**Performance**

**Report**

**1800 951 822**

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| Name of service: | Premium Home Care Service |
| Service address: | 283-287, Sir Donald Bradman Drive BROOKLYN PARK SA 5032 |
| Commission ID: | 600615 |
| Home Service Provider: | JACNY Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 26 October 2022 to 28 October 2022 |
| Performance report date: | 23 November 2022 |

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.

**This performance report**

This performance report for Premium Home Care Service (**the service**) has been prepared by S Bickerton, 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.

# Services included in this assessment

**Home Care Packages (HCP):**

* Premium Home Care Service, 27065, 283-287, Sir Donald Bradman Drive, BROOKLYN PARK SA 5032

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 18 November 2022

# Assessment summary for HCP

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-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.

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| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Non-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. | Non-compliant |
| 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. | Non-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. | Non-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. | Non-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. | Non-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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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. | Non-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. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Non-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. | Non-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. | Non-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. | Non-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. | Non-compliant |

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | 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 |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Non-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. | Non-compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

At the time of performance report decision, the service was:

* Demonstrating that consumers and their representatives are treated with dignity and respect
* Demonstrating the provision of culturally safe care and services
* Evidencing that consumers are supported to exercise choice and independence
* Evidencing that consumer information is protected and consumer privacy is respected

At the time of performance report decision, the service was not:

* Evidencing provision of current, accurate and timely information to consumers, that is clear and easy to understand

The service did not demonstrate that consumers are effectively supported to take risks to enable them to live the best life they can. The service demonstrated that consumers are supported to make decisions about their care and services, including when their choices may involve elements of risk. However, the service did not demonstrate that consumers had been informed of these risks or their possible consequences to enable consumers to make informed decisions.

* The assessment team reviewed documentation for two HCP level 2 consumers supported by the service to take risks. Service management explained that the risks they are supported in taking had been discussed, however, this was not evidenced in documentation
* The service did not evidence that possible consequences and / or risk mitigation strategies had been discussed with consumers and representatives to enable informed decision making
* The service evidenced embedded policies and procedures regarding dignity of risk including consumer assessments, reviews, and risk management. However, the service did not demonstrate these processes had been followed for the two consumers sampled by the assessment team.

The service did not demonstrate that information provided consumers is current, timely, and communicated in a way that is clear and easy to understand. The service demonstrated that consumers are provided some information when they commence services and as part of their review of care and services. However, the service did not demonstrate that consumers had been provided their HCP budget, monthly statements and Charter of Aged Care Rights as required under the Aged Care Act 1997.

* When interviewed by the assessment team, one consumer and one representative could not confirm that monthly statements had been provided to them, and one representative said they could not understand the monthly statements
* The service did not evidence that monthly statements had been sent to all consumers
* Service management explained that whilst HCP budgets are discussed with consumers on commencement of services, a written copy of this information was not provided. However, at the time of quality audit service management updated the service’s budget calculation tools to enable provision of written copies to consumers
* The service did not evidence that consumers are provided a copy of the Charter of Aged Care Rights, and / or provided with an opportunity to sign and acknowledge that they understand these rights
* The service evidenced policies and procedures that direct staff to provide written HCP budgets, monthly statements and Charter of Aged Care Rights to consumers and / or their representatives in line with the Aged Care Act 1997. However, service management did not demonstrate full knowledge of these requirements

While the service demonstrated some information is provided consumers to enable them to exercise choice, at the time of quality audit the service did not evidence each consumer is provided with written HCP budget, monthly statements and Charter of Aged Care Rights.

In response to the assessment teams report, the service evidenced a proactive plan for addressing elements of the identified non-compliance and demonstrated a commitment to taking prompt action where possible. As decision maker, this instils a degree of trust in the service, however at the time of performance report decision, I find the service non-compliant with this standard and recognise further interaction with the commission is required to inform the service of its obligations under the aged care quality standards, and measure the service in demonstrating changes are embedded, practised by service staff consistently, and are effective for consumers.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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. | Non-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. | Non-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. | Non-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. | Non-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. | Non-compliant |

Findings

At the time of performance report decision, the service was:

* Demonstrating the regular review of consumer services, including when changes in consumers needs arise

At the time of performance report decision, the service was not:

* Evidencing that consumer assessment and planning includes the consideration of risks to consumers health and well-being
* Evidencing consumer discussions are held to provide information about advanced care planning and end of life preferences
* Evidencing communication of assessment and planning outcomes is made available to consumers and at the point of service delivery

The service did not demonstrate that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. For some consumers, while key risks had been identified and recorded, they were not accompanied by assessments and strategies to manage and mitigate those risks.

The service did not evidence that documentation available to service staff included sufficient detail about assessed consumer needs and risks, to guide them in managing and mitigating these. In some cases, service staff described relying on their own knowledge of consumers to manage risks.

The assessment team reviewed care planning documentation for six consumers and evidenced that while the service identified risks such as poor mobility or diabetes for some consumers; consumer care plans did not include sufficient information or strategies to guide staff in managing risks to consumers.

* Care planning documentation for one HCP level 4 consumer evidenced a diagnosis of diabetes and asthma, however, it did not evidence any strategies to manage these conditions. Additionally, the consumers care plan did not include information on whether the consumer manages these conditions, needs assistance, or requires any medication.
* Care planning documentation for one HCP level 3 consumer evidenced a diagnosis of diabetes and asthma, and recorded medication is required for the consumer. However, service documentation did not refer to medication information including dosage or frequently. Additionally, the consumer care plan referenced the consumer having issues with vision, hearing and cognition. The service did not evidence an assessment had been discussed, considered, or completed for the consumer in relation to this
* Care planning documentation for one HCP level 2 consumer was evidenced as incomplete in the area of medical conditions and assistance. This consumer information was not evidenced as being applicable or available to service staff delivering services.

While the service did demonstrate some consumer risks are assessed such as falls risks and home risks, the service did not evidence that comprehensive assessments are conducted relevant to consumer’s medical history and other risks such as skin integrity, wounds, cognition, memory, diet, nutrition, functional mobility, or medication.

At the time of quality audit, service management explained the service was undertaking review and development of new consumer assessment tools to ensure all risks are identified and assessed.

Service staff described in different ways that they get to know consumers over time, and as a result have a comprehensive understanding of their needs. Service staff explained they have access to consumer care plans and any completed risk assessments through an application on their mobile devices.

The assessment team reviewed the services policies and procedures for care planning and initial assessments which specify clear instructions for staff conducting assessments, including requirements to document findings in detail. However, care planning documentation evidenced that these standards are not consistently followed by service staff.

When interviewed in relation to this, service management explained the service had recently integrated registered nurse resources to develop and implement improved assessment and care planning tools to identify and manage consumer risks more effectively.

The service did not demonstrate assessment and planning identifies and addresses consumers needs, goals and preferences, including advance care planning and end of life planning. While the service evidenced documenting consumers needs, goals and preferences at the time of initial assessment and review, these goals evidenced being generic in nature, and did not demonstrate informing service delivery.

* Five of six consumer files reviewed by the assessment team evidenced details of consumer goals, however, three contained generic goals that were not linked to services being delivered. For example:
  + Care planning documentation for one consumer listed a goal as “to get more independent” and actions to achieve this goal being: “Support worker to assist meeting this”
  + Care planning documentation for one consumer listed a goal as “live independently at home” with actions to achieve this goal being: “provide support worker”
* The services assessment process did not evidence identifying needs and goals for consumers relating to support provided by other service providers, for example:
  + The representative for one consumer explained two specific and simple goals that were not evidenced in the consumers relevant care planning documentation
* Zero of the six consumer files reviewed by the assessment team contained information on advanced care directives, resuscitation preferences, or end of life preferences, and did not contain evidence these topics had been discussed with consumers

The service did not demonstrate that assessment and planning consistently occurs with ongoing consultation with consumers, representatives and others involved in consumer care. Service management described how consumers representatives are involved in initial assessment processes when a consumer requests, however, this collaboration was not evidenced as ongoing or recurrent for subsequent review processes. The service did not evidence examples of consultation with health professionals for risks such as falls or mobility, consumer medical history, consumer medications, or to inform effective assessment and planning. While the service did demonstrate they involve consumers representatives in assessment and planning when requested, it was not demonstrated that this is effective in identifying and mitigating consumer risks.

The assessment team evidenced that for consumers receiving additional care from another service provider, communication between the services was not shared to inform consumer assessment and planning. For example:

* Care planning for one consumer receiving gardening and domestic assistance from other providers did not evidence communication with the other providers for assessment and planning purposes. When interviewed regarding this consumer, service staff did not demonstrate unawareness of this consumers arrangements

The assessment team reviewed the services initial assessment, care planning and re-assessment policies and procedures. This documentation did not evidence clear guidance to staff defining who could be involved in consumer assessment and planning, and when this involvement should be sought.

The service did not demonstrate that outcomes of assessment and planning are effectively communicated to consumers and are documented in care plans that are readily available where services are provided. While the service provides a care plan to consumers and makes this care plan available to staff delivering care and services, the service did not demonstrate this information effectively communicates risks and outcomes of assessment and planning.

While most consumers and representatives described in different ways that they could access their care plan, one consumer representative described the plan as not containing much information, one consumer had only received their care plan recently, and one consumer had not received their care plan at all.

The assessment team viewed care plans for six consumers and evidenced limited information recorded around consumer risks, details of care and services, and consumer preferences. For example:

* Service management explained one consumer had a falls risk assessment after a near fall in September 2022. However, the outcomes of this assessment are not documented in the consumers care plan. This consumer care plan recorded a requirement of assistance with mobility, however, no information was recorded detailing what kind of assistance is required
* All care plans reviewed by the assessment team evidenced limited detail describing consumer service delivery. Consumer care plans did not evidence specific details of care, services, or frequency. The assessment team evidenced generic entries such as “assist client with cleaning” and “assist client with domestic assistance”
* The assessment team evidenced that some consumer care plans were not completed, and lacked critical information regarding medical conditions, hospital preferences, and medications. In consumer care plans that were completed, the assessment team evidenced brief descriptions that do not inform safe and effective delivery of care.

The service did not evidence that care and services are reviewed regularly for effectiveness or when incidents impact on the needs, goals or preferences of consumers. The service did not demonstrate that when reviews are conducted, they are effective in assessing and addressing consumer needs, goals and preferences. Service management described processes requiring consumer care plan reviews every three months, when incidents occurs, or when circumstances change. The assessment team reviewed six consumer files:

* Five of six consumer records evidenced reviews of services within three months, however, one consumer had not had services reviewed for over one year
* Two consumer reviews evidenced being incomplete and did not document if consumer goals had been met since the previous review. Three consumer reviews documented that consumer goals were 'somewhat' met, however, provided no further details
* Consumer goals with care, and strategies to meet these goals evidenced being generic and not informing safe and effective care. For example:
  + In the most recent review for one consumer, a care goal was recorded as “get more independent” and the action was recorded as “Support worker to assist meeting this”
  + In the most recent review for one consumer, a care goal was recorded as “more independent” and the action was recorded as “Support worker to encourage independency”

The services re-assessment policy and procedure evidenced clear instructions for staff in reviewing consumer care and services for effectiveness, setting effective goals, and making records. Care plans reviewed by the assessment team did not evidence adherence to this.

In response to the assessment teams report, the service evidenced a proactive plan for addressing elements of the identified non-compliance and demonstrated a commitment to taking prompt action where possible. As decision maker, this instils a degree of trust in the service, however at the time of performance report decision, I find the service non-compliant with this standard and recognise further interaction with the commission is required to inform the service of its obligations under the aged care quality standards, and measure the service in demonstrating changes are embedded, practised by service staff consistently, and are effective for consumers.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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 |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| 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. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

At the time of performance report decision, the service was:

* Demonstrating recognition and response to changes in consumers capacity and condition, including mental health, cognitive health, and physical function
* Demonstrating practises that minimise infection related risks for consumers

At the time of performance report decision, the service was not:

* Demonstrating effective management of high impact, high prevalence consumer risks
* Evidencing documentation and communication of consumer information is effective, including where the responsibility for consumer care is shared

The service did not demonstrate effective management of high impact, high prevalence consumer risks. The service demonstrated actively assessing and monitoring falls risks for consumers only.

* One consumer with asthma, diabetes and hypertension had been assessed by the service for falls risks. This consumer receives nursing supports twice a day for blood glucose monitoring, asthma monitoring, and medication prompting
  + The service did not evidence consumer clinical assessments or information regarding the ongoing monitoring of asthma, hypertension and diabetes
* One consumer using regular daily oxygen supplements had no record of this or related medical conditions in assessment and care planning documentation.
  + The service did not evidence clinical consumer assessments had occurred for this consumer. Care planning documentation indicated the consumer has no medical conditions and takes medication, however, no medication details were recorded
* One consumer had an asthmatic incident and near fall incident in September 2022. Service provided the consumer with asthma medication in response to the incident, and service management arranged for spare medication to be readily accessible. The service developed an asthma management plan and conducted a falls risk assessment
  + Service management explained training in asthma management was available for service staff, however, did not evidence any service staff completing the training, including the service staff providing regular services directly to the consumer
  + The care plan for this consumer was not evidenced as being updated since the incident, and did not reference the location of the spare medication arranged by the service

The service evidenced a range of clinical training available for service staff, however, did not evidence service records of training completion. At the time of quality audit, the service did not evidence an embedded system to effectively monitor staff clinical training competencies or track staff training requirements.

The service evidenced a range of policies and procedures available to service staff, including medication management, high impact and high prevalence risks, ensuring safety and quality clinical care, and antimicrobial stewardship. However, the service did not evidence an embedded system to deliver training to staff in these policies and procedures or monitor staff competencies to ensure these policies and procedures are practised.

The service did not demonstrate that information about consumers condition, needs, goals and preferences is consistently communicated internally, and with others where responsibility for care is shared. While at the time of quality audit the service did not provide personal or clinical care directly to any consumers, there was no evidence that processes are embedded to ensure relevant information about consumer conditions are communicated between services involved in consumer clinical care, where personal or clinical care is delivered by external providers.

The service evidenced a policy and procedure relevant to providing information, advice and referrals, outlining responsibility for regular communications with other service providers. However, the service did not evidence service staff follow this. The service did not evidence an effective communication system is embedded for sharing consumer information when care provisions are a shared responsibility.

In response to the assessment teams report, the service evidenced a proactive plan for addressing elements of the identified non-compliance and demonstrated a commitment to taking prompt action where possible. As decision maker, this instils a degree of trust in the service, however at the time of performance report decision, I find the service non-compliant with this standard and recognise further interaction with the commission is required to inform the service of its obligations under the aged care quality standards, and measure the service in demonstrating changes are embedded, practised by service staff consistently, and are effective for consumers.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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 |
| 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. | Non-compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

At the time of performance report decision, the service was:

* Demonstrating the delivery of safe and effective supports and services for daily living that optimise consumers independence, well-being and quality of life
* Demonstrating that service staff recognise and respond to consumers needs and preferences when they change

At the time of performance report decision, the service was not:

* Evidencing that information regarding consumer needs, goals and preferences is recorded and communicated internally, or with other services where responsibility for consumer care is shared

The service did not demonstrate that information about consumers needs, conditions, goals and preferences is documented and communicated within the service, and with other services where responsibility for consumer care is shared. The service evidenced recording generic care and service goals with minimal information regarding consumer conditions.

While the service does provide some information regarding consumers needs, goals and preferences internally through consumer care plans, reviews and assessments, this information does not evidence effective guidance for staff to manage identified risks or meet consumers needs, goals and preferences.

* One consumer has a recorded interest as “gardening at home”, however, the service did not provide evidence that this information is provided to staff to consider when delivering care and services
* Four of six consumer care plans reviewed by the assessment team evidenced generic goals and actions that are not personalised, and did not inform safe and effective care and services

The service did not evidence an effective communication system is embedded for sharing information about consumers where care is shared.

* One consumer receives gardening services from an external provider. The service did not evidence communication with the gardening service to inform of consumer risks, needs, goals and preferences. Service management explained the service does not communicate with the gardening service, but pays the invoices when they arrive

The service evidenced a policy and procedure relevant to providing information, advice and referrals. This details responsibilities of regular communication with other service providers, however, the service did not evidence service staff communicate with external service providers as the policy and procedure states.

In response to the assessment teams report, the service evidenced a proactive plan for addressing elements of the identified non-compliance and demonstrated a commitment to taking prompt action where possible. As decision maker, this instils a degree of trust in the service, however at the time of performance report decision, I find the service non-compliant with this standard and recognise further interaction with the commission is required to inform the service of its obligations under the aged care quality standards, and measure the service in demonstrating changes are embedded, practised by service staff consistently, and are effective for consumers.

# Standard 5

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

Findings

This Quality Standard was not assessed during the quality audit, as the service does not provide a service environment to consumers.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | 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 |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

At the time of performance report decision, the service was:

* Evidencing that information is provided to consumers to enable and encourage feedback and complaints
* Evidencing that feedback is actioned and followed up in a timely manner, to the satisfaction of consumers and representatives
* Demonstrating utilisation of consumer and representative feedback to improve individualised services
* Demonstrating open disclosure processes and practises are embedded at the service

# Standard 7

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

Findings

At the time of performance report decision, the service was:

* Demonstrating a sufficient number and mix of workforce staff are engaged to deliver safe and quality care to consumers
* Demonstrating engagement of a competent and skilled workforce to enable delivery of quality care to consumers

At the time of performance report decision, the service was not:

* Evidencing the provision of relevant education and training to support its workforce to provide safe and quality care and services, and to delivery outcomes required by the Aged Care Quality Standards
* Evidencing the regularly monitoring and review of service staff performance

The service did not demonstrate its workforce is recruited, trained, equipped and supported to deliver outcomes required under the Quality Standards. While the service demonstrated established induction and education/training processes are embedded, it did not evidence monitoring staff training competencies, or tailoring workforce education and training to be relevant to the Aged Care Quality Standards. The service did not evidence embedded clinical governance framework to support clinical service staff, including relevant education, training, policies, and procedures.

Service management explained and evidenced some mandatory training is monitored, and service staff are provided some information including policies and procedures during at induction. Access to an online training portal for non-mandatory training is provided to service staff. The service did not demonstrate that non-mandatory training is recorded or monitored, or evidence that service staff are provided training opportunities relevant to the Quality Standards.

* Service staff undertake mandatory training related to first aid, CPR, manual handling and COVID-19. Training completion is documented in the service’s staff training records register and monitored by the service. Service staff are provided information at induction in relation to feedback and complaints, privacy and confidentiality, first aid, CPR, anaphylaxis, risk management, hazard and incident reporting, emergency procedure, needs of vulnerable people, and preventing and responding to signs of abuse and neglect responsibilities.
* Service staff described having recently been provided access to an online training portal. However, the service did not demonstrate that staff had undertaken training on the portal as this is not tracked or monitored.
* Service management described a consumer incident involving asthma and explained service staff were provided access to asthma management training. However, it was not evidenced that service staff had actually undertaken and completed the training.

The assessment team evidenced that service staff had not undertaken training and education to ensure they are equipped to deliver outcomes required by the Quality Standards, including:

* Cultural safety, consumer choice and independence, dignity of risk, feedback and complaints, open disclosure, Elder abuse, antimicrobial stewardship and minimising the use of restraint.
* Ongoing assessment and planning, including consideration of risks to the consumer’s health and well-being.
* High impact or high prevalence risks associated with the care of each consumer including falls, wounds, pressure injuries, dementia, behaviours of concern, diabetes, specialised nursing, medication management including oxygen therapy and asthma management, palliative care, pain, nutrition and hydration.

The service did not demonstrate regular monitoring and review of workforce performance. Service staff explained that processes are in place for performance reviews, however, these have not consistently been followed. Service management explained some performance monitoring and review had been undertaken, however, this was not evidenced.

Three staff described inconsistent performance monitoring and review processes:

* One service staff member explained service management informed them of performance review processes in the form of a meeting, however, this had not been undertaken at the time of quality audit
* One staff member explained that service management observed their practice during service delivery once to ensure they were competent when they commenced employment, however, could not describe any ongoing performance monitoring and review processes
* One staff member described having a meeting with service management to discuss their performance

Service management evidenced documentation describing processes embedded for monitoring and reviewing staff performance. However, it was not evidenced that these processes are followed.

* The service’s human resources policy and procedure indicates that staff performance is monitored on an ongoing basis and through annual reviews. However, the service did not evidence that this occurs.

In response to the assessment teams report, the service evidenced a proactive plan for addressing elements of the identified non-compliance and demonstrated a commitment to taking prompt action where possible. As decision maker, this instils a degree of trust in the service, however at the time of performance report decision, I find the service non-compliant with this standard and recognise further interaction with the commission is required to inform the service of its obligations under the aged care quality standards, and measure the service in demonstrating changes are embedded, practised by service staff consistently, and are effective for consumers.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Non-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. | Non-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. | Non-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. | Non-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. | Non-compliant |

Findings

At the time of performance report decision, the service was not:

* Demonstrating that consumers are engaged and supported in the development, delivery and evaluation of their care and services
* Demonstrating that the services governing body effectively promotes a culture of safe, inclusive and quality care and services, and is accountable for their delivery
* Demonstrating effective organisational wide governance systems relating to information management, continuous improvement, and feedback and complaints
* Demonstrating effective risk management and clinical governance frameworks are embedded

The service did not demonstrate that consumers are engaged and supported in the development, delivery and evaluation of their care and services. The service evidenced a policy and procedure to guide consumers engagement in this regard, however at the time of quality audit evidence of implementation was not provided by the service. Service management explained that consumers are consulted regularly, however, this is not documented or linked to the service’s continuous improvement initiatives.

The service evidenced a governance policy and procedure manual defining consumer engagement practises through seeking bi-yearly feedback, conducting focus groups, and facilitating surveys. However, the service did not demonstrate that this policy and procedure had been implemented and followed by service staff. While the service demonstrated that consumer feedback informed improvements to individualised care and services, it was not demonstrated that an established feedback and complaints management system is embedded to drive the documentation, monitoring and trending of consumer feedback, to inform broader continuous improvement.

The service did not demonstrate that the organisations governing body effectively promotes a culture of safe, inclusive and quality care and services, and is accountable for their delivery. While the service evidenced governance frameworks, it was not demonstrated that these are effectively implemented and followed by service staff.

The services governing body did not evidence implementation of effective systems and processes to enable data and information to be gathered, reported and monitored. The services management structure did not demonstrate how the organisation works to monitor overall consumer care and services.

* The services governance policy and procedure outlines that operational management gathers and analyses data and prepares reports. However, the policy, procedure, and participating management team did not demonstrate detailed understanding in data collection, analysis, and reporting.
* The service did not evidence data collection, analysis, and reporting is undertaken to enable effective oversight of care and services provided to consumers. While the service evidenced regular staff meetings are held, an agenda is not prepared, and meeting minutes are not taken to inform overall governance and oversight.

*In relation to information management*

The service did not demonstrate effective information management systems, specifically in relation to providing consumers with current, accurate and timely information to enable them to exercise choice and informed decision making; and related to workforce access to, and use of, relevant policies and procedures to enable them to perform their role effectively.

Findings under standard 1 detail the service did not demonstrate each consumer is provided with their HCP budget, monthly statements and Charter of Aged Care Rights in line with legislative requirements under the Aged Care Act 1997. While the services policy and procedure manual guides the service to provide written HCP budgets, monthly statements and Charter of Aged Care Rights to consumers, service management did not demonstrate an understanding of legislative requirements, and the service did not evidence this policy and procedure is followed.

Findings under standard 2 detail that while the service evidenced a policy and procedure to guide ongoing assessment, planning and review of consumer care, the service did not demonstrate that actual staff practise is effective, consistent, and aligned with this.

Findings under standard 7 detail that while the service provides information to staff to inform, train, and upskill, actual staff uptake and completion is not recorded, monitored, or tracked for periodic refreshment.

*In relation to financial governance*

Findings under standard 1 detail the service did not demonstrate each consumer is provided with their HCP budget or monthly statements, and that consumers funds are not tracked and managed. Additionally, the service did not demonstrate how it supports consumers in understanding their budgets, statements and unspent HCP funds.

*In relation to workforce governance*

Findings under standard 7 detail that while the service evidenced a workforce governance framework, and manages human resources planning, recruitment, selection and induction; it was not demonstrated that effective systems and processes govern workforce education, training, and performance management.

*In relation to regulatory compliance*

The service demonstrated processes monitor legislative and regulatory requirements when updated, including the recent introduction of the Social, Community, Home Care and Disability Services Award 2020 (SCHADS Award).

Findings under standards 1, 2, and 3 detail the service did not demonstrate consistent and effective processes to ensure service staff have an understanding in the application of the Aged Care Quality Standards.

*In relation to continuous improvement*

The service evidenced a continuous improvement framework, but did not demonstrate it is linked to, and informed by, ongoing assessment and monitoring of care and services provided to consumers, including through their ongoing engagement. Findings under standards 2 and 3 detail this further.

*In relation to feedback and complaints*

The service evidenced its feedback and complaints framework includes open disclosure processes, however it was not evidenced that staff complete training to maintain a contemporary understanding of this.

The service did not evidence an established feedback and complaints management system to enable documentation, monitoring, and trending of feedback and complaints. This information also does was not evidenced to inform the services continuous improvement activities.

Findings under standard 3 detail that service staff demonstrated some understanding of risk management concepts and the service evidenced risk management frameworks. However, the service did not demonstrate effective and embedded implementation of this framework.

In relation to antimicrobial stewardship, minimising the use of restraint, and open disclosure

The service evidence clinical governance frameworks including antimicrobial stewardship, minimising the use of restraint and open disclosure. However, did not demonstrate effective implementation, staff obedience, and staff training is monitored and governed.

Findings under standards 3 and 7 detail the service did not demonstrate that clinical assessments and reviews are consistent or effective.

In response to the assessment teams report, the service evidenced a proactive plan for addressing elements of the identified non-compliance and demonstrated a commitment to taking prompt action where possible. As decision maker, this instils a degree of trust in the service, however at the time of performance report decision, I find the service non-compliant with this standard and recognise further interaction with the commission is required to inform the service of its obligations under the aged care quality standards, and measure the service in demonstrating changes are embedded, practised by service staff consistently, and are effective for consumers.

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