**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Royal District Nursing Service of SA Inc |
| Commission ID: | 600038 |
| Address: | 1 Richmond Road, KESWICK, South Australia, 5035 |
| Activity type: | Quality Audit |
| Activity date: | 6 March 2024 to 7 March 2024 |
| Performance report date: | 5 May 2024 |

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: 2857 Royal District Nursing Service of SA Incorporated  
Service: 18562 RDNS Metropolitan South  
Service: 18563 RDNS Metropolitan West  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7550 Royal District Nursing Service of SA Limited  
Service: 27251 Royal District Nursing Service of SA Limited - Care Relationships and Carer Support  
Service: 24943 Royal District Nursing Service of SA Limited - Community and Home Support

**This performance report**

This performance report for Royal District Nursing Service of SA Inc (**the service**) has been prepared by M Roach, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the quality audit, the report was informed by visits to the provider’s office, review of documents and interviews with consumers, consumer representatives, staff and others; and
* the provider’s response to the assessment team’s report received on 10 April 2024.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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 | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| 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 | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

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

Standard 7 Requirements 7(3)(a), 7(3)(c) and Standard 8 Requirement 8(3)(c) for both HCP and CHSP – the provider to implement and embed effective and sustainable improvement actions to ensure an effective workforce governance system that enables:

* sufficient staffing levels to deliver safe, quality and consistent care and services; and
* consistent staff understanding and knowledge in all aspect of care and services, including dignity of risk and restrictive practice.

# Standard 1

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

Findings

Consumers advised staff deliver personalised care and support services and treat them with dignity and respect. Consumers and representatives stated consumers receive care and services that makes them feel comfortable and safe. They also confirmed they are involved in care planning discussions and been supported in decision making processes, including choosing the services to be delivered and specifying how staff should provide care.

The service has processes to learn each consumer’s needs, preferences and cultural needs and staff demonstrated knowledge of each consumer’s background, diversity and culture. Staff described the process of supporting consumers to maintain relationships of choice and how to assess information on consumers’ needs, goals and preferences.

Care files demonstrated each consumer’s individuality is valued and their personal information is used to inform staff in the provision of care and services that are personalised and culturally safe. The organisation has relevant policies in place to guide staff practice in supporting consumer choice and assessing associated risk. Some consumers are supported to take care and services related risks, through formal risk assessment process and risk mitigation strategies implementation, to live the best life they can.

A range of avenues, including a consumer information pack, newsletters, feedback and query forms, are used to communicate with consumers and representatives, and most consumers interviewed said they receive current and up-to-date information in a way they can understand, including regular monthly statements. The service has system and processes to guide staff approach and practice in relation to respecting consumers’ privacy. An electronic care management system which is password protected is used to ensure consumers’ personal information is kept confidential. Staff described ways of ensuring consumers’ privacy is respected.

Based on the evidence and reasons listed above, I find all 6 specific Requirements in Standard 1 compliant for both HCP and CHSP. Consequently, I find Standard 1 Consumer dignity and choice compliant.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

In relation to Requirement 2(3)(a), the assessment team brought forward that risks to both HCP and CHSP consumers’ health and well-being were not adequately assessed to inform safe delivery of care and services. The assessment team identified:

* Whilst the service has Dignity of Risk policies and procedures, a named HCP consumer, who smokes inside their house, did not have risk discussion or assessment documentation.
* Another named HCP consumer had delayed wound assessment documentation for 12 days despite the consumer having clinical care visits 4 times during this period.
* There had been difficulty accessing and obtaining information as not all information was electronically stored.

The provider, in their response to the assessment team’s report, advised that:

* Although there isn’t a documented Dignity of Risk assessment for the first named consumer, the consumer’s file does include the risk mitigation information considering the consumer’s smoking risk and environmental risk. The provider acknowledged the improvement opportunity and will provide education on Dignity of Risk assessment and documentation to ensure consistent application.
* For the second name consumer, whilst there was a delay in completing formal wound assessments, the consumer’s wounds were timely assessed and monitored by an external provider during this period. The provider had commenced an internal improvement action to ensure consistent documentation within the provider’s electronic wound management module.
* The provider is transitioning to a new electronic care system and a documentation manual is currently in place to support staff on how, when and where to document consumer information.

In considering information from the assessment team’s report and the provider’s response relevant to this specific Requirement, I am of the view that, for HCP consumers, risks to consumers’ health and well-being are considered in the assessment and care planning processes to inform delivery of care and services.

* For the named consumer, I place weight on the risk mitigation information included in their consumer file as this indicates risk consideration was included in the assessment and care planning process. Further, whilst I acknowledge there might be a documentation gap which the provider is taking improvement actions to address, a lack of Dignity of Risk assessment for one consumer alone does not evidence system failure in relation to not considering care and services related risks in care and planning processes.
* For the second named consumer, I have considered the consumer’s overall satisfaction with wound management. I was persuaded by the provider’s response, which includes additional information and an event timeline, that indicates the consumer’s wounds were assessed and managed by their general practitioner, by their choice, for 12 days following an incident of a fall at home and a subsequent hospital visit. The service completed wound assessment on the day when their staff commenced providing wound care management for this consumer.
* I have not considered the matter relating to accessing and obtaining information relevant to this specific Requirement. However, I will discuss this in Standard 8 Requirement 8(3)(c).

The assessment team’s report did not include any adverse evidence to support their recommendation of not met for requirement 2(3)(a) in relation to CHSP consumers. As such, my view of finding Requirement 2(3)(a) complaint for CHSP is based on the information brought forward by the assessment team, including staff providing examples of validated risk assessment tools utilised to determine risks and 2 sampled CHSP care documentation reflecting consumers’ clinical needs and assessment.

Based on the evidence and reasons detailed above, I find Requirement 2(3)(a), for both HCP and CHSP, compliant.

In relation to Requirements 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e), I find them compliant, for both HCP and CHSP, based on the below evidence and reasons.

* Consumers and representatives expressed satisfaction with the level of involvement in the assessment, care planning and review process. They advised the service provides services meeting consumers’ needs and preferences and supports them to decide who is involved in the delivery of care and service. In addition, consumers and representatives confirmed they have access to consumers’ care plans which are easy to understand and contained all necessary information.
* The service has systems and processes to support assessment and individualised care planning. Care files included assessments and care plans that addressed consumers’ current needs, goals and preferences, including advance care planning. Care planning documentation evidenced the inclusion of consumers’ needs, preferences and collaboration with other service providers to maintain their health and well-being. Outcomes of assessment and planning are documented in a ‘care and services plan’ which is provided to consumers, their representatives and accessible to staff and other service providers. Care plans are reviewed regularly and in response to consumers’ changed conditions.
* The service has implemented procedures to guide staff practice and track progress in care plan reviews. Staff confirmed they have input into consumers’ review by informing the relevant coordinators regarding consumers’ progress and whether they have noticed any changes or deterioration.

As all 5 specific Requirements under Standard 2 are compliant for both HCP and CHSP, I find Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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

Findings

In relation to Requirement 3(3)(a), whilst consumers expressed their satisfaction in relation to personal care delivery that was tailored to their needs, the assessment team were not satisfied that consumers receive wound management and medication management that is best practice. The assessment team identified:

* The service has policies and procedures regarding wound management, including taking 2 photographs of the wound and using a measuring tool to indicate wound size. Although a CHSP consumer’s wound record showed staff followed the wound management policies and procedures, a named HCP consumer’s file showed a single photo for each wound with the majority of them lacking usage of measurement ruler.
* A medication record for an HCP consumer, who receives medication assistance from care staff, showed staff signed medication given as per medication administration aid and did not have specific information on which medication had been administered.

The provider, in their response to the assessment team’s report, advised that:

* Some wounds, especially multiple small wounds within close proximity, can be difficult to measure. However, the inconsistency in the named consumer’s wound photos had been acknowledged and an internal quality improvement action had been initiated.
* For the second named consumer, the care staff’s practice followed the organisation’s medication management policy and relevant guiding principles for medication management in the community. The care staff did not administer the medication but assisted the consumer with their medication, by confirming the number of medication in the consumer’s Self Dose Administration Aid against the medication authorisation form, and signed the medication record accordingly.

In considering information from the assessment team’s report and the provider’s response relevant to this specific Requirement, I am of the view that overall, HCP consumers receive safe and effective personal and clinical care based on:

* Information included in Standards 2 and 3 that overall, consumers are satisfied with the care and services delivery. This includes sampled HCP consumers’ positive feedback around tailored personal care delivery.
* Whilst I agree that the named consumer’s wound photos were not consistent with the organisation’s policy, I have considered information included in Standard 2 Requirement 2(3)(a) and place weight on the consumer’s satisfaction regarding wound management. In addition, based on information included in Standard 2 Requirement 2(3)(e), the consumer’s wounds were safely and effectively managed by regular reviews and dressing changes, including monitoring positive or negative change in the wounds and adjusting the frequency of dressing change and the type of dressing used.
* Regarding the second name consumer, I was persuaded by the provider’s response and supporting evidence and agree that the care staff’s medication assistance, including record signing practice, aligns with the consumer’s assessed needs, their scope of practice and the current community medication practice guiding principles.

The assessment team’s report did not include any adverse evidence to support their recommendation of not met for Requirement 3(3)(a) in relation to CHSP consumers. As such, my view of finding Requirement 3(3)(a) complaint for CHSP is based on the information brought forward by the assessment team, including clinical staff showed understanding of management of consumers’ wounds and diabetes, and 2 sampled CHSP consumers had their wounds and medication managed safely and effectively.

Based on the evidence and reasons detailed above, I find Requirements 3(3)(a), for both HCP and CHSP, compliant.

In relation to Requirement 3(3)(b), whilst an HCP consumer’s representative expressed satisfaction regarding staff knowledge in managing the consumer’s behaviour, the assessment team were not satisfied that high-impact or high-prevalence risks, specifically restrictive practice and behaviours, were effectively managed. The assessment team brought forward:

* Although management advised that no consumer is subject to restrictive practices, the assessment team identified a named HCP consumer who receives medication assistance, including a psychotropic medication, without an appropriate diagnosis. Further, there was no documented evidence, such as a restrictive practice register, to indicate the use of the psychotropic medication had been monitored to ensure prescription and administration were in line with the current legislation in relation to chemical restraint.
* Another named HCP consumer who exhibits response behaviour towards staff does not have a behaviour support plan in place.

The provider’s response to the assessment team’s report included clarifying comments and additional information, such as consumer medical/medication records. The provider advised:

* The named consumer is taking the psychotropic medication for a long-term medical condition. The consumer’s medication is reviewed by their general practitioner, as part of their regular comprehensive review.
* For the second named consumer, although a behaviour support plan is not available, there is specific information in the consumer’s file to help prepare staff, including an alert, consumer behaviour pattern and strategies to reduce the behaviour. The provider acknowledged further improvement on consumers’ behaviour management plans is needed.

In considering information from the assessment team’s report and the provider’s response relevant to this specific Requirement, I am of the view that HCP consumers’ care related high-impact or high-prevalence risks are generally managed effectively.

* For the named consumer, neither the assessment team nor the provider’s response included evidence on whether the specific psychotropic medication is used to alter the consumer’s behaviour or free movement, as such, I was persuaded by the provider’s response that the consumer had been using the psychotropic medication for their medical condition. I acknowledge there might be inconsistent staff understanding in relation to restrictive practice and likely a lack of centralised restrictive practice monitoring register in place, I will discuss this further in Standard 7 Requirement 7(3)(c) and Standard 8 Requirement 8(3)(e).
* For the second named consumer, I was persuaded by the information included in both the assessment team’s report and provider’s response that the behavioural risk had been identified and strategies to manage the risk had been implemented to ensure consumer care continuity and staff safety. In addition, I have considered and place weight on consumers’ and representatives’ feedback included in Standards 2, 3 and 4, showing staff are knowledgeable about consumers’ needs and preferences when delivering care and servicers, including behaviour management strategies.

The assessment team’s report did not include any adverse evidence to support their recommendation of not met for Requirement 3(3)(b) in relation to CHSP consumers. As such, I have considered information included in the assessment team’s report, within Standards 2, 3 and 4, and placed weight on examples of safe and effective management of sampled CHSP consumers’ care related risks, including falls, pain and medication. I have also considered the provider’s response and find the provider generally has relevant policies and procedures to guide staff practice in managing consumers’ risks associated with their care and services.

Based on the evidence and reasons detailed above, I find Requirement 3(3)(b), for both HCP and CHSP, compliant.

In relation to Requirements 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g), I find them compliant, for both HCP and CHSP, based on the below evidence and reasons.

* Consumers were satisfied with personal care and services provision and advised they receive care that is safe and right for them, and in the way they want. The confirmed they had been referred to health professionals and other service providers in a timely manner. Consumers and representatives stated staff know consumers well and confirmed their confidence in staff ability to identify and respond to the consumer’s changed condition or deterioration.
* Staff providing direct care described steps taken when consumer deterioration is identified, including calling paramedics in the first instance in emergency situations, and reporting all condition changes to relevant coordinators. Staff reported they are informed of consumers’ condition change through alerts in the service’s electronic care system and progress notes. The service has policies and procedures to guide staff practice and provides mandatory infection control training in hand hygiene and the use of personal protective equipment. Staff confirmed their completion in infection control training and showed knowledge of antimicrobial stewardship. Clinical staff advised, when signs of infection are identified on a wound, they consult the consumer’s general practitioner and send a specimen for pathology test before antibiotics are commenced.
* Sampled consumers’ documentation, along with clinical staff interview, confirmed consumers approaching end-of-life are referred to relevant palliative care teams to ensure end-of-life care is provided at home and in line with the consumer’s preference. Care documentation showed consumers’ changed condition had been identified and addressed timely, including referrals to other health services, such as general practitioners, allied health professionals, local palliative care team, had been made when consumers’ deterioration is identified. The electronic care record system showed assessments, care plans, progress notes, and referrals to record information about care and services provided to consumers.

As all 7 specific Requirements under Standard 3 are compliant for both HCP and CHSP, I find Standard 3 Personal care and clinical care compliant.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives were satisfied that staff provide consumers with support and services that meet consumers’ physical, health and psychological needs and support their independence. Consumers and representatives confirmed the service promotes consumers’ emotional, spiritual and psychological well-being, including providing individual social interactions and support group social engagements. In addition, consumers advised the service makes referrals to appropriate providers of other services when required and were satisfied with equipment they have received.

Sampled care planning documents evidenced information about consumers’ current functional ability, personal needs and preferences in relation to daily living supports to guide staff provision of care and services. Documentation and staff interview showed consumers participate in their community and engage in their preferred social activities or relationships. The service has processes in place to ensure that information about the consumer’s condition, needs and preferences is communicated within the service and with others where care responsibility is shared. Timely and appropriate referrals to other service providers were evidenced, these include culturally specific groups, community visitors programs, local community volunteers, Dementia Services Australia, Older Persons Mental Health Network and other organisations that may be identified as meeting consumer lifestyle needs.

Staff provided examples of how they ensure consumers receive services and supports for daily living that promote the consumer’s independence and well-being. The service supports consumers with food and meal options through providing meal preparation assistance to consumers or sourcing ready-made meals. There are processes to address consumers’ dietary requirements, including the consideration of specific nutritional, cultural and/or medical needs. The service provides equipment, such as transport vehicles and in home modification/improvement equipment and has processes in place to manage the maintenance, safety and cleanliness of the supplied equipment.

Based on the evidence and reasons detailed above, I find all 7 specific Requirements under Standard 4, for both HCP and CHSP, compliant. Consequently, I find Standard 4 Services and supports for daily living compliant.

# Standard 5

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not Applicable | 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 | Not Applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable | Not Applicable |

Findings

The organisation’s service environment does not include a person’s privately owned/occupied home through which in-home care and services are provided. Therefore, Standard 5 Organisation’s service environment was deemed as not applicable to this quality audit.

# Standard 6

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

Findings

Consumers and representatives are aware of feedback and complaints mechanisms, such as raising verbally with staff, via phone to their service coordinator and by completing feedback forms. Consumers and representatives said they are supported to provide feedback and complaints and felt comfortable to do so. Most consumers and representatives interviewed advised complaints are managed in a timely manner and open disclosure principles were applied when things go wrong.

An admission pack is provided to new consumers and their representatives which includes details on external complaints resolution avenues, advocacy bodies and language/translation services. Relevant information, in a translated format, is also available on the service’s website. Staff are guided in the complaints management process by policies and procedures. They described how they capture consumer feedback or complaints, action if appropriate and escalate to the coordinators when required. Staff showed knowledge of open disclosure and described the importance of being open and transparent when things go wrong.

The service has processes to ensure feedback provided or complaints raised are captured, actioned and reviewed. Feedback and complaint data is analysed and trended to identify areas for improvements and management provided examples of plan for continuous improvement items which were resulted from complaints data. Consumer interview and review of documentation confirmed feedback and complaint information is used to drive improvement to promote quality care and services.

Based on the evidence and reasons detailed above, I find all 4 specific Requirements under Standard 6, for both HCP and CHSP, compliant. Consequently, I find Standard 6 Feedback and complaints compliant.

# Standard 7

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

Findings

In relation to Requirement 7(3)(a), although some consumers expressed their satisfaction with staffing levels, the assessment team were not satisfied that staffing level meet consumers’ needs and preferences. The assessment team identified:

* Nearly half of the sampled consumers and representatives raised concerns with staffing levels, specifically relating to arranged services not been delivered during public holidays and inconsistent staff providing care and/or services. This included specific feedback provided to the assessment team by 3 HCP consumers and representatives.
* A high number of unfilled shifts for both HCP and CHSP from 30 January 2024 to 26 February 2024. These shifts include care services, domestic services, allied health visits and brokerage services.
* The service had identified staffing and care delivery by consistent staff as improvement areas and had commenced some improvement actions at the time of the quality audit.

The provider, in their response to the assessment team’s report, advised that:

* The provider aims to provide consistency of staff but is unable to always ensure this due to planned leave, unplanned leave and operational staffing restraints.
* When there are unfilled shifts, the provider prioritises clinical services delivery and offer consumers an alternative appointment time or an alternative provider for their personal care or domestic assistance.
* Multiple improvement projects are currently underway in addressing the recruitment challenges, staffing models and absenteeism.
* In relation to the specific feedback provided from 3 HCP consumers and representatives, the provider had worked with the consumer or representatives, since the quality audit, to address their requests or adjust agreed services where appropriate.

In considering information from the assessment team’s report and the provider’s response relevant to this specific Requirement, I am of the view that the number of staff deployed do not enable consistent delivery of quality services and services. As raised by the assessment team and acknowledged by the provider, there has been a high level of unfilled shifts, for both HCP and CHSP, which ultimately affects consistent provision of all agreed care and services for consumers. I acknowledge the provider is taking improvement actions, including recruitment, adjusting staffing models, implementing a new rostering and scheduling tool. However, I was not provided with evidence in relation to the progress, completion or effectiveness of these improvement actions. Therefore, I place weight on improvement actions not having been fully completed, requiring time to be embedded within the organisation’s normal processes, and testing to ensure their effectiveness and sustainability.

Based on the evidence and reasons detailed above, I find Requirement 7(3)(a), for both HCP and CHSP, non-compliant.

In relation to Requirement 7(3)(c), whilst consumers and representatives advised staff are knowledgeable in providing care and services, the assessment team were not satisfied that the workforce have the knowledge to effectively perform their roles and identified sampled staff interviews and consumer file reviews showed a lack of understanding in restrictive practice, wound care and behaviour management. Clinical staff could not recall receiving training on wound care and restrictive practice. The assessment team provided 3 HCP consumers’ experience that were included in Requirements 2(3)(a), 3(3)(a) and 3(3)(b).

The provider, in their response to the assessment team’s report, acknowledged some inconsistent understanding amongst some staff regarding restrictive practices and dignity of risk in line with the current existing policy and have commenced improvement activities to address this.

In considering information from the assessment team’s report and the provider’s response relevant to this specific Requirement, I placed little weight on the wound care related matter identified by the assessment team as I have addressed it in detail in Standard 2 Requirement 2(3)(a). I acknowledge there had been no negative consumer or representative feedback around staff knowledge of consumer care and there had been no adverse consumer outcomes identified. Whilst the provider is taking improvement actions in relation to consistent staff understanding in all aspect of care and services, this improvement actions have not been fully implemented and I was not provided with evidence on the progress of the improvement actions.

Consequently, I find Requirement 7(3)(c), for both HCP and CHSP, non-compliant based on the improvement actions requiring time to be implemented, embedded and evaluated to ensure their effectiveness and sustainability.

In relation to Requirements 7(3)(b), 7(3)(d) and 7(3)(e), I find them compliant, for both HCP and CHSP, based on the below evidence and reasons.

* Consumers and representatives provided positive feedback about staff and contractors, and described them as being kind, caring, friendly and respectful. Consumers and representatives confirmed their confidence in the ability of staff to deliver care and services.
* Policies and procedures are in place to guide management in recruitment and induction. Position descriptions and onboarding process outline expectations, including positive and respectful interactions with consumers. Management described how they monitor and ensure staff employed meet their organisational missions, values and expectations, including being caring and respectful of each consumer’s identity, culture and diversity. Management assess and monitor staff performance through staff appraisals, consumers’ and representatives’ feedback and performance management if required. Staff said performance reviews are conducted yearly and the reviews provide them the option of further training to support their developmental needs.
* The organisation has a range of training opportunities available to staff through online education and face-to-face sessions as necessary. Mandatory training includes manual handling, basic life support, code of conduct and worker safety. Clinical staff have additional competencies and trainings to complete, such as clinical medications and documentation, infection control and life support. Staff have access to an online training system for mandatory and other trainings, including safeguarding, falls prevention and emergencies response.

As 2 of the 5 specific Requirements under Standard 7 are non-compliant for both HCP and CHSP, I find Standard 7 Human resources non-compliant.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-compliant | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant | 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 | Compliant |

Findings

In relation to Requirements 8(3)(a) and 8(3)(b), I find them compliant, for both HCP and CHSP, based on the below evidence and reasons.

* Consumers and representatives described involvement in the development, delivery and evaluation of care and services, such as conversations with coordinator or management, access to feedback and complaints mechanisms and partaking surveys.
* The governing body is comprised of a range of individuals from a variety of different backgrounds, such as finance, clinical care and business management. Members of the Board undertake the same mandatory training as all staff, including understanding of Quality Standards, to ensure care and services provided within the organisation meet the necessary requirements.
* Information on a range of topics is communicated to the Board, and relevant sub-committees, such as serious incidents, feedback and complaints, clinical indicators and continuous improvement, to ensure the Board and sub-committees are aware of and accountable for the delivery of care and services.

In relation to Requirement 8(3)(c), the assessment team was satisfied that the organisation has effective governance systems in relation to continuous improvement, financial governance and feedback and complaints.

* The organisation has a South Australian specific Plan for Continuous Improvement which includes a range of improvement items across the Quality Standards. The organisation’s Quality Team has the oversight of the Plan to ensure timely and thorough completion.
* Financial governance is overseen by the finance sub-committee of the Board. Management described the process for out of budget expenses, including escalation pathway for significant purchases. The organisation regularly monitors significant unspent funds and ensures consumers are receiving all the care and services they require.
* The organisation has systems and processes in place to monitor a feedback and complaints and ensure a timely response. Trended feedback and complaints data is reported on at monthly quality meetings and to the Board and relevant sub-committees of the Board.

However, the assessment team was not satisfied that the organisation has effective governance systems regarding information management, workforce governance and regulatory compliance. The assessment team identified:

* The organisation has different information management systems, including an electronic care documentation system and some paper-based information that is stored at consumers’ homes. Staff didn’t show consistent understanding in which information is stored in which system. The assessment team experienced difficulty in accessing some paper-based information, including some Comprehensive Assessment Tools and progress notes, and some paper-based information is not regularly monitored. In addition, consumer contact information that was provided to the assessment team included incorrect contact numbers.
* The organisation does not have appropriate number and mix to provide care and services and reported a high number of unfilled shifts in February 2024. Staff didn’t show consistent knowledge and understanding in some care aspect, such as restrictive practice and wound management. The organisation’s improvement actions to address the staffing matters is planned to be fully implemented in September 2024 and there are no interim measures in place.
* Whilst the overarching organisation has a Consumer Advisory Group, no South Australia consumers have been involved in either the state or national Consumer Advisory Group.

The provider submitted clarifying, additional and supporting evidence in their response to the assessment team’s report, including:

* The organisation is in the process of transitioning to a new electronic care system and a documentation manual is currently in place to support staff on how, when and where to document consumer information. Consumers’ Comprehensive Assessment Tools are stored in consumers’ home folders for consumers and filed for staff to access. Consumers’ home folders are monitored through regular internal audits. Progress notes are documented in the electronic system with consumers’ incidents being logged in an incident management system for review, follow up or investigation. Consumers’ deterioration or changed conditions are escalated through phone conversations to relevant team leaders or coordinators.
* The organisation has corrected consumer contact details for all consumers and staff regularly contact consumers or their representatives to confirm services and check consumers’ well-being. During the quality audit there was a data reporting issue when generating a bulk contact details report.
* The provider acknowledged the identified deficits in relation to staffing levels and some inconsistent staff knowledge in specific clinical aspects. Some improvement actions have been initiated and commenced.
* Although at the time of the quality audit there was not a current aged care consumer member in the group, there are members on the South Australian Consumer Advisory Group who are representatives of aged care consumers. The overarching organisation is forming a National Consumer Advisory Body with members from the local Consumer Advisory Groups in June 2024 and this Consumer Advisory Body will include consumers who currently receive aged care services from the organisation.

In considering information from the assessment team’s report and the provider’s response relevant to this specific Requirement:

* I place weight on the evidence brought forward by the assessment team and find the organisation has effective governance systems in relation to continuous improvement, financial governance and feedback and complaints.
* I am of the view that the organisation has overall effective governance systems regarding information management and regulatory compliance.
  + Regarding information management systems, I acknowledge that the provider currently has both electronic and paper-based information which may cause gaps in documentation. However, I place weight on information brought forward by the assessment team that HCP and CHSP consumers and representatives confirmed staff are knowledgeable of consumers’ care needs, preferences and management strategies. I also place on information included in Standards 3 Requirement 3(3)(e) and Standard 4 Requirement 4(3)(d) that staff confirmation that they have access to care planning systems which enable them to keep up-to-date with information relevant to the care and services of consumers, including being able to see alert regarding consumers’ changes needs or responsive behaviours.
  + In relation to regulatory compliance system, I was persuaded by both the assessment team’s report and the provider’s response that the provider has processes in place to monitor regulatory obligations and changes to legislation. I acknowledge the provider will invite and have current aged care consumers or representatives in the National Consumer Advisory Body in June 2024 and encourage the provider to ensure this occurs. Further, I place weight on consumers and representatives confirmation, as evidenced in Requirement 8(3)(a), on their involvement in the development, delivery and evaluation of care and services, which confirmed the organisation’s commitment to quality through engagement with consumers and representatives.
* I was persuaded by the assessment team’s information and the provider’s acknowledgement in relation to workforce governance deficits and find workforce related systems and processes being ineffective. I acknowledge the provider has initiated and is undertaking improvement actions as detailed in Standard 7. However, at the time of preparing this performance assessment, I place weight on improvement actions not having been fully completed, requiring time to be embedded within the organisation’s normal processes, and testing to ensure their effectiveness and sustainability.

As effective organisation wide governance systems relating to workforce governance was not demonstrated, I find Requirement 8(3)(c), for both HCP and CHSP, non-compliant.

In relation to Requirement 8(3)(d), the assessment team was not satisfied that the organisation has effective risk management systems to manage high-impact or high-prevalence risks associated with consumer care delivery. The assessment team identified:

* The organisation has a Dignity of Risk policy to guide staff practice, however, the staff could not demonstrate s systemic process to identify consumers who require a dignity of risk assessment or support consumers to undertake risks in the safest way.
* The organisation does not have behaviour support plans in place for consumers with responsive behaviours.
* A high-risk registered maintained by the organisation did not include all information as all consumers included were predominantly from a similar area whilst the provider delivers care and services across all metropolitan areas.

The provider submitted clarifying, additional and supporting evidence in their response to the assessment team’s report. The provider advised that the organisation has a current Dignity of Risk policy, procedure and assessment form to support staff practice. The provider acknowledged further work, as improvement opportunities, can be done in relation to have a high-risk and high-prevalence risk list to include all risk criteria and ensure consistent documentation for behaviour management.

In considering information from the assessment team’s report and the provider’s response relevant to this specific Requirement:

* I place weight on the evidence brought forward by the assessment team and find the organisation’s risk management systems are effective in identifying and responding to abuse and neglect of consumers and managing and preventing incidents through an incident management system.
* I have considered the assessment team’s recommendation and evidence included in Standard 1 and find the organisation’s risk management systems are effectively supporting consumers to live the best life they can.
* I did not have sufficient evidence to find the organisation’s risk management systems ineffective regarding managing high-impact or high-prevalent risks. The assessment team directly or indirectly referenced 2 HCP consumers’ experience to evidence the ineffective organisation’s risk system regarding consumer care related high-impact or high-prevalence risks. As discussed in Standards 2 and 3, when specific care related risks had been identified, mitigation strategies had been documented and communicated to staff, whilst I acknowledge there might be a documentation gap which the provider is taking improvement actions to address, a lack of Dignity of Risk assessment or behaviour support plan, by itself, does not evidence risk management system failure. I acknowledge the provider is working on a centralised high-impact and high-prevalence risk register in place to capture all consumers and relevant risks, such as deterioration, falls, behaviour, pressure injury and live alone, and I encourage the provide to implement and embed this as part of the risk management systems and processes.

Based on the evidence and reasons detailed above, I find Requirement 8(3)(d), for both HCP and CHSP, compliant.

In relation to Requirement 8(3)(e), the assessment team was not satisfied that the organisation’s clinical governance framework ensures monitoring and management of consumers who are subject to restrictive practice. Further, consumers are not provided with education or training about antimicrobial stewardship.

The provider submitted clarifying, additional and supporting evidence in their response to the assessment team’s report. The provider acknowledged a knowledge gap in restrictive practice for some staff but advised the HCP consumer referenced in the assessment team’s report is not being inappropriately chemical restraint. The provider also acknowledged not all consumers had been consistently provided with resource about antimicrobial stewardship and the organisation is reviewing a number of consumer resources that can be implement by the end of May 2024.

In considering information from the assessment team report and the provider’s response relevant to this specific Requirement:

* I acknowledge the information included in the assessment team report and the provider’s response regarding antimicrobial stewardship. However, whilst not all consumers had been provided with consistent information on antimicrobial stewardship, I find the clinical governance framework relating to antimicrobial stewardship generally effective. This is based on information included in Standard 3 Requirement 3(3)(g) that:
  + Staff confirmed their completion in infection control training and showed knowledge of antimicrobial stewardship.
  + Clinical staff demonstrated antimicrobial stewardship knowledge and described how this is applied in consumer care delivery – when signs of infection are identified on a wound, they consult the consumer’s general practitioner and send off a specimen for pathology test before antibiotics are commenced.
* I don’t have sufficient evidence to find the organisation’s clinical governance framework relating to minimising the use of restraint non-compliant. For the consumer that was referenced by the assessment team and the provider, as discussed in Standard 3 Requirement 3(3)(b), neither the assessment team nor the provider’s response included evidence on whether the specific psychotropic medication is used to alter the consumer’s behaviour or free movement, as such, I was persuaded by the provider’s response and the consumer’s medical record that the consumer had been using the psychotropic medication for their medical condition rathe than chemical restraint. Consequently, this does not evidence system failure regarding management of restrictive practice. I acknowledge there is inconsistent staff understanding in restrictive practice and this had been discussed in Standard 7 Requirement 7(3)(c). I encourage the provider to undertake initiated and planned improvement activities to ensure an effective system in identifying and managing consumer restrictive practice as part of the clinical governance framework.
* I place weight on the evidence brought forward by the assessment team and find open disclosure practice is a part of feedback and incident management process within the organisation and must be documented as part of incident reporting.

Based on the evidence and reasons detailed above, I find Requirement 8(3)(e), for both HCP and CHSP, compliant.

As 1 of the 5 specific Requirements under Standard 8 is non-compliant for both HCP and CHSP, I find Standard 8 Organisational governance non-compliant.

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)