Rainbow The Multicultural Aged Care Program

Performance Report

33 Eighth Avenue   
MAYLANDS WA 6051  
Phone number: 08 9271 2026

**Commission ID:** 500058

**Provider name:** West Australian Association of Polish Women Inc

**Quality Audit date:** 6 April 2022 to 8 April 2022

**Date of Performance Report:** 6 June 2022

# Performance report prepared by

M Murray delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Services included in this assessment

**Home Care:**

* Rainbow The Multicultural Aged Care Program, 19186, 33 Eighth Avenue, MAYLANDS WA 6051

# Overall assessment of Service/s

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Standard 1 Consumer dignity and choice | | | HCP | Not Compliant | | |
|  | | | CHSP | Not Applicable | | |
| Requirement 1(3)(a) | | HCP | | | Compliant |
|  | | CHSP | | | Not Applicable |
| Requirement 1(3)(b) | | HCP | | | Compliant |
|  | | CHSP | | | Not Applicable |
| Requirement 1(3)(c) | | HCP | | | Compliant |
|  | | CHSP | | | Not Applicable |
| Requirement 1(3)(d) | | HCP | | | Compliant |
|  | | CHSP | | | Not Applicable |
| Requirement 1(3)(e) | | HCP | | | Not Compliant |
|  | | CHSP | | | Not Applicable |
| Requirement 1(3)(f) | | HCP | | | Compliant |
|  | | CHSP | | | Not Applicable |
| Standard 2 Ongoing assessment and planning with consumers | | | | | | |
|  | | | HCP | Not Compliant | | |
|  | | | CHSP | Not Applicable | | |
| Requirement 2(3)(a) | HCP | | Not Compliant | |
|  | CHSP | | Not Applicable | |
| Requirement 2(3)(b) | HCP | | Not Compliant | |
|  | CHSP | | Not Applicable | |
| Requirement 2(3)(c) | HCP | | Compliant | |
|  | CHSP | | Not Applicable | |
| Requirement 2(3)(d) | HCP | | Compliant | |
|  | CHSP | | Not Applicable | |
| Requirement 2(3)(e) | HCP | | Not Compliant | |
|  | CHSP | | Not Applicable | |
| Standard 3 Personal care and clinical care | | | HCP | Not Compliant | | |
|  | | | CHSP | Not Applicable | | |
| Requirement 3(3)(a) | | HCP | | | Not Compliant |
|  | | CHSP | | | Not Applicable |
| Requirement 3(3)(b) | | HCP | | | Compliant |
|  | | CHSP | | | Not Applicable |
| Requirement 3(3)(c) | | HCP | | | Compliant |
|  | | CHSP | | | Not Applicable |
| Requirement 3(3)(d) | | HCP | | | Compliant |
|  | | CHSP | | | Not Applicable |
| Requirement 3(3)(e) | | HCP | | | Not Compliant |
|  | | CHSP | | | Not Applicable |
| Requirement 3(3)(f) | | HCP | | | Compliant |
|  | | CHSP | | | Not Applicable |
| Requirement 3(3)(g) | | HCP | | | Not Compliant |
|  | | CHSP | | | Not Applicable |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Standard 4 Services and supports for daily living | | | | |
|  | | HCP | Compliant | |
|  | | CHSP | Not Applicable | |
| Requirement 4(3)(a) | HCP | | Compliant |
|  | CHSP | | Not Applicable |
| Requirement 4(3)(b) | HCP | | Compliant |
|  | CHSP | | Not Applicable |
| Requirement 4(3)(c) | HCP | | Compliant |
|  | CHSP | | Not Applicable |
| Requirement 4(3)(d) | HCP | | Compliant |
|  | CHSP | | Not Applicable |
| Requirement 4(3)(e) | HCP | | Compliant |
|  | CHSP | | Not Applicable |
| Requirement 4(3)(f) | HCP | | Not Applicable |
|  | CHSP | | Not Applicable |
| Requirement 4(3)(g) | HCP | | Compliant |
|  | CHSP | | Not Applicable |
| Standard 5 Organisation’s service environment | | | | |
|  | | HCP | Not Applicable | |
|  | | CHSP | Not Applicable | |
| Requirement 5(3)(a) | HCP | | Not Applicable |
|  | CHSP | | Not Applicable |
| Requirement 5(3)(b) | HCP | | Not Applicable |
|  | CHSP | | Not Applicable |
| Requirement 5(3)(c) | HCP | | Not Applicable |
|  | CHSP | | Not Applicable |
| Standard 6 Feedback and complaints | | HCP | Not Compliant | |
|  | | CHSP | Not Applicable | |
| Requirement 6(3)(a) | HCP | | Compliant |
|  | CHSP | | Not Applicable |
| Requirement 6(3)(b) | HCP | | Compliant |
|  | CHSP | | Not Applicable |
| Requirement 6(3)(c) | HCP | | Not Compliant |
|  | CHSP | | Not Applicable |
| Requirement 6(3)(d) | HCP | | Not Compliant |
|  | CHSP | | Not Applicable |
| Standard 7 Human resources | | HCP | Not Compliant | |
|  | | CHSP | Not Applicable | |
| Requirement 7(3)(a) | HCP | | Not Compliant |
|  | CHSP | | Not Applicable |
| Requirement 7(3)(b) | HCP | | Compliant |
|  | CHSP | | Not Applicable |
| Requirement 7(3)(c) | HCP | | Not Compliant |
|  | CHSP | | Not Applicable |
| Requirement 7(3)(d) | HCP | | Compliant |
|  | CHSP | | Not Applicable |
| Requirement 7(3)(e) | HCP | | Not Compliant |
|  | CHSP | | Not Applicable |
| Standard 8 Organisational governance | | HCP | Not Compliant | |
|  | | CHSP | Not Applicable | |
| Requirement 8(3)(a) | HCP | | Compliant |
|  | CHSP | | Not Applicable |
| Requirement 8(3)(b) | HCP | | Compliant |
|  | CHSP | | Not Applicable |
| Requirement 8(3)(c) | HCP | | Not Compliant |
|  | CHSP | | Not Applicable |
| Requirement 8(3)(d) | HCP | | Not Compliant |
|  | CHSP | | Not Applicable |
| Requirement 8(3)(e) | HCP | | Not Compliant |
|  | CHSP | | Not Applicable |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the services, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 approved provider’s response to the quality audit report received 27 April 2022.

# STANDARD 1 Consumer dignity and choice

# HCP Not Compliant CHSP Not Applicable

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and representatives interviewed said consumers are respected and provided dignity and choice by the staff who deliver their care and services.

Consumers said they are provided care and services from staff who have the same cultural background, speak their preferred language and support them to feel comfortable and safe. Consumers said staff know them and what is important to them.

Consumers said they are able to make decisions about their care and have choices. Consumers said they are supported by the service to maintain relationships of their choice.

Consumers said their information is kept confidential and only shared with others as agreed with the consumer. Staff described how they take steps to protect each consumer’s privacy.

Staff were able to demonstrate an understanding of cultural safety and what is important to each consumer. Staff were able to describe ways they support consumers to balance risk with quality of life and independence.

Some representatives said they are not fully aware of what care and services they can request for the consumer relevant to the level of home care package allocated.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one of the six specific requirements has been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service is not applicable.

**Assessment of Standard 1 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(a) | HCP | Compliant |
|  | CHSP | Not Applicable |

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(b) | HCP | Compliant |
|  | CHSP | Not Applicable |

### *Care and services are culturally safe.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(c) | HCP | Compliant |
|  | CHSP | Not Applicable |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(d) | HCP | Compliant |
|  | CHSP | Not Applicable |

### *Each consumer is supported to take risks to enable them to live the best life they can.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(e) | HCP | Not Compliant |
|  | CHSP | Not Applicable |

*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.*

Findings

The assessment team noted services are being provided as blocks of care time, for example a three hour block.

Representatives interviewed were unclear what services the home care package allowed and were unaware that consumers do not need to receive care in large blocks of time.

The approved provider’s response outlines all consumers are provided with the list of possible aged care and services they can receive and the only restriction, beyond the list of services, is their individual package account balance. The response confirms that services are provided in blocks of hours, other than for outsourced services such as physiotherapy.

Based on all the evidence (summarised above) I am satisfied that consumers and representatives did not have information which made it clear to them that the service frequency and time allocated for delivery of services can be tailored to the consumer’s needs. The service does not comply with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(f) | HCP | Compliant |
|  | CHSP | Not Applicable |

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers

# HCP Not Compliant CHSP Not Applicable

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team found consumers are partners in the assessment and planning process. However, tools such as assessments are not used effectively to tailor the care and services required by each consumer.

A review of care plans found they do not provide staff with sufficient details to ensure the safe and effective delivery of care and services and goals outlined are generic rather than specific to the consumer.

The Assessment Team noted the service did not consistently re-assess consumers’ care needs at key risk points, such as a consumer returning home after a period in hospital.

The Quality Standard for the Home care packages service is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service is not applicable.

**Assessment of Standard 2 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(a) | HCP | Not Compliant |
|  | CHSP | Not Applicable |

*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.*

Findings

The service does not use validated assessment tools to understand risks to the consumer’s health. A basic assessment is undertaken, however where risks are identified, such as risk of pain, a baseline tool such as a validated Pain Scale is not used by staff to establish a baseline score and, for example, to put in place strategies to minimise the consumer’s pain.

Representatives said they explain strategies directly to staff where risks are known, for example, what to do when a consumer with diabetes experiences an episode of low blood sugar.

The approved provider’s response states tools will be implemented into the assessment process.

Based on the evidence (summarised above) I am satisfied at the time of the audit, validated clinical risk assessments were not being used to inform clinical care delivery. The service does not comply with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Applicable |

*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.*

Findings

The Assessment Team found overall that consumer files include generic consumer goals. For example, “to continue to maintain personal independence and quality of life” or “to remain living at home as long as possible.”

Three consumers advised the Assessment Team that the service had not discussed their end of life wishes and they were not aware of the opportunity to complete an advanced care directive.

The approved provider’s response provides additional examples of goals such as ‘building confidence in simple tasks’ ‘to improve self-esteem and to improve quality of life’, however the next level of detail, for example, what tasks the consumer is trying to undertake is not provided, it is unclear to me what staff would do, day to day, to support the consumer’s goal to build their confidence.

The approved provider disputes the Assessment Team’s evidence that consumers are not asked if they are interested in having a health directive also noting that it can be culturally inappropriate to ask such a question. However, the service did not provide evidence of any consumer having an advance care and/or end of life plan in place, or alternatively, having declined the service’s offer of support to put a plan in place.

Based on the evidence (summarised above) I am satisfied that consumers goals are not sufficiently tailored and documented and that consumers have not consistently been provided an opportunity to discuss advance care planning and end of life planning.

The service does not comply with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(c) | HCP | Compliant |
|  | CHSP | Not Applicable |

*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.*

Findings

The Assessment Team found deficits in sub-requirement (ii), noting care plans do not include information from allied health or other specialised health care providers. For example, several consumers were noted (via the monthly service delivery statements) to have podiatry services regularly attend to their foot care.

The Assessment Team’s report in other requirements notes where allied health staff have been invited to assess a consumer or provide a service to a consumer information is emailed to the general manager for inclusion in the consumer’s care documentation.

Consumer feedback also indicates care is coordinated to their satisfaction.

The approved provider’s response states information about specialised service delivery is included in various documents. Further these services are delivered as requested by consumers and the care coordination team note all comments and suggestions provided by others involved in the consumer’s care and take relevant actions. Nursing, physiotherapist, podiatrist and other reports are available in consumers files together with the service’s response to any issues raised. The approved provider’s response also notes that other practitioners are requested by the service to share their updates but information is not always forthcoming.

Based on the evidence (summarised above) I am satisfied that others involved in the consumer’s care are sufficiently engaged in assessing the consumer’s needs and the service is coordinating the care that is to be undertaken with input from relevant specialist services. The service complies with this requirement

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(d) | HCP | Compliant |
|  | CHSP | Not Applicable |

*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.*

Findings

The Assessment Team provided evidence that all consumers and representatives advised they are provided with a copy of the care plan and service delivery timetable which they sign and retain a copy in a file in their home.

The approved provider’s response outlines that day to day outcomes are recorded in a communication book held at the consumer’s home.

I have considered other information in the Assessment Team’s report in this requirement in my compliance findings in Standard 8.

Based on the evidence (summarised above) I am satisfied that the service complies with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(e) | HCP | Not Compliant |
|  | CHSP | Not Applicable |

*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.*

Findings

The Assessment Team’s review of documentation noted the care plan and service delivery timetable is reviewed if consumers or their representatives contact the service and request changes or if the consumer is contacted by one of the organisation’s staff as part of their regular check-in with all consumers. No additional assessment information is completed, and the consumer does not participate in a regular re-assessment process.

The approved provider accepts that there are no formal re-assessment forms, however states the process of re-assessment can be evidenced by progress note entries. Further the re-assessment process has been impacted by the COVID-19 pandemic. The approved provider said they will develop a re-assessment form.

Based on the evidence (summarised above) I am satisfied that the service does not comply with this requirement. Re-assessments are not proactive and have not been occurring.

# STANDARD 3 Personal care and clinical care

# HCP Not Compliant CHSP Not Applicable

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The service outsources the clinical care of consumers to other organisations. Staff were unable to demonstrate they have line of sight to each consumer’s current clinical status. Care coordination staff did not demonstrate to the Assessment Team that they proactively follow up on each consumer’s health and wellbeing where clinical care is being undertaken, to ensure it is meeting the consumer’s assessed needs and is best practice. Accurate information about the consumer’s current condition was not provided.

Consumers and representatives were satisfied that staff know consumers well and would recognise any deterioration and manage any risk that impacted the consumer’s wellbeing.

While staff have access to personal protective equipment to minimise the risk of the transmission of infection, they could not describe key processes such as donning and doffing equipment in the context of COVID-19.

The Quality Standard for the Home care packages service is assessed as Non-compliant as three of the seven specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service is not applicable.

**Assessment of Standard 3 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(a) | HCP | Not Compliant |
|  | CHSP | Not Applicable |

*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.*

Findings

The Assessment Team’s report notes that the service uses third party organisations to deliver clinical care. The Assessment Team discussed consumers’ current clinical needs, such as wound care, medication management and support for consumers living with dementia. The service was unable to demonstrate to the Assessment Team that consumers are receiving best practice clinical care as they do not actively monitor the progress of clinical care delivery, for example, the resolution of consumers’ wounds.

The approved provider’s response asserts that clinical care such as nursing, podiatry, occupational therapy and physiotherapy is delivered as needed. The approved provider’s response did not demonstrate that they are ensuring all clinical care services are delivered in a way that meets this requirement.

The approved provider asserted that support workers do not deliver clinical care and there is no need for a specific instructions to support them. I am not persuaded that staff would be able to support best practice care if they do not have these specific instructions for example, on what the physiotherapist’s goals are for the consumer, how to follow hygiene instructions for wound dressings, or when the consumer’s next medication is due so the consumer is prompted in a timely way and does not take more or less medication than required.

Based on the evidence (summarised above) I am satisfied that the service does not comply with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(b) | HCP | Compliant |
|  | CHSP | Not Applicable |

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Findings

Consumers and representatives generally did not have concerns with how risks consumers are living with are managed, one risk mentioned as well managed was nutrition. However, one risk identified as less well managed was diabetes management.

Staff provided an example of how an incident is reported and of follow up actions.

The service self-identified medication management as the organisation’s key clinical risk, stating that support staff do not administer medications.

The approved provider has committed to additional training for staff in regard to diabetic management.

I have considered other information in the Assessment Team’s report in this requirement in my compliance findings in Standard 2 and Standard 8.

Based on the evidence (summarised above), on balance, I am satisfied that the service complies with this requirement, the service has managed incidents as they have occurred and are aware of high prevalence risks.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(c) | HCP | Compliant |
|  | CHSP | Not Applicable |

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(d) | HCP | Compliant |
|  | CHSP | Not Applicable |

*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.*

Findings

Consumers and representatives stated to the Assessment Team that the staff get to know the consumers well and they have confidence that they would report any change in the consumer’s condition, for example any reduction in mobility. Support workers interviewed stated if they identified a change in the consumer’s condition, they would contact the office and share their concern.

The approved provider’s response outlines that any sign of deterioration triggers a conversation with the consumer and/or their representative and options for further support are discussed.

I have considered other information in the Assessment Team’s report in this requirement in my compliance findings in Standard 2 and Standard 8.

I am satisfied from the feedback of consumers, representatives and staff that any deterioration is identified and further support is offered to the consumer. The service complies with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(e) | HCP | Not Compliant |
|  | CHSP | Not Applicable |

*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.*

The Assessment Team found the service complied with this requirement, however, having considered all the available evidence, I have formed a different view. My view is that the poor documentation as evidenced in Standard 2 does not support effective communication of consumer’s personal and/or clinical care between relevant staff (internal and external) delivering care. Care coordination staff did not demonstrate they have up to date information on the consumer’s clinical status and therefore any clinical information shared may not be accurate.

The service does not comply with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(f) | HCP | Compliant |
|  | CHSP | Not Applicable |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(g) | HCP | Not Compliant |
|  | CHSP | Not Applicable |

*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.*

The Assessment Team’s report evidences that staff advised, and the management team confirmed, they have not provided the staff with education related to standard and transmission-based precautions to prevent and control infections.

The management team were unable to provide the Assessment Team with a comprehensive pandemic or infection control outbreak management plan.

The approved provider’s response accepts the service’s pandemic outbreak management plan needs some additional work. The approved provider did not address how they are meeting sub-requirement (ii) in their response.

Based on the evidence (summarised above) I am satisfied that the service does not comply with this requirement. I do not have confidence that staff are implementing effective infection control precautions as they have not received the training to do so.

# STANDARD 4 Services and supports for daily living

# HCP Compliant CHSP Not Applicable

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers and representatives interviewed are satisfied that consumers receive safe and effective services and supports for daily living that meets their needs, goals and preferences and optimise their independence, well-being and quality of life.

Consumers provided examples including, how they are supported to continue their interest in participating in local community activities including attending local events and church services.

Staff outlined how the consumer’s connection to their culture is important and this informs how supports are delivered. The staff at the service were able to demonstrate they understand the emotional, spiritual and psychological well-being of the consumers. Staff demonstrated knowledge of consumers’ needs, goals and preferences in relation to lifestyle activities.

The service provides consumers with equipment for their assessed needs and this equipment is maintained to ensure it is fit for purpose. Consumers confirmed they are satisfied with the equipment provided.

The Quality Standard for the Home care packages service is assessed as Compliant as all applicable requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth home support programme service is not applicable.

**Assessment of Standard 4 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(a) | HCP | Compliant |
|  | CHSP | Not Applicable |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(b) | HCP | Compliant |
|  | CHSP | Not Applicable |

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(c) | HCP | Compliant |
|  | CHSP | Not Applicable |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(d) | HCP | Compliant |
|  | CHSP | Not Applicable |

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(e) | HCP | Compliant |
|  | CHSP | Not Applicable |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(f) | HCP | Not Applicable |
|  | CHSP | Not Applicable |

*Where meals are provided, they are varied and of suitable quality and quantity.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(g) | HCP | Compliant |
|  | CHSP | Not Applicable |

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 Organisation’s service environment

# HCP Not Applicable CHSP Not Applicable

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

This Quality Standard for the Home care packages service is not applicable as consumers are not provided services where they are delivered at a centre run by the service.

The Quality Standard for the Commonwealth home support programme service is not applicable as the service does not run a Commonwealth home support programme.

## Assessment of Standard 5 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(a) | HCP | Not Applicable |
|  | CHSP | Not Applicable |

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(b) | HCP | Not Applicable |
|  | CHSP | Not Applicable |

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(c) | HCP | Not Applicable |
|  | CHSP | Not Applicable |

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 Feedback and complaints

# HCP Not Compliant CHSP Not Applicable

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives said they are encouraged to provide feedback and raise concerns. Consumers and representatives said they are able to provide feedback in their preferred language and are aware of external supports to make a complaint.

Whilst consumers and representatives said they are able and comfortable to raise concerns the service was unable to demonstrate the actions taken in response to complaints. The service was unable to demonstrate how an open disclosure approach is used when things go wrong.

The Quality Standard for the Home care packages services is assessed as Non-compliant as two of the four specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service is not applicable.

## Assessment of Standard 6 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(a) | HCP | Compliant |
|  | CHSP | Not Applicable |

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(b) | HCP | Compliant |
|  | CHSP | Not Applicable |

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(c) | HCP | Not Compliant |
|  | CHSP | Not Applicable |

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

Findings

The Assessment Team found the service was unable to demonstrate actions taken in response to complaints. The service was also unable to demonstrate it uses an open disclosure approach when things go wrong.

The service’s policy describes the process to be used when dealing with a complaint. The process states management is to record and manage each complaint. The service was unable to provide evidence of how they have resolved complaints that have been raised.

The approved provider’s response states that open disclosure is applied in practice, but did not provide evidence of where this had occurred. The response states that the service’s complaints system will be reviewed. The response did not demonstrate complaints are seen as an opportunity to review or improve services.

Based on the evidence (summarised above) I am satisfied that the service does not comply with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Applicable |

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

Findings

The service is not documenting complaints and how they are resolved. Complaints information is not being used to inform improvements to the care and services being delivered.

The approved provider’s response states that the service’s complaints system will be reviewed.

Based on the evidence (summarised above) I am satisfied that the service does not comply with this requirement, the approved provider’s response did not demonstrate it encourages a positive, blame-free culture around complaints.

# STANDARD 7 Human resources

# HCP Not Compliant CHSP Not Applicable

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers and representatives said support staff are kind caring and gentle and they are happy to be provided staff who can speak their preferred languages.

Staff said they are not rushed and have adequate time to complete care and services.

Workforce planning does not support a tailored experience for consumers, as care is delivered in large blocks of time.

Management did not demonstrate that they monitor the competency of staff and do not currently have a performance management system in place.

The Quality Standard for the Home care packages service is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service is not applicable.

## Assessment of Standard 7 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(a) | HCP | Not Compliant |
|  | CHSP | Not Applicable |

*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.*

Representatives reported that consumers receive care in large blocks of time and gave an example of a single service being of a 3 hour duration. The approved provider’s response confirmed services are provided in a block of hours for activities performed together by the consumer and the support worker. Services which are not in blocks were defined by the approved provider as those carried out by allied health practitioners.

Based on the evidence (summarised above) I am satisfied that the consumers’ services are planned to fit in with the availability of staff rather than planned with a view to consumers receiving a quality care experience tailored to their needs.

The service does not comply with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(b) | HCP | Compliant |
|  | CHSP | Not Applicable |

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(c) | HCP | Not Compliant |
|  | CHSP | Not Applicable |

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

Findings

The Assessment Team found some staff do not have the competencies and knowledge to effectively perform their roles, for example, care coordination staff have not demonstrated competency in assessment and care planning, management have not demonstrated competency in complaint management. Staff have do not have contemporary infection control knowledge.

Most staff interviewed said they did not have a certificate 3 in Aged or Disability Care. Staff said they were offered to complete the certificate once employed, however, only one staff member interviewed said they had completed this training through the service.

The general manager said when recruiting staff, being able to speak in the consumers’ languages was one of the main reasons to employ a support worker. While the service encourages staff to take up the opportunity to complete qualifications through their service this was not compulsory.

The Approved provider’s response asserts that staff have an individualised training program.

Based on the evidence (summarised above) I am satisfied that the service does not comply with this requirement. There is failure across a range of Standards where the competency of staff is, in my view, a contributing factor to the failure. It is also unclear to me, given the complexity of consumers on level 3 and level 4 Home Care Packages whose clinical health status may fluctuate, will be provided with additional support, such as dementia specific support, without evidence of care staff having competencies or qualifications which encompass key needs in aged care.

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(d) | HCP | Compliant |
|  | CHSP | Not Applicable |

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(e) | HCP | Not Compliant |
|  | CHSP | Not Applicable |

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

Findings

The Assessment Team’s report notes the service was not able to demonstrate there is regular assessment, monitoring and review of the performance of each member of the workforce. Staff said they have not participated in a performance appraisal for some time and were not able to provide examples of outcomes of their last appraisal. Probationary staff have not had outcomes of their probationary period discussed.

The approved provider’s response states there is no regular formal staff assessment process and the system will be reviewed.

Based on the evidence (summarised above) I am satisfied that the service does not comply with this requirement.

# STANDARD 8 Organisational governance

# HCP Not Compliant CHSP Not Applicable

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The governing body of the organisation did not demonstrate that it has met all its accountabilities under these Quality Standards.

Governance systems are not effective in providing the governing body with accurate information to inform strategic decisions and manage risk. At the time of the audit the service did not have a memorandum of understanding or other instrument in place with another organisation for the delivery of clinical care, when internal staff do not have the qualifications to undertake clinical care.

The service’s policies and procedures did not consistency reference the Quality Standards, and regulatory requirements such as the requirement to have an incident management system in place has not been acted on.

The service’s outbreak management plan does not demonstrate that the governing body has sufficiently considered the impact of COVI-19.

While the governing body is accountable for all services delivered including clinical care services when provided through other health professionals, it has not put in place a clinical governance framework to demonstrate how it satisfies itself that all clinical services being delivered are of a satisfactory quality and best practice.

The Quality Standard for the Home care packages service is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service is not applicable.

## Assessment of Standard 8 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(a) | HCP | Compliant |
|  | CHSP | Not Applicable |

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) | HCP | Compliant |
|  | CHSP | Not Applicable |

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(c) | HCP | Not Compliant |
|  | CHSP | Not Applicable |

*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.*

Findings

The Assessment Team found the service was unable to demonstrate there are governance wide systems in place to effectively manage information management, continuous improvement, work force governance, regulatory compliance and, feedback and complaints.

Information systems are not regularly reviewing consumer information or providing clear care planning information to guide staff. The service does not have policies and processes in place relevant to the current Aged Care Quality Standards.

The service is not recording opportunities for improvements raised from feedback, suggestions, complaints, incidents and other areas.

The service is not monitoring and reviewing staff as per their performance management processes. Staff competencies are not monitored or developed.

In relation to regulatory compliance the service does not have an effective incident management system in place.

Processes for feedback and complaints are not being followed or trended.

The approved provider’s response did not demonstrate that they have effective organisation wide governance systems in place and acknowledge some deficits in systems that monitor care planning, staff performance, complaints, incidents, and hazards, and commit to these areas being reviewed.

Based on the evidence (summarised above) I am satisified the service does not comply with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Applicable |

*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.*

The Assessment Team found effective risk management systems and practices are not embedded within the service. The service does not have an incident management system. The service does not collate clinical data which identifies and informs risk mitigation for the consumer population as a whole.

At the time of the audit the service did not have a contract or other instrument in place with a clinical care provider.

The approved provider did not provide further evidence of how the governing body mitigates risk.

Based on all the evidence available, I am satisfied that the approved provider has not demonstrated they are meeting their responsibility to ensure the quality and appropriateness of all clinical care delivered, including care delivered through brokerage arrangements meets these Quality Standards.

The service does not comply with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | HCP | Not Compliant |
|  | CHSP | Not Applicable |

*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.*

Findings

The Assessment Team found the service does not have a clinical governance framework. The approved provider did not submit a clinical governance framework in their response.

Based on the evidence (summarised above) I am satisfied the service does not comply with this requirement.

# Areas for improvement

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Standard 1 Consumer dignity and choice | | |  |  | | |
| Requirement 1(3)(e) | |  | | |  |
| Standard 2 Ongoing assessment and planning with consumers | | | | | | |
| Requirement 2(3)(a) |  | |  | |
| Requirement 2(3)(b) |  | |  | |
| Requirement 2(3)(e) |  | |  | |
| Standard 3 Personal care and clinical care | | |  |  | | |
| Requirement 3(3)(a) | |  | | |  |
| Requirement 3(3)(e) | |  | | |  |
| Requirement 3(3)(g) | |  | | |  |
| Standard 6 Feedback and complaints | | |  |  | | |
| Requirement 6(3)(c) |  | |  | |
| Requirement 6(3)(d) |  | |  | |
| Standard 7 Human resources | | |  |  | | |
| Requirement 7(3)(a) |  | |  | |
| Requirement 7(3)(c) |  | |  | |
| Requirement 7(3)(e) |  | |  | |
| Standard 8 Organisational governance | | |  |  | | |
| Requirement 8(3)(c) |  | |  | |
| Requirement 8(3)(d) |  | |  | |
| Requirement 8(3)(e) |  | |  | |