**Performance**

**Report**

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| Name: | RFBI Care at Home - Lower Hunter |
| Commission ID: | 200176 |
| Address: | Hawkins Masonic Village, Northville Drive, EDGEWORTH, New South Wales, 2285 |
| Activity type: | Quality Audit |
| Activity date: | 21 September 2023 to 28 September 2023 |
| Performance report date: | 17 December 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 5146 Royal Freemasons' Benevolent Institution  
Service: 17710 RFBI Care at Home - Lower Hunter

**This performance report**

This performance report for RFBI Care at Home - Lower Hunter (**the service**) has been prepared by Monika Franco, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* the provider’s response to the assessment team’s report received 6th November 2023.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

**Requirement 1(3)(a)**

Evidence analysed by the Assessment team showed the service did not demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers and/or representatives provided mixed feedback in relation to whether they felt respected and valued by the service. They described how their interactions with the services home care officers (care staff) were mostly of a respectful nature, however shared conflicting feedback when referring to care coordination staff and management. The Assessment Team reviewed policies, procedures and supporting evidence including the ‘Client Dignity and Choice’ policy and procedure and survey.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

**Requirement 1(3)(b)**

Evidence analysed by the Assessment Team showed the service did not demonstrate care and services are culturally safe. Staff described how they interact with consumers, however, could not provide clear examples of how they understood consumers cultural backgrounds. Staff further advised that they could not recall receiving or completing cultural safety training. During interviews with the Assessment Team, staff and management did not demonstrate how they provide care and services to consumers in a culturally safe way. The Assessment Team acknowledges that the service provides care and services to consumers of a small number of cultural backgrounds, however, was not assured that the service was taking a proactive approach in the delivery of culturally safe practices. Management advised all staff have access to an electronic training system where all staff are required to complete annual cultural safety training.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

**Requirement 1(3)(c)**

Evidence analysed by the Assessment Team showed the service demonstrated how each consumer is supported to take risks to enable them to live the best life they can. Consumers and/or representatives provided mixed feedback in relation to whether they felt supported to exercise choice and independence relating to their care and services. Most consumers and/or representatives described how their interactions with the services home care officers (care staff) ensure they receive care and services that are tailored to their needs and preferences. However, consumers and/or representatives expressed dissatisfaction with home care coordination officers and management, particularly in relation to rostering and scheduling. Care staff described how consumers are supported to freely exercise choice and independence to support decision-making about their care, and how they are supported to access their community and maintain relationships. The Assessment Team sighted the services ‘Assessment and Planning Policy’ describes how care planning is based on consumer’s goals, needs and preferences

**Requirement 1(3)(d)**

Evidence analysed by the Assessment Team showed the service demonstrated how each consumer is supported to take risks to enable them to live the best life they can. Consumers and/or representatives interviewed described how the service supports consumers to exercise choice and independence relating to their care and services. The service ensures safe delivery of care that is tailored to consumers' needs and preferences. Staff demonstrated knowledge of how consumers are supported to freely exercise choice and independence to support decision-making about their care. The Assessment Team viewed the services policy ‘Client Dignity and Choice’ available to all staff. The service provided evidence of guidelines and policies governing the need for staff to support consumers to take risks and enable them to live the best life they can.

**Requirement 1(3)(e)**

Evidence analysed by the Assessment Team showed the service did not demonstrate information provided to each consumer is current, accurate and timely, and communicated clearly, easy to understand and enables them to exercise choice. Consumers and/or representatives receive some information at the commencement of their service located in the consumers home folder; however, consistent feedback from all if not most consumers and/or representatives indicated that in the event of services changing, they were not kept informed to enable them to make choices about their care. The Assessment Team received consistent feedback from home care officers (care staff) along with home care coordinators and management outlining the various communication issues experienced across the organisation, particularly from the coordination, rostering and scheduling level as they manage inbound communications and responsible for changes to services across the four districts.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

**Requirement 1(3)(f)**

Evidence analysed by the Assessment Team showed the service demonstrated each consumer’s privacy is respected, and personal information is kept confidential. Consumers and/or representatives interviewed felt their privacy was respected especially during the delivery of care and services. They were confident their personal information is kept confidential and said they have never had to raise concerns of this nature. Staff interviewed demonstrated an understanding of the importance of protecting consumer information and respecting privacy. They described practical ways they protect consumer information, such as only discussing consumer information with relevant staff and not disclosing consumer’s personal information to anyone outside of the service. Where consumer information is shared with other services involved in delivering care and services, the service obtains consent from the consumer and/or representatives. The Assessment Team reviewed policies and procedures, including the ‘Personal Privacy and Dignity’ policy and procedure which referred to the services privacy and confidentiality principles and privacy program for the collection, storing and distribution of consumer information.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Standard 1.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

**Requirement 2(3)(a)**

Evidence analysed by the Assessment Team showed the service did not demonstrate 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. The service did not demonstrate that consumer’s health and well-being formed the delivery of care and services. Management advised the service coordinators and registered clinicians are responsible for completing the consumer's initial comprehensive assessment and home environment risk assessment commencement. Management said the process identifies any risk and informs the delivery of safe services. The outcome of the consumers planning, and assessments is fed into service plans, and entered into the care management system with interventions of associated identified risks are visible and fed into service plans for staff to provide care that is safe and best practice. Review of the ‘Assessment and Planning’ policies and procedures showed clear guidance and processes on how to assess, develop, discuss, and monitor associated risks to consumers. However, the evidence analysed showed the workforce does not follow the organisation’s expectations of assessment and planning, and the organisation did not demonstrate appropriate monitoring and management of the workforce, ensuring consumers accessing their services are receiving the care and support they need. Service coordinators and management interviewed did not describe how they assess and minimise risk for consumers. The Assessment Team found consumer ACAT assessments included important care information detailing health diagnoses that were not reflected or sighted on consumer care planning and assessment, and risks associated with consumers were not provided to staff who deliver the services.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

**Requirement 2(3)(b)**

Evidence analysed by the Assessment Team showed the service did not demonstrate assessment and planning identifies and addresses the consumers current needs, goals, and preferences, including advance care planning and end of life planning if the consumer wishes. The service did not demonstrate consumers are receiving person-centred, individualised care and services that address consumer needs, goals, and personal preferences within their funding guidelines. Consumers and/or Representatives confirmed care and services are not at the level of their current needs or preferences and said their goals were to receive the care they need and deserve. All care planning and assessment documents reviewed in consumer files and on care vision did not include individualised goals or address current care needs and did not appropriately describe consumer preferences. Consumers and/or representatives stated staff had not discussed advance care planning with them. The Assessment Team notes the organisation has detailed processes and advanced care planning policies. However, the service did not demonstrate information about advanced care planning is provided and discussed with consumers.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

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

Evidence analysed by the Assessment Team showed the service did not demonstrate that assessment and planning is consistently occurring with ongoing consultation with the consumer, representatives and others involved in the care of the consumer. The Service did not demonstrate the workforce is partnering with other organisations, including consumers' medical practitioners and allied health professionals when deciding the care and service of the consumer. Review of consumer care planning documentation showing input and recommendation reports from other organisations and allied health professionals was not fed into the assessment or review of care needs and service delivery. Consumers and/or representatives said they are unable to contact the service or their coordinators directly when enquiring about a scheduled service and are required to leave a message. The Assessment Team sighted evidence which showed the organisation has information, resources, and a process with clear guidance of staff responsibilities for consumer assessment and planning. However, management and service coordinators did not demonstrate they work collaboratively and in partnership with those the consumer wants to be involved in their care and the decisions of their care and service delivery.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

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

Evidence analysed by the Assessment Team showed the service did not demonstrate 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. Consumers and/or representatives confirmed the service has not provided them with information or supported them in understanding their care and services and said that staff have not offered them a copy of their care plan. The Assessment team received consistent feedback from consumers and/or representatives confirming they are not notified about the care and services and do not receive outcomes of assessment relating to their services. All consumer care planning and assessment documents sighted by the Assessment Team were not sufficiently detailed and did not include validated risk assessments of the consumers. Care information was reviewed not to be communicated within the organisation and with others.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

**Requirement 2(3)(e)**

Evidence analysed by the Assessment Team showed the service did not demonstrate care and services are reviewed regular for effectiveness, and when circumstances change. Consumers and/or representatives interviewed advised the service does not amend or complete a care planning and assessment review of their needs or preferences. Coordinators interviewed said consumer care planning and assessment documents are updated if their needs change and advised this is identified when they complete a ‘reassessment checklist’ for a consumer. The Assessment Team sighted the reassessment checklist, which showed a process they are required to undertake at the end of consumer review and reassessment. The process is meant to ensure the workforce captures and follows all steps of the reassessment and reflects the consumer's current needs, goals, and preferences. Coordinators interviewed said consumer care planning and assessment documents are updated if their needs change and advised this is identified when they complete a ‘reassessment checklist’ for a consumer. The Assessment Team sighted the reassessment checklist, which showed a process staff are required to undertake.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Standard 2.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

**Requirement 3(3)(a)**

Evidence analysed by the Assessment Team showed the service did not demonstrate clinical care provided is congruent with best practice and optimises the health and well-being of the consumer. Care staff interviewed who deliver personal care confirmed there are consumers they worry about and feel require a higher level of care. Consumer care planning and assessment documents were inconsistent across their consumer information management system (CareVison) and the hard copy document in the consumer file. Information about the consumer's areas of support and delivery provided to home care staff did not include directives or important health diagnoses to ensure safe and effective delivery of clinical and personal care is best practice.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

**Requirement 3(3)(b)**

Evidence analysed by the Assessment Team showed the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers and/or representatives living with high-impact and/or high-prevalence risks such as diabetes, delirium, confusion and impaired cognition, dementia, falls risk and pain are not appropriately assessed and supported. Consumers and/or representatives confirmed the service has not completed risk assessments or reassessed them on commencement during their time with the service, and some consumers advised they have been with the service since 2017 and have not been reviewed despite being associated with high-impact high prevalence risks. Service coordinators and management interviewed could not describe how they assess and minimise risk for consumers and provided a register that showed inconsistent monitoring of consumer risks and gaps that the workforce is not following organisation expectations of processes and policies.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

**Requirement 3(3)(c)**

Evidence analysed by the Assessment Team showed the service did not demonstrate the needs goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. Consumer needs, goals, and preferences of consumers nearing the end of life are not recognised and addressed, and their comfort and their dignity are compromised due to the service not appropriately completing assessments and care documents preserved.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

**Requirement 3(3)(d)**

Evidence analysed by the Assessment Team showed the service did not demonstrate deterioration or a change in consumers health is recognised and responded to in a timely manner. Consumers and/or representatives said staff would know if there was a change in their condition, and staff described what they would do if they recognised a change in the consumer’s condition. However, the service did not demonstrate consumer deterioration was responded to appropriately and promptly.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

**Requirement 3(3)(e)**

Evidence analysed by the Assessment Team showed the service did not demonstrate information about the consumers condition, needs and preferences is documented and communicated within the organisation as well as with others involved in their care. The service was unable to provide evidence that aligned with the workforce claimed during interviews, and for sampled consumers reviewed by the Assessment Team did not include documented information about a consumer’s condition, needs or preferences, and information was not consistent, recorded and documented. Care staff and management interviewed were unaware of health conditions, diagnoses, high impact, and high prevalence risks, including dietary, falls, and allergies. The Assessment Team sighted all consumer files, spoke to consumers, and noted that the information, such as risks and alerts provided to others within the organisation, was either not communicated or inaccurate.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

**Requirement 3(3)(f)**

Evidence analysed by the Assessment Team showed the service did not demonstrate timely and appropriate referrals are made to other organisations and providers when required. Consumers and representatives spoke about connecting to other providers of care and services and allied health professionals. Consumers and representatives stated referral times were not time and advised of other service providers having to complete referrals despite them returning from the hospital on multiple organisations. The Assessment Team sighted reports submitted to the service from occupational therapists, which corresponded to information provided by consumers and noted items had been recently purchased for consumers because of report recommendations. However, the service could not demonstrate how they identify consumers who require to be referred as care documents that determine consumer's care needs are being met were not being reassessed or reviewed. For the referrals, the assessment Team Sighted showed that the consumers and/or representatives initiated or requested the referral. In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

**Requirement 3(3)(g)**

Evidence analysed by the Assessment Team showed the service demonstrated the service minimises infection-related risks to consumers. Consumers and/or representatives interviewed said all staff wear masks and gloves and have observed staff practising hand hygiene in their homes. Staff advised they are provided with regular and sufficient training in infection control. Management and the clinical team advised staff are provided with personal protective equipment (PPE) such as RAT Tests, face masks, and gowns to help keep consumers safe and ensure staff do not present a transmission risk when attending consumers’ homes or during their care delivery.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 3.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not Applicable |

Findings

**Requirement 4(3)(a)**

Evidence analysed by the Assessment Team showed the service did not demonstrate that each consumer gets safe and effective services that meet their needs, goals, and preferences. Consumers and representatives said they are encouraged to stay active to maintain their physical independence. Consumers and/or representatives interviewed said home care service staff are all very kind and friendly and shared their stories on what receiving the services means to them. Consumers and/or representatives interviewed said the care services they receive do not help them achieve their needs, goals, and preferences. Management advised that the outcome of consumer assessments and planning documents will form a service plan completed with the consumer. Management confirmed that the service coordinators develop a service plan that develops consumer goals and support needs required to optimise their independence and quality of life. The service did not demonstrate consumers receive safe and effective services and support for daily living, including ineffective management of incidents and ‘near misses’ and the service completing consumer documentation and review.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

**Requirement 4(3)(b)**

Evidence analysed by the Assessment Team showed the service did not demonstrate that that services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being. Care staff interviewed described how they support individual consumer's emotional and psychological well-being. Coordinators and management did not demonstrate an in-depth knowledge of consumer's emotional, spiritual, and psychological well-being, which aligned with consumer and/or representative interviews, relating to their negative interactions with service coordinators not considering their values, beliefs, and personal situations.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

**Requirement 4(3)(c)**

Evidence analysed by the Assessment Team showed the service did not demonstrate it is supporting consumers to participate in their community, have social and personal relationships, and do the things of interest to them. Consumers and/or representatives advised they have often missed appointments, and social outings in the community because the service had been rescheduled and said this had been not communicated with them. Consumer records showed that services and support are not adjusted to reflect the consumer’s changing needs, goals, and preferences.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

**Requirement 4(3)(d)**

Evidence analysed by the Assessment Team showed the service did not demonstrate it is communicating information about the consumer’s condition, needs and preferences within the organisation and with others where required. The service was unable to demonstrate that information about the consumer's condition, needs and preferences are communicated with others where care is shared. Consumer care plans were inconsistent, and many had not been reviewed. Medical diagnosis information between other health records and the care plan differed, which meant that the identified medical needs and strategies were, incomplete and inconsistent.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

**Requirement 4(3)(e)**

Evidence analysed by the Assessment Team showed the service did not demonstrate it is making timely and appropriate referrals to individuals and other organisations. The Assessment Team reviewed documentation that was noted on consumer files to confirm the referral had been made, however, feedback received from consumers and their representatives advised the referrals were not timely and/or followed up. Staff did not describe the process for referrals to others, including ensuring referrals are completed in consultation with the consumers.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 4.

# Standard 5

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

Findings

Standard 5 has been deemed Not Applicable.

# Standard 6

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

Findings

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

Evidence analysed by the Assessment Team showed the service demonstrated consumers, their family, friends, carers, and others are encouraged and supported to provide feedback and make complaints. Consumers and/or representatives provided mixed feedback in relation to whether they felt supported to provide feedback and make complaints. They described how their interactions with the services care staff and some areas of management were mostly respectful and responsive, however shared conflicting feedback when referring to care coordination staff and other areas of management. Some consumers and/or representatives shared how they raised concerns in the past with little to no response or acknowledgment of their complaint lodged. Care staff interviewed by the Assessment Team described the processes they would follow if they received a complaint or feedback and provided examples of how they encourage consumers to raise any issues through the complaints process and supported them to provide feedback.

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

Evidence analysed by the Assessment Team showed the service did not demonstrate consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Consumers and/or representatives interviewed said the service does not provide information, nor has made them aware of other ways to make complaints if they felt uncomfortable raising their concerns directly with the service. Most home care officers (care staff) and home care coordinators were unaware of the services processes of providing information about connecting consumers with advocacy or language services however, they said they were sure the service would have something in place. The Assessment Team sighted the ‘Client Home Folder’ and verified the information and resources; however, it is unclear if this information is explained to consumers given care staff and care coordinators could not demonstrate the services processes to connect consumers with advocacy or language services.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

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

Evidence analysed by the Assessment Team showed the service did not demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Consumers and/or representatives provided mixed reviews of the services ability to respond and take appropriate action following receiving complaints and feedback from consumers and/or representatives. Most consumers and/or representatives believed the service does not demonstrate open disclosure practices or keep consumers and/or representatives informed throughout the process. Consumers and/or representatives who advised they provided feedback were unsure whether the service was following their complaint up or not. The Assessment Team reviewed the services training log outlining how most, if not all staff had completed ‘Feedback, Complaints & Open Disclosure” mandatory training, however all staff interviewed by the Assessment Team could not explain or describe their understanding of what open disclosure was or how they demonstrated this in practice without eventual prompting from the Assessment Team. The Assessment Team reviewed policies, procedures and supporting evidence including ‘Complaints Reporting’, ‘Complaints Handling’ procedure and ‘Open Disclosure Obligations’, however, is of the belief that these policies are not currently or actively put into practice by the service.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

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

Evidence analysed by the Assessment Team showed the service did not demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. Consumers and/or representatives provided mixed feedback in relation to examples of changes made to their services as a result of providing feedback about their care services. Care staff interviewed advised that they had not received a complaint from a consumer. The Assessment Team reviewed the services training log outlining how most staff were up to date in their mandatory training obligations and completed the ‘Feedback, Complaints & Open Disclosure’ training module. Observation of the ‘Complaints Management Procedure’ were sighted by the Assessment Team.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 6.

# Standard 7

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

Findings

**Requirement 7(3)(a)**

Evidence analysed by the Assessment Team showed the service demonstrated 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. All consumers and/or representatives interviewed by the Assessment Team said staff usually turn up on time and when you expect them, with services rarely having to be rescheduled. Staff interviewed said they felt they have enough time during shifts, with support workers indicated it only happens occasionally where there isn’t enough time. Management when interviewed stated the service had 2 unfilled shifts in (August), where a support worker was unwell. It was the same support worker and 2 different consumers, where alternate days and services were offered to consumers, although both were happy with rescheduling the following week. Management were able to demonstrate how the service manages the unfilled shifts through an unfilled shift register (sighted by the Assessment Team). Management advised that the service is staffing teams by the needs of clients, through the initial assessment and support plan and scheduling the service knows how many hours are required for new consumers and the staff, accordingly, based on client’s needs.

**Requirement 7(3)(b)**

Evidence analysed by the Assessment Team showed the service demonstrated workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. All consumers and/or representatives interviewed by the Assessment Team acknowledged staff are kind, gentle and caring when providing their services. Management and staff also spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services. Mandatory training records sighted by the Assessment Team demonstrate that the service considers value-based requirements as per staff training implemented for caring and compassion, given that that almost all staff have completed training including identifying and responding to elder abuse, cultural diversity and safety, customer service, and dignity and respect. Staff interviewed also confirmed they have received relevant training.

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

Evidence analysed by the Assessment Team showed the service did not demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. All consumers and representatives interviewed by the Assessment Team said they feel that the services staff who provide their care and services are competent. Staff confirmed they had been through a formal recruitment process, with annual performance reviews including performance appraisal for a newer staff member after 3 months and regular check-ins. While the service also provided them training relevant to their role. They were also able to describe regular professional development or training to improve their knowledge so they can effectively perform their roles, with CompliLearn being the services learning platform which was sighted and demonstrated to the Assessment Team. Management demonstrated how they ensure staff are competent and capable to undertake their roles. Management said they gather information from the yearly assessment undertaken by staff. The onboarding processes of new staff provides them with the required training and understanding to perform their role. Where concerns or feedback have been raised, Management advised they support the staff member to identify additional training that may be required or where additional support can be given. The service evidenced Policies and procedures are in place regarding staff recruitment, induction and ongoing training and information to be provided to staff, for example, individual job descriptions. The Assessment Team also sighted the clinical governance framework for key roles and responsibilities, which demonstrated that the service has policies and procedures in place to guide staff in their roles and responsibilities in providing care and services.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

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

Evidence analysed by the Assessment Team showed the service demonstrated the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. All consumers and/or representatives interviewed said they are satisfied that the organisation trains, supports and prepares its workforce and they have the confidence in the ability of the staff that deliver care and services. All staff interviewed advised of the services induction process when they first started that covers the policies and procedures that relate to their specific role. They were also able to describe the training, support, professional development and supervision for them to be able to carry out their role. Management advised that all staff must complete mandatory training during onboarding and induction, the education calendar includes refresher courses that can be delivered online or face to face and demonstrates ongoing training and support are offered to all staff throughout the year.

**Requirement 7(3)(e)**

Evidence analysed by the Assessment Team showed the service did not demonstrate regular assessment, monitoring and review of the performance of each member of the workforce. Four of five consumers and representatives interviewed stated they are asked to provide feedback regarding the staff that deliver their care and services, by the service. All staff interviewed were able to confirm that they have annual performance reviews or have one scheduled. They all described areas for further training and support, with there being no training requested, that they haven’t been able to access. Management provided details to the Assessment team on the services process for monitoring and reviewing staff performance through annual staff appraisals, with new staff have their performance reviewed within the first 6 months. The service maintains a staff appraisal register which details staff performance reviews, which was viewed by the Assessment Team.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 7.

# Standard 8

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

Findings

**Requirement 8(3)(a)**

Evidence analysed by the Assessment Team showed the service demonstrated Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. All consumers and/or representatives expressed satisfaction with the quality of the service and said they can input in the delivery and evaluation of care and services through coordinators, including the consumer surveys received. Staff interviewed by the Assessment Team said they think the service is well run. Support workers stated that the services scheduling has had a few hiccups but is getting better. With the shift runs being more ahead as they’ve already got next week’s, which they felt was good. Management interviewed advised the service engages consumers and representatives in service improvements through a number of mechanisms. The service’s continuous improvement plan and complaints/feedback register show input from Board Directors, Management, Staff and consumers is captured and tracked through to implementation. The Assessment Team findings detail that the services consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

**Requirement 8(3)(b)**

Evidence analysed by the Assessment Team showed the service did not demonstrate the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. All staff interviewed by the Assessment Team said that that the service has not stopped providing any home care services to consumers recently due to any changes to business operating requirements. Management explained that the services governing body receives clinical data and information through the organisations clinical governance committee (subcommittee), whose role is to assist the board fulfill its governance responsibilities related to the delivery of safe, inclusive, and quality care. The Assessment Team while on-site at the service had requested from management Board minutes (last two Board minutes) relating to home care and services in relation to how it responds to the data/information it receives to provide oversight of service delivery, in order to evidence that the governing body understands and sets priorities to improve the performance of the organisation against the Quality Standards.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

**Requirement 8(3)(c)**

Evidence analysed by the Assessment Team showed the service did not demonstrate effective organisation wide governance systems. All staff interviewed by the Assessment Team said that they don’t have any challenges in accessing information they need or communicating with others about the care and services they deliver. Management advised when interviewed that opportunities for continuous improvement are identified from complaints and feedback, reporting / incidents, on-call log (outside business hours consumer calls) all feed into the continuous improvement plan (CIP) for evaluation and improvement, which are also discussed at staff management meetings. Management when interviewed advised that financial governance systems are in place to manage finances to ensure the organisation delivers safe and quality care. Management has oversight of the consumers budget and expenditure, and this is reviewed regularly and discussed weekly through management meetings with unspent funds on the agenda. The Assessment Team reviewed the services Staffing Model (organisational chart) that outlined the reporting framework for accountability and responsibility, including job descriptions for various levels of staff. Management confirmed all staff members, both operational and management, have job descriptions in place that include clear explanations of roles and responsibilities, which was verified by various job descriptions reviewed. All staff are provided with adequate training, both mandatory and ongoing, to support them in their role. Staff are also supported by the coordinators/managers and participate in regular meetings with their team and the wider organisation to ensure the service runs smoothly. The service monitors staff compliance with regulations such as police checks, car registrations and insurances for operational staff, and vaccinations for COVID19 and influenza and relevant documentation was sighted by the Assessment Team to confirm these are regularly reviewed and renewed when needed. The Assessment Team sighted the ‘Complaints Management’ procedure, ‘Feedback Policy and Procedures’, as well as the ‘Compliment, Comment, Complaint Register’.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

**Requirement 8(3)(d)**

Evidence analysed by the Assessment Team showed the service did not demonstrate effective risk management systems and practices. All staff interviewed said they have completed mandatory training on identifying and responding to abuse and neglect of consumers and SIRS training (via CompliLearn eLearning system). The service was able to demonstrate the process followed when an incident or near miss occurs. Staff discussions indicated they are familiar with the process and the relevant policies and procedures in place. Some were able to give examples of incidents they had reported and advised appropriate action had been taken. The Assessment Team sighted the 2023 training register and training calendar which confirmed service staff have completed training in relation to SIRS, abuse & neglect of consumers, deteriorating client and dementia training. Also sighted was the vulnerable consumers register, which demonstrated the service was also able to identify vulnerable consumers in the case of emergencies such as floods. The Assessment Team also reviewed the Incident Register which included relevant information on the incident, level of risk identified and follow up actions taken to ensure the consumer or staff member’s safety. Management confirmed they monitor the register regularly and implement strategies as needed to ensure consumer risks are addressed and to ensure their overall safety and wellbeing. Risks and incidents are also included in various meeting mechanisms across the organisation and reported to the board on a regular basis via the Clinical Governance & Management Monthly Reports (sighted by the Assessment Team for July & August 2023).

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

**Requirement 8(3)(e)**

Evidence analysed by the Assessment Team showed the service did not demonstrate where clinical care is provided—a clinical governance framework. All staff have completed training in infection control (sighted by the Assessment Team), staff are vaccinated in line with government requirements minimising the need for antimicrobial use. The service has an infection prevention and control policy which was sighted by the Assessment Team. The service has demonstrated that it has a strategy to aid in the reduction to reduce the risks related to increasing antimicrobial resistance, such as monitoring and reviewing how antimicrobials are used through the clinical governance and management monthly reporting which includes details on antimicrobial use. The service promotes a restraint free environment, with staff educated on the use of restrictive practices. The organisation has guidelines on the use of restraints contained in the Clinical & Procedure Policy, sighted by the Assessment Team. Staff interviewed were able to confirm that training has been provided on the use of restraints and also referred to the services Policy. The training register was viewed by the Assessment Team which confirmed staff participation in minimising restrictive practices. Staff training register sighted by the Assessment Team details staff have completed mandatory training in Feedback, Complaints and Open Disclosure. The organisation has guidelines relating to Open Disclosure, contained in the Open Disclosure Policy which was also sighted.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 8.

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