Performance

Report

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| Name of service or service group: | Performance report date: |
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| Quest Employment Solutions Pty Ltd | 16 August 2022 to 18 August 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 Quest Care (**the service**) has been prepared by M Balukovska, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

* Quest Employment Solutions P/L, 26810, 12/7 Beissel Street, Belconnen ACT 2617

# 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 8 September 2022.

# Assessment summary for Home Care Packages (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** |
| **Standard 6** Feedback and complaints | **Non-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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| 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. |
| 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. |
| 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. |
| 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. |
| 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. |
| 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. |
| 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. |
| 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. |
| 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. |
| 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. |
| 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. |
| 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. |
| 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. |
| 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. |
| 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. |
| 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. |
| 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. |
| 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. |
| 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. |
| 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. |
| 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. |
| 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. |
| 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. |
| 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. |
| 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. |

# Standard 1

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

## Findings

Consumers and representatives interviewed said they are treated with dignity and respect and said they felt their individual cultures were understood and respected. Consumers and representatives interviewed relayed how the service allows them to continue being involved in activities that improve their quality of life.

Staff interviewed demonstrated an understanding of how to maintain consumer dignity and could describe consumer preferences, background and individual needs. Staff demonstrated how they respect consumer privacy is maintained and personal information is secure.

Documentation reviewed included a Staff Quick Reference guide detailing information on cultural diversity. Risk assessments sighted were demonstrated to be undertaken when consumers commence at the service and included language barriers, trip hazards in the home, mobility limitations and behaviours. Policies and procedures reviewed also had a focus on disability services and not aged care.

While the service demonstrated broad policies regarding supporting consumers to make decisions and how these decisions are incorporated into care plans, most consumers and representatives interviewed stated they felt they are currently not supported to exercise choice and make decisions about their care. The Assessment Team noted that concerns relating to communication were related to the Care Coordinator position becoming vacant at short notice with a number of consumers and representatives commenting on difficulties in speaking to the service.

Consumer’s and representatives interviewed said they understood their monthly statements and itemised services however, reviewed documentation provided to consumers relating to services was not current or included inaccurate information. For example:

service agreements directed consumers to My Aged Care in the event of a dispute however My Aged Care does not provide a dispute resolution service.

The Service User Handbook provided to consumers is focused on disability services.

In response to the Assessment Report the service provided a plan for continuous improvement. The Service indicated that a New Aged Care manager has been engaged and a new Handbook is in development, embedding Standards across all of business which will include a new home care agreement development and implementation.

Based on the information provided by the service, it will take time for the proposed actions identified in the Continuous Improvement Plan to become embedded. I therefore find this Standard to be Non-compliant as at the time of the audit.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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 |
| 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 |
| 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 |
| 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 |
| 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

Consumers and representatives interviewed stated they are satisfied with the care and services received and felt staff knew them well and met their care needs however, care planning documentation reviewed contained inconsistent information that did not identify or address individual consumer needs. For example, risks identified by Aged Care Assessment Team assessors, such as fall histories, were not consistently identified and documented by the service. This resulted in support staff not having access to information or strategies to best support consumers.

The Assessment Team noted that most consumer files sampled had not been updated, were inconsistent or incomplete. Documentation reviewed did not demonstrate that all consumer’s current needs, goals and preferences were being identified or were being addressed. For example, a consumer care plan reviewed stated a consumer had specific dietary requirements however, did not detail the consumers specific dietary needs or nutritional requirements. Deterioration of consumer’s health through the monitoring of progress notes, was not currently being trended through progress notes, and clinical assessments by clinical staff or other service providers were not undertaken.

While the service does not currently offer services and supports requiring end of life care, the Assessment Team sighted evidence that the service discusses and collects consumer’s choices for advanced care planning.

The service did not demonstrate comprehensive assessment, planning, and review of consumer care is undertaken; and that other individuals or organisations are involved in the assessment and planning process. For example:

Documentation reviewed indicated a number of household appliances had been purchased from a consumers Home Care Package however, no evidence was sighted in the consumer care plan as to discussion with the consumer or how they supported his care needs.

A representative interviewed said they find the services they think are needed, pay the invoice, and the service will reimburse them the costs.

Consumers and representatives sampled said that they had not received copies of their care plans, or that the care plan had been explained to them. While the Assessment Team found most existing care planning documentation was not updated and communicated with the consumer, it was noted that recently completed documentation did list individualised consumer goals.

Management interviewed confirmed that care planning isn't currently sufficient to capture goals and how these can be supported. An internal audit was conducted where documentation was reviewed, and inconsistencies identified. The Assessment Team noted that this appears in the continuous improvement plan though no date has been provided for completion or resolution.

While the service reported that care plans were reviewed every three months or as consumer needs change, the service could not demonstrate that it monitors care plans for ongoing review or that a care plan had been developed.

In response to the Assessment Report the service provided a plan for continuous improvement (CIP). The Service intends to undertake an internal and external audit to ensure enhanced care plans are developed and included in all necessary domains and timely referrals to clinical assessments. The Service is intending to develop more detailed goals for consumers, monitor progress and ensure storage of daily notes. Included in the CIP is a planned action to develop multiple policies and procedures relating to the Clinical Assessment information in a consumers’ care plan, detailed information relating to assessments and consumer planning.

The Service intends to include in the audit development and implementation of a Communication Strategy and Practice Guide to outline the provision of all documents to clients inclusive of consumer care plan and agreements.

Based on the information provided in the Assessment Report and acknowledging the work commenced by the service, it will take time for the proposed actions identified in the Continuous Improvement Plan to become embedded. I therefore find this Standard to be Non-compliant as at the time of the audit.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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 |
| 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| 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 |
| 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 |
| 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 |
| 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-compliant |
| 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

All consumers and representatives interviewed said they were happy with the level of personal care provided.

Support workers demonstrated their knowledge of consumers individual needs and could describe to the Assessment Team how they carry out personal care safely.

While staff interviewed described how they minimise the risk of falls to consumers, staff advised they have not been provided with information and training to utilise the service’s electronic management system which has the ability to have pop-up alerts to highlight risks to the consumer in the system. For example, a consumer has had two falls identified through their assessment, however their risk of falls is not included as an alert and staff are not provided with strategies to mitigate the risk.

All the consumers and representatives interviewed said they are confident staff would recognise if there was a sudden change in their health and would take appropriate actions. Staff were able to describe to the Assessment Team how they recognise deterioration and report it to management. The service demonstrated they provide staff with the Critical Incident Management Policy and procedure upon commencement of employment which details the notification process and the methods used to communicate this.

While the service does not currently offer services and supports requiring end of life care, the Assessment Team sighted evidence that the service discusses and collects consumer’s choices for advanced care planning.

The service demonstrated referrals for consumers are not undertaken in a timely manner. The Assessment team reviewed two care plans that provided recommendations for Occupational Therapist (OT) referral. For example:

* A care plan sighted by the Assessment team indicated a referral for a consumer was made for an OT assessment, that made recommendations for the consumer to commence therapy. No evidence was provided of documentation and evidence services commenced or were discussed with the consumer.

The Service evidenced a mobile application is in use where important information about consumers needs, preferences and care plans are stored. Staff interviewed advised they are able to receive important information about consumers and are able to write their daily progress notes into the mobile application at the end of each shift. While the services maintain a mobile application, information is captured in two systems resulting in inconsistent information in each system. Review of both systems by the assessment team evidenced this, for example:

A consumer care plan in one system captured minimal information and did not contain a signature. However, in the other system the care plan contained detailed information on the consumers care and service requirements.

Most consumers and representatives interviewed said they were happy with staff and were confident staff follow the service’s infection control policy. Staff wear masks and gloves when carrying out care in consumer’s home. The Assessment Team sighted infection control information in the Staff Quick Reference Guide. Management stated all staff have undertaken personal protective equipment an infection training control training.

In response to the Assessment Report the service provided a plan for continuous improvement.

In relation to Standard 3 the service has provided information with intent to undertake an internal and external audit of risk assessments for all consumers and the intent to develop a training plan specific to dementia training. The Service has advised as part of their actions, face-to-face support plans will be developed articulating support requirements for all periods of engagement as well as a support schedule to include all specific tasks and requirements.

Based on the information provided in the Assessment Report and acknowledging the work commenced by the service, it will take time for the proposed actions identified in the Continuous Improvement Plan to become embedded. I therefore find this Standard to be Non-compliant as at the time of the audit.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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. | Non-compliant |
| 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Non-compliant |
| 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 |
| 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 |
| 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-compliant |
| 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

## Findings

All consumers interviewed said that the service made them feel safe. Consumers advised they are able to receive supports and services that that enable them to remain at home. The service provides transportation, individual social support, and domestic assistance.

Care planning documentation sighted by the Assessment Team was inconsistent. While some consumers had clear, individualised goals, the Assessment Team noted that for some consumers, goals were not clear or depicted what the consumer may have reported. For example:

* Consumer goals listed for a consumer included continuing to attend the community craft group.
* A care plan sighted had goals recorded for a consumer that included: OT assessment & GP review of medication.

The service did not demonstrate how the above supports formed part of a consumer’s goal. No clinical assessment was undertaken, or further consideration undertaken to determine if the above goals were required and if they have been completed.

While consumers and representatives interviewed said that staff knew them, the Assessment team found evidence that consumers goals for emotional and psychological supports had not been recognised when the services were implemented. For example:

* The service could not provide evidence that a cognitive assessment has been undertaken for a consumer who has behaviours of concern. The service was not able to demonstrate that a referral to a geriatrician, dementia support, or mental health had been made. No evidence was provided to demonstrate a behaviour support plan had been developed to mitigate identified behaviours.

The Assessment Team interviewed a variety of consumers and representatives who expressed in various ways that the service enables them to participate in their communities, undertake activities of interest to them and maintain social and personal relationships. For example:

* A consumer’s care plan sampled included a goal to purchase a communication aid to access the community on his own. The Service purchased for him a mobile phone and mobility scooter to enable him to access the community and communicate via a application on his phone.

The service demonstrated information is captured in a centralised management system and the service network. The Assessment Team found information for care planning was found to be inconsistently recorded and stored. Because of this, information was not easily accessible and was not able to be shared with the rest of the organisation. The centralised management system is unable to flag new entries, identify trends relating to consumer health and deterioration. As a result of the inconsistency in information, the service did not demonstrate timely referrals to services which therefore resulted in representatives taking consumers to services they this they need including: allied health.

Though, the service employs a clinical consultant, who is a registered nurse, no clinical assessments have been undertaken for home care consumers. Therefore, pertaining deterioration, additional supports and services had not been communicated.

In response to the Assessment Report the service provided a plan for continuous improvement.

Based on the information provided in the plan for continuous improvement, the service intends to undertake actions to enhance care plans development to include all goals needs and clinical support requirements for consumers. Emotional and Psychological support and wellbeing will be included as part of this development. The provider has identified that it intends to take actions to develop time frames to include all aspects of onboarding right through to service delivery, this workflow will include all elements of communication, signing of agreements and provisions of care planning.

Based on the information provided in the Assessment Report and acknowledging the work commenced by the service, it will take time for the proposed actions identified in the Continuous Improvement Plan to become embedded. I therefore find this Standard to be Non-compliant as at the time of the audit.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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 |
| 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 |
| 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

## Findings

This Standard was deemed Not Applicable as the service does not provide a service environment.

**Standard 6**

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

## Findings

All consumers and representatives interviewed said that if they had a complaint they were aware of the process and would, on most occasions, contact the service and speak to a representative. Due to the current vacant Aged Care Coordinator role, consumers expressed there may be limitations in raising a complaint.

Management said consumers are encouraged to provide feedback through various methods including a complaint form provided to consumers in their service information pack, via email, phone or the website form.

The Assessment Team sighted the following documentation:

* The Service Information pack provided to consumers upon commencement of services provides relevant information on how to give feedback internally, however, the external contacts for complaints referred consumers to various disability complaints services.
* The consumer service agreement refers consumers to the My Aged Care telephone number for any complaints, however My Aged Care is not complaints resolution service.

Upon review, the Assessment Team found the Service Information Pack provides information on advocacy, however it is not aged care specific and refers consumers to the National Disability Advocacy Program. The services complaints policy provides information regarding advocacy and language services, however there is no contact information in the document.

Most consumers and representatives said when they provide feedback to the service action is taken. For example:

* A consumer’s representative said she had made a complaint earlier this year because the scheduling staff failed to provide the unit number of their home o the support workers. Support workers were attending late or not at all due to the inability to locate the consumers home. The consumers representative stated she had to contact the service numerous times to have the issue resolve however, it has recently improved.

The Assessment team noted that the complaint provided in this example was not recorded in the services complaints register to assist with ensuring certain complaint trends are monitored.

The Assessment Team sighted the services complaints policy and noted it does not reference open disclosure. Management and staff interviewed demonstrated some awareness of open disclosure however, the service does not provide any specific training to staff.

Though, the service demonstrates that several complaints are acted upon, a feedback and complaints register is currently not being utilised. As a result, feedback and complaints are not used to improve the quality of care and services as complaints are not consistently captured in the complaints register.

In response to the Assessment Team Report the service has submitted a plan for continuous improvement. As part of their plan for continuous improvement the provider has developed and implemented an annual survey for client feedback and continuous improvement this includes a complaints and feedback register that includes Aged Care Consumers.

In addition, the service has created and implemented a complaints and feedback register capturing all feedback received regardless of severity and complexity.

Based on the information provided in the Assessment Report and acknowledging the work commenced by the service, it will take time for the proposed actions identified in the Continuous Improvement Plan to become embedded. I therefore find this Standard to be Non-compliant as at the time of the audit.

**Standard 7**

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

## Findings

All consumers and representative sampled said that staff arrive on time and aren’t rushed when undertaking supports and treat consumers in a kind, caring and safe manner.

The Assessment Team sighted the Staff Quick Reference guide which included information on cultural diversity and also the service policy on safeguarding, Culture and Wellbeing principles and practice guide.

Management said when there is a staff shortage, such as during COVID-19, staff are redeployed to fill vacancies. The service looks at rosters to determine who has worked with the consumer previously to ensure familiarity. The service evidenced staff availability by ensuring some staff work on rosters originating from the office, while others form part of a mobile support in order to mitigate risks. Management evidenced a rostering system currently in use which records and notifies unfilled shifts. Staff with the appropriate skill level are matched with consumers in need of services.

The Assessment Team sighted the recent addition of checklists attached to employee files which noted the staff’s qualifications, however employee tags on the electronic rostering system reflecting these qualifications was incomplete.

The service did not have ongoing mandatory training for aged care workers, and did not demonstrate future scheduled training. A draft matrix and schedule of aged care specific topics for future implementation was provided to the Assessment Team on the final day of audit.

Feedback on staff performance is received from a number of sources including consumers, representatives, and/or observations of daily tasks.

Management evidenced staff must sign the service’s code of conduct, mobile phone policy, confidentiality acknowledgement, critical incident management policy, and professional boundary policy; and these are referred to in cases where disciplinary action is required.

Staff must undertake an annual performance development review, however the Assessment Team noted that this had not occurred for all aged care support staff, and a general review of all staff demonstrated only a limited number had been undertaken. The Assessment Team noted that for the aged care worker documentation, the review was incomplete. Management responded that additional training for managers will take place to ensure consistency and compliance.

In response to the Assessment Team Report the provider has submitted a plan for continuous improvement advising a checklist will be developed and implemented to capture brokerage company information inclusive of AHPRA details and any registration.

In addition, the service has implemented a Aged Care Core Training Matrix and has developed a pathway for consistent response to Performance reviews for aged care staff further capturing supervision for staff, and implementation of annual performance agreement review.

Based on the information provided in the Assessment Report and acknowledging the work commenced by the service, it will take time for the proposed actions identified in the Continuous Improvement Plan to become embedded. I therefore find this Standard to be Non-compliant as at the time of the audit.

**Standard 8**

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| Organisational governance | | HCP |
| 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Non-compliant |
| 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 |
| 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 |
| 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| 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 applicable |

## Findings

Consumers and representatives interviewed said they were not confident that they have input into how care and services are delivered.

The Service evidenced this is a concern. In relation to this, the service has advised it will implement surveys, welfare checks, feedback and have consistent interaction with consumers through the scheduling office. It is anticipated this will provide the service with assistance to identify any issues with carers, services and supports.

The Assessment Team acknowledged that the workforce interviewed at the time of the assessment were new and still gaining knowledge of their roles. It is also acknowledged that the Home Care Coordinator position is currently vacant and is being managed by the disability services coordinator.

Management is undertaking measures to comply with aged care compliance and to address current issues including:

* Rewriting policies and procedures to address gaps between aged care and disability services. The Assessment Team noted that a high proportion of policies and procedures were still disability services specific.
* Developing a continuous improvement plan and operational plan. The Assessment Team noted that significant improvements had been identified to be made to aged care services in the continuous improvement plan, however as these had not been dated the Assessment Team were unable to determine if when or if these improvements were to occur.
* Auditing consumer care planning documentation for update and review. The Assessment Team noted inconsistencies in the level of detail in care planning documentation between consumers, and found some consumers had not had care plans developed.

In relation to standard 8 (3) (c) the service demonstrated the below:

**Information Management**

The service demonstrated consumer information is captured on a number of separate systems, and did not demonstrate the ability to identify trends or complete information. Care planning documentation is located on a centralised management system, however not all documentation has been transferred to a centralised record. The current system is disability focussed.

The Assessment Team sighted minutes from the senior management meetings and noted the service is proceeding with the purchase of an aged care module to enhance the centralised management system.

**Continuous improvement**

The Assessment Team noted the senior management team is presented with ideas for continuous improvement and these are discussed and recorded in meeting minutes, however information used to undertake continuous improvement such as feedback and complaints, were not being captured for home care services.

While the Assessment Team sighted an operations plan, the continuous improvement plan developed by the service did not incorporate dates to indicate the completion or commencement of the tasks.

**Financial governance**

The service demonstrated they have effective financial management and reporting systems in place to manage finances and resourcing needed to deliver safe and quality care to consumers, including:

* A financial manager is employed to undertake financial management and head a team of accountants;
* Financial information is presented monthly at the executive team meetings when operational business is discussed;
* The service uses an external financial auditor to undertake an annual assessment.

**Workforce governance, including the assignment of clear responsibilities and accountabilities**

The Assessment Team sighted the service’s organisation chart and position descriptions which are supplied to staff.

Staff are provided with a copy of a handbook on commencement, and must sign an employee code of conduct on commencement detailing the responsibilities of staff.

**Regulatory compliance**

Regulatory compliance is managed by the general manager and executive team. Policies and procedures requiring review or formation are managed by the operations manager.

The service is a current member of Leading Age Services Australia (LASA), and receives updates regarding regulatory compliance.

Most policies and procedures sighted by the Assessment Team were not relevant to aged care services, and were targeted to disability services.

**Feedback and complaints**

Consumers and representatives provide feedback by ringing the service or completing a feedback form. The service has a register of complaints and feedback which is updated, however the Assessment Team noted inconsistencies in the recording of consumer contact in consumer progress notes referring to complaints that had not been documented in the register.

The Assessment Team could not determine that all complaints and feedback were considered by the executive team and used to maintain or develop improvements to the service.

The Service demonstrated the use of a paper-based incident management form to record incidents. Staff advised they will call the service to report the incident and to seek advice, then will come into the service to complete the incident form. All incident forms submitted are reviewed by the clinical nurse consultant who analyses the information from a clinical perspective and use an incident risk matrix.

The Assessment team noted incidents are recorded in the incident register to determine trends, and are reported at the executive meetings for discussion. There were no incidents recorded at the time of the assessment for home services, so the Assessment Team were unable to sight a reflection of the incident register regarding the provision of home services in executive meeting minutes.

The service has a suite of policies and procedures including: incident and reportable incident policy and procedures, emergency and disaster management, and an emergency management plan

In response to the Assessment Team Report the service has supplied a plan for continuous improvement addressing the standards above

3 (a) – The service has outlined it intends to ensure surveys now include all aged care consumers and ensure consumer forms are considered as part of the services feedback and continuous improvement framework. The service intends to undertake a review of all financial statement template to ensure it meets legislative framework

3 (b) - The service has indicated an update of their policy suite will be undertaken to ensure it includes Aged Care consumers and it is not solely focused on Disability. An operational plan is currently in place to capture all improvements and key risk areas with a clear identified timeframe for action. The Service intends to undertake a review of care planning documents and their workflow to ensure it is consisted and clearly detailed. In addition, the service has embedded a feedback and complaints policy and procedure across their Aged Care sector.

Based on the information provided in the Assessment Report and acknowledging the work commenced by the service, it will take time for the proposed actions identified in the Continuous Improvement Plan to become embedded. I therefore find this Standard to be Non-compliant as at the time of the audit.

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-2)