the activities room is clean and welcoming and they look forward to coming to the activity group each week.

The service environment is safe, clean and well maintained and consumers were observed moving freely throughout the common area. Furniture has been assessed for suitability and safety for consumers accessing the centre. Furniture placement in the activity room is discussed with consumers to ensure their needs are met, and consideration of each consumer’s health and mobility needs are considered. The centre is cleaned weekly, in line with a schedule, with spot cleaning undertaken as required. The building is owned by the local shire office who are responsible for maintenance and contract work. Consumers said furniture and equipment provided is clean, well maintained, and suitable for their use.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant.

# 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 non-compliant as two of the four requirements assessed have been found non-compliant. The assessment team recommended all requirements in Standard 6 not met for both **HCP** and **CHSP**.

**Requirement (3)(a)**

The assessment team found consumers and their friends, family and carers are not encouraged and supported to provide feedback and complaints and recommended this requirement not met. Only a small number of people have submitted feedback forms, most being compliments. A consumer and representative did not feel encouraged or supported to provide feedback or to complain due to a staff members behaviour towards them. Staff said they receive feedback, complaints and queries from consumers and often deal with them verbally. Management and staff could not provide any examples of how consumers are encouraged to give feedback besides feedback forms being sent to them.

I have come to a different finding to the assessment team’s recommendation of not met. The evidence does not sufficiently demonstrate that consumers are not encouraged and supported to provide feedback or make complaints. The provider’s response and the assessment team’s report described information provided to consumers on commencement of services, which includes complaints and feedback processes, including advocacy services, and questionaries seeking feedback are provided to CHSP consumers. Questionnaires sampled include positive comments from consumers about the service. I acknowledge a consumer and representative do not feel encouraged and supported to provide feedback or complain due to one staff member’s behaviour, and the assessment team have noted that management plan to address this with this particular staff member. However, this evidence does not persuade me that consumers overall do not feel supported and encouraged to provide feedback and make complaints, noting that 22 consumers and representatives in total were interviewed as part of the quality audit. Information in the assessment team’s report indicates staff described examples of consumers providing feedback, including complaints, and how they assisted to address concerns on a case-by-case basis. Management also said most complaints are received verbally from consumers directly to staff or via telephone to office staff and they work to resolve matters raised. I also acknowledge the provider’s response stating they are in the process of setting up a procedure to better record complaints and compliments.

For the reasons detailed above, I find requirement (3)(a) in Standard 6 Feedback and complaints compliant.

**Requirement (3)(b)**

The assessment team recommended this requirement not met as induction packages do not include information on language services and there is no evidence of discussions with consumers relating to language services. The organisational complaints policy references the use of language services when required, and outlines a translation service that can be used. There is no evidence of how the need for this would be identified or how staff would make consumers aware of this option. Management could not describe how they would assist consumers to access language services. Complaints received and actions taken are not documented in client notes or the complaints spreadsheet, therefore, there is no evidence demonstrating if consumers are made aware of advocacy or other methods for raising complaints beyond this information being provided on commencement of services. One consumer said they had specific concerns but had not given any feedback and did not recall complaints information. One consumer thought they would be confident to raise a complaint but could not explain how they would do this, and were not aware of advocacy options. The consumer did say on one occasion they had spoken to staff and the response was positive.

I have come to a different finding to that of the assessment team. While I acknowledge introduction packs do not include information relating to language services, policy documents are available to guide management and staff with the use of and access to these services should consumers require them. I do note information in the assessment team’s report indicates there are currently no consumers who require these services. Information provided to consumers on commencement includes internal and external methods for raising complaints, complaints escalation and advocacy services. I would encourage the service to review information provided to consumers on commencement to ensure there is reference to language services, and to review how information relating to internal and external complaints avenues, advocacy services and language services is provided to consumers on an ongoing basis. I also acknowledge the provider’s response stating they will review complaints procedures and look at reiterating these procedures with consumers at annual reviews. Training for staff on reporting complaints will also be provided.

For the reasons detailed above, I find requirement (3)(b) in Standard 6 Feedback and complaints compliant.

**Requirement (3)(c)**

The assessment team found appropriate actions are not taken in response to complaints and recommended this requirement not met. There is insufficient documentation of actions taken in response to complaints or if complaints are resolved, what follow up actions have been taken and/or if an apology has been offered. A complaints spreadsheet evidenced a small number of complaints received but did not include actions taken or whether the matter was closed. The majority of complaints received and actioned has not been documented in client notes, staff meeting minutes or the continuous improvement plan. Management said although a few complaints have been documented in client notes, the majority are not. The provider’s response to the assessment team’s report indicates complaints processes are being updated.

I acknowledge the provider’s response. However, I find a best practice system for managing and responding to complaints was not demonstrated. Actions taken in response to complaints received, including open disclosure, are not consistently documented, and where complaints are documented, actions taken and whether the complaint is closed is not noted. I have also considered feedback from management indicating while a few complaints have been documented in client notes, the majority are not. As such, I find the service cannot be assured that appropriate and timely action is taken in response to feedback and complaints, or complaints are monitored to identify improvement opportunities to the care and services provided.

For the reasons detailed above, I find requirement (3)(c) in Standard 6 Feedback and complaints non-compliant.

**Requirement (3)(d)**

The assessment team found feedback and complaints are not reviewed and used to improve the quality of care and services and recommended this requirement not met. The service does not have an effective data management system to organise and store feedback data, and management could not explain how feedback and complaints are reviewed as part of the service’s quality improvement process or how trends are identified and documented. While a continuous improvement plan is maintained, the plan does not include information relating to feedback and complaints from consumers and there is no information regarding trends or systemic issues.

The provider’s response indicates training on complaints procedures, reporting, and recording will be provided to staff, and communication with consumers on outcomes of their complaints will be improved.

I acknowledge the provider’s response. However, I find a best practice system to manage feedback and complaints was not demonstrated. Complaints data is not reviewed to enable trends and improvements to the quality of care and services to be identified and implemented. I have also considered management could not explain how feedback and complaints data is reviewed. As such, I find the service is not actively using avenues available to them to enable improvements to the quality of care and services to be identified.

For the reasons detailed above, I find requirement (3)(d) in Standard 6 Feedback and complaints non-compliant.

# 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. | Not Compliant | Not Compliant |

Findings

The Quality Standard is non-compliant as three of the five requirements assessed have been found non-compliant. The assessment team recommended all requirements in Standard 7 not met for both **HCP** and **CHSP**.

**Requirement (3)(a)**

The assessment team recommended this requirement not met as management could not demonstrate how they ensure overall management of services as training and risk management is not occurring in line with organisational policy, and oversight of subcontracted staff is not occurring due to a lack of staff to undertake these responsibilities. Management said they are not providing training for staff during onboarding or ongoing, nor are they organising risk management as they are not supported with further staff to relieve them from these responsibilities.

I have come to a different finding to that of the assessment team. I do not consider the evidence presented demonstrates the workforce is not planned or that the mix of the workforce does not enable the delivery and management of safe and quality care and services. I acknowledge management is currently not able to provide training or organise risk management, however, there is no evidence to show how this has impacted the quality or delivery of care and services to consumers. The assessment team’s report shows consumers interviewed said they are able to have the same staff each week to undertake their care as is their preference and staff are not rushed during the service. They said if the staff member is not available another takes their place after they are contacted to confirm if they wish this to happen. Management described how scheduling is completed to ensure the delivery of safe and quality services, and how staffing shortfalls are managed. Staff feel there is enough staff to undertake all tasks and enough skilled staff to meet consumers’ needs. Staff said they have access to support staff and can escalate any care needs in a timely manner.

For the reasons detailed above, I find requirement (3)(a) in Standard 7 Human resources compliant.

**Requirement (3)(b)**

The assessment team found not all staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity and recommended this requirement not met. Three consumers and one representative interviewed spoke about a staff member who has been rude to them in the past which has reduced their trust in the service and their ability to provide feedback.

I have come to a different finding to that of the assessment team. I do not consider the evidence presented sufficiently demonstrates workforce interactions with consumers overall are not kind, caring or respectful. While I acknowledge feedback provided by three consumers and/or representatives, feedback relates to behaviours of one staff member. The provider’s response states they will address the matter with the particular staff member involved. There is no evidence suggesting that day-to-day interactions with consumers by the majority of staff does not support or consider their individuality, unique life experiences nor their preferences, needs and abilities, as is required under this requirement. Evidence in the assessment team’s report indicates some consumers interviewed said staff are kind, caring and respectful and know them well.

For the reasons detailed above, I find requirement (3)(b) in Standard 7 Human resources compliant.

**Requirement (3)(c)**

The assessment team found staff do not have effective knowledge relevant to their roles and recommended this requirement not met. Management are not undertaking ongoing checks to maintain staff competency and rely on consumer and staff feedback prior to acting. Consumers’ goals, needs, and preferences are not being reassessed a minimum of annually, or earlier when there is a change, in line with organisational policy. Two incidents have not been reported to the Serious Incident Response Scheme (SIRS), with management stating in hindsight, these incidents should have been reported. One staff member said they have not received any training on SIRS or incident reporting. The provider’s response to the assessment team’s report is limited to implementation of assessment/reviews.

I acknowledge the provider’s response. However, I find the workforce is not sufficiently competent or have the knowledge to effectively perform their roles. Current systems to monitor whether staff are working within their scope of practice, responsibilities and skills are not effective. Outcomes for consumers highlighted in Standard 3 Personal care and clinical care which indicate staff skills and knowledge, including brokered staff, are not adequate to support the delivery of safe and effective personal and clinical care. Consumers have not been provided care that is best practice, tailored to their needs or optimised their health and well-being, high impact or high prevalence risks have not been effectively managed, changes or deterioration in condition are not effectively recognised or responded to promptly or timely and appropriate referrals are initiated. Deficits have also been found in the assessment, planning and review of consumers’ care and services with all requirements in Standards 2 found non-compliant. While I acknowledge two incidents were not reported in line with SIRS requirements, the evidence presented does not indicate management are not aware of their reporting responsibilities.

For the reasons detailed above, I find requirement (3)(c) in Standard 7 Human resources non-compliant.

**Requirement (3)(d)**

The assessment team found the workforce is not effectively trained and recommended this requirement not met. While policy documents state mandatory training is done prior to hiring on subjects, such as dementia specific care and SIRS, management state this training is not occurring and there is no system in place for ongoing training should legislation change or needs for further training arise. Three staff from various disciplines said they have not had any training when onboarding or been provided any training by the service in the past year. Management said the service’s recruitment processes requires support staff work to with an experienced support staff until they feel confident to do the job on their own. Onboarding processes do not include formal training for staff. One staff member said who has worked at the service since before 2020 said have only completed annual external first aid training. The provider’s response does not address the deficits highlighted by the assessment team.

I have considered the service has not ensured the workforce is supported to undertake training, learning and development opportunities to meet the requirements of their role or to deliver the outcomes required by these Standards. Onboarding processes have not ensured staff are prepared for their role, with management and staff indicating training has not been provided during onboarding. Training has not been conducted on an ongoing basis to ensure staff are equipped and supported and there are no systems in place to identify ongoing training requirements. Staff confirm they have not received any training in the past 12 months, with one staff member indicating the only annual mandatory training they have completed since 2020 is first aid. As such, I find the organisation has not ensured staff are supported to take up training, learning and development opportunities to enable them to meet the needs of their role.

For the reasons detailed above, I find requirement (3)(d) in Standard 7 Human resources non-compliant.

**Requirement (3)(e)**

The assessment team found ongoing performance reviews are conducted with staff through catch ups, and management of underperformance is undertaken. However, performance management, monitoring or review of subcontracted workers is not undertaken and recommended this requirement not met. Management said other than receiving feedback from consumers if a subcontractor isn’t working out, there is no system to monitor and review subcontracted workers. The provider’s response acknowledges training issues.

In coming to my finding, I have considered the intent of the requirement which expects the performance of all members of the workforce to be regularly evaluated to identify, plan and support any training and development needs. I find current systems and practices have not ensured this has occurred, specifically for brokered/subcontracted staff. I have also considered ongoing monitoring, review and evaluation of staff performance through direct observation during buddy shifts, feedback from consumers and staff, incidents, and during ‘catchups,’ as described by management, has not been effective as deficits in staff practice, including practices of brokered service staff, highlighted across five of the eight Quality Standards assessed have not been sufficiently identified.

For the reasons detailed above, I find requirement (3)(e) in Standard 7 Human resources non-compliant.

# 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. | Not Compliant | Not 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. | Not Compliant | Not 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 non-compliant as all five requirements assessed have been assessed non-compliant. The assessment team recommended all requirements in Standard 8 not met for both HCP and CHSP.

**Requirement (3)(a)**

The assessment team found there were no processes for including consumers in the development and delivery of care and recommended this requirement not met. While there are feedback forms and surveys, consumer voice is not incorporated in the evaluation of services. There are currently no avenues for consumers to be involved in decision making for the service, such as focus groups, consumer advisory bodies, or consumer meetings. The provider’s response states all consumers are encouraged to give feedback and the provider will provide consumers with more information on how they can do this. The provider also states two Board members are consumers and they provide feedback on services.

I acknowledge the provider’s response. However, I find the organisation’s processes do not ensure consumers are effectively engaged in development, delivery and evaluation of care and services or supported in that engagement. While there are feedback forms and surveys to engage consumers, these avenues are not consistently effective or result in improvements to the overall quality of care and services consumers receive. Complaints are not consistently captured or documented to enable improvements to the quality of care and services to be identified and implemented. The provider’s response indicates two consumers are Board members and provide feedback on services. Considering there are over 700 consumers receiving services, the service should consider how consumers are supported and encouraged in development, delivery and evaluation of services more broadly. As such, I find the organisation’s current processes have not ensured consumers’ experience and quality of care and services has been considered in the development, delivery and evaluation of care and services.

For the reasons detailed above, I find requirement (3)(a) in Standard 8 Organisational governance non-compliant.

**Requirement (3)(b)**

The governing body did not demonstrate actions have been taken to develop and embed systematic processes and policies to ensure management and staff are guided to drive inclusivity and quality care and services as part of everyday practice and recommended this requirement not met. Meeting minutes show the Board has not actively sought information from the service or held the service accountable for providing information on how the service complies with the Quality Standards. Minutes do include discussion on quality indicators, complaints, or incidents. The provider’s response indicates a human resources firm have been contracted and are currently working on policies, procedures and training. Board members have been provided information, including on the Quality Standards.

I acknowledge the provider’s response. However, I find the organisation did not effectively demonstrate the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Reporting processes from service management to the governing body are not sufficient to ensure the governing body is aware of and accountable for the delivery of care and services nor do they ensure the governing body has sufficient oversight of the service’s performance to enable improvements to the quality of care and services to be identified. Systemic issues have been found in relation to assessment, planning and review, provision of personal and clinical care, feedback and complaints and human resource management processes. I find such practices do not ensure the governing body is aware of whether it is meeting what consumers, the workforce and others expect for safe, inclusive and quality care and services from the organisation.

I have also considered the findings of non-compliance in relation to 19 requirements for HCP and 17 for CHSP across five of the eight Quality Standards indicates the governing body may not sufficiently understand their responsibilities as they relate to monitoring and improving the performance of the organisation against the Quality Standards.

For the reasons detailed above, I find requirement (3)(b) in Standard 8 Organisational governance non-compliant.

**Requirement (3)(c)**

The assessment team found processes and procedures relating to organisational governance have not been established, embedded, or distributed from the governing body or management and recommended this requirement not met. Management said governance relating to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints has not been developed and are in the process of developing organisational governance processes and policies. While some continuous improvement activities are evident, improvements are not recorded in the continuous improvement plan; the plan only has three entries for 2023. Oversight of comments and complaints and continuous improvement systems to ensure issues raised by consumers are effectively addressed was not demonstrated and complaints raised by consumers do not inform continuous improvement. Workforce governance processes do not ensure sufficient qualified and competent staff are engaged by the service to provide care that is safe and best practice. The assessment team did find effective financial and regulatory compliance governance systems were in place.

The provider’s response for this requirement was limited to stating there is an accountant with whom the provider meets with monthly to go over all financials.

I acknowledge the provider’s response. While I find the effective financial governance systems were demonstrated, the service and organisation have not demonstrated effective organisational governance systems, specifically in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

Information to guide staff in provision of care and services is not based on consumers’ current needs, goals or preferences as supplementary assessments are not undertaken on commencement of services and ongoing. Not all consumers are provided information, including care plans, or involved in assessment and planning processes to enable them to make informed decisions about their care and services. While a continuous improvement plan is maintained, it is not current or reflective of improvements across the Quality Standards. Complaints and feedback data is not consistently documented to enable emerging trends to be identified and improvement opportunities to be identified. I have also considered reporting from the service to the governing body is not sufficient to enable the governing body to identify where quality and safety is at risk or to enable improvement opportunities to be effectively identified.

The findings of non-compliance in three of five requirements in Standard 7 indicates the organisation’s workforce governance systems are not effective. The organisation’s processes have not ensured the workforce is sufficient, competent, or supported to deliver safe and quality care and services to consumers. Deficits highlighted across five of the eight Quality Standards indicates the organisation’s processes to monitor and review the performance of each member of the workforce have not been effective. Findings of non-compliance in two of four requirements in Standard 6 indicates deficiencies with the governance processes associated with feedback and complaints. The organisation’s processes have not ensured appropriate actions are taken in response to feedback or that feedback is consistently captured, reviewed and used to improve the quality of care and services.

In relation to regulatory compliance, I have considered the findings of non-compliance in relation to 19 requirements in HCP and 17 requirements in CHSP across five of the eight Quality Standards indicates the organisation are not complying with their regulatory obligations.

For the reasons detailed above, I find requirement (3)(c) in Standard 8 Organisational governance non-compliant.

**Requirement (3)(d)**

The assessment team found risk management systems and practices to support staff in delivery of care and services are not effective and recommended this requirement not met. There are no current procedures to assist staff in identifying and mitigating risk and current risk management policies are not followed. A policy document states consumer risk is to be identified, mitigated, and documented in a risk register. Management confirmed there is no such register and are currently not identifying and managing risk in line with policy. Effective oversight and management of risk for brokered services, or procedures, including strategies to support staff with risk management were not demonstrated. The service is reliant on consumers reporting changes to care and services, including those receiving clinical care from brokered services. Care plans do not capture consumers’ potential risks or mitigation strategies to guide staff when providing care and services. Management said there is no process to ensure risk is accurately captured for all consumers, despite the service’s policy detailing how risk is to be identified and mitigated. Management did not demonstrate how they would record SIRS incidents, with three such incidents not recorded over the last year. The provider’s response indicates training will be provided on SIRS reporting.

I acknowledge the provider’s response. However, I find risk management systems and practices relating to managing high impact or high prevalence risks and supporting consumers to live the best life they can are not effective. I have considered high impact or high prevalence risks have not been monitored overall to enable emerging trends to be identified and timely actions to be implemented. Assessment to identify risks are not undertaken to inform staff of consumer risks and strategies to manage or mitigate risks, therefore, not ensuring preventable harm to consumers is identified and managed. Effective processes are not in place to ensure consumers are supported to live the best life they can. Assessment processes to identify risks are not undertaken. As such, I consider such practices do not ensure the possibility of risks and the impact to consumers is reduced.

The evidence presented has not persuaded me that systems and practices to identify and respond to abuse and neglect or to manage and prevent incidents are not effective. Staff described how they escalate incidents to management if they witness a reportable incident whilst delivering services. There was no evidence presented to indicate incidents are not reported, investigated or managed. While I acknowledge two incidents have not been reported through the SIRS, the evidence does not suggest this is systemic, that management are not aware of their responsibilities or that SIRS reporting has not been occurring.

For the reasons detailed above, I find requirement (3)(d) in Standard 8 Organisational governance non-compliant.

**Requirement (3)(e)**

The assessment team recommended this requirement not met as the service does not have a clinical governance framework. Embedded procedures to support staff in understanding their responsibilities in identifying and minimising the use of restraint or antimicrobial stewardship are not in place. Management said as clinical services are not provided, governance relating to antimicrobial stewardship and restraint is not required. An open disclosure policy is in place, and while management understand and use open disclosure and have offered consumers an apology when things go wrong, this was not evidenced in documentation.

The provider’s response indicates all documentation will be improved and they will ensure all staff have the correct training and understanding of their responsibilities. The provider also states they have registered with the Commission website for training on the Quality Standards which will be implemented as soon as possible.

I acknowledge the provider’s response. However, I find effective systems to maintain and improve the safety and quality of clinical care and improve outcomes for consumers was not demonstrated. While the service provides clinical care to consumers through brokered services, a clinical governance framework is not in place. It is expected that organisations have systems in place on how restraints are used, and management and staff should have some understanding of the types of restrictive practices and related risks to inform conversations from a risk perspective with consumers and representatives relating to use of restrictive practices. I have also considered there are no processes in place relating to antimicrobial resistance. There is no indication information relating to appropriate use of antibiotics is provided to consumers or that practices relating to appropriate antibiotic prescribing have been implemented. In relation to open disclosure, while a policy document is in place and management demonstrated an understanding of open disclosure, there is no evidence to demonstrate open disclosure is practiced.

For the reasons detailed above, I find requirement (3)(e) in Standard 8 Organisational governance non-compliant.

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)