**Performance**

**Report**

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| Name: | RSL LifeCare @ Home North Coast |
| Commission ID: | 200254 |
| Address: | 7 Bentinck Street, BALLINA, New South Wales, 2478 |
| Activity type: | Quality Audit |
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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: 643 RSL LifeCare Limited  
Service: 27036 LifeCare at Home South Coast QLD  
Service: 17625 RSL LifeCare at Home  
Service: 17626 RSL LifeCare at Home

**This performance report**

This performance report for RSL LifeCare @ Home North Coast (**the service**) has been prepared by M 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.

# Assessment summary for Home Care Packages (HCP)

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

**1(3)(e) -** Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

**2(3)(a)** - Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

**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

**6(3)(c)** **-** Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

**6(3)(d)** **-** Feedback and complaints are reviewed and used to improve the quality of care and services.

**7(3)(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.

**7(3)(e) -** Regular assessment, monitoring and review of the performance of each member of the workforce.

**8(3)(c) -** Effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

# 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. | Not Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d) and 1(3)(f) – Compliant

Requirement 1(3)(a)

Evidence analysed by the Assessment team showed the service demonstrated each consumer is treated with dignity and respect, with their identity, culture and diversity valued. The service demonstrated each consumer is treated with dignity and respect with their identity, culture and diversity valued. Staff interviewed spoke respectfully about consumers and demonstrated an awareness of the consumer’s identity. Management provided examples of how consumers’ rights and dignity are respected in their care approach. The documentation reviewed evidenced the service has a consumer-centred approach to delivering services.

Requirement 1(3)(b)

Evidence analysed by the Assessment Team showed the service demonstrated care and services are culturally safe. The service demonstrated how they provide consumers with services that are culturally safe, and respect individual consumers’ needs and preferences. Management and staff could provide examples of how services are delivered to meet the needs and preferences of individuals, to ensure inclusive care and support. Policies and procedures confirmed that staff have the resources necessary to understand and appreciate the unique cultural background of consumers.

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. The service demonstrated each consumer is supported to exercise choice and decisions about their care, including when others should be involved, and maintain relationships. Staff discussed promoting choice and independence to consumers, and evidence demonstrates consumers had been consulted in making decisions about their care and services. Choice and decision-making are discussed as part of the assessment and ongoing review with the details recorded. Formal decision-making information is discussed and recorded, including guardianship and Public Trustee arrangements. Documentation evidenced consumer involvement in decisions about the services they would like to receive. All consumers/representatives said the service supports and involve them in making decisions about their care.

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. The service demonstrates each consumer is supported to take risks to enable them to live the best life they can. Consumers said they are encouraged to do things independently, and staff respect the decisions they make. The service has policies and processes to guide discussion, assessment, and agreement of the risk. Discussions are recorded, and support plans are updated to reflect the consumer’s decision and any strategies agreed upon.

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. The service demonstrated they have policies and processes to ensure consumer information is kept confidential. Staff demonstrated how they provide privacy and confidentiality as part of delivering services. Consumers said they felt their information was kept confidential and that staff respected their privacy when delivering care and services.

Requirement 1(3)(e) – Non-compliant

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 confirmed they are provided with information in a way which enables them to make informed choices. Management said consumers receive a verbal explanation about their care and services as well as their assessment and care planning process. However, consumers reported that they have not received any monthly statement since March 2023, which has ultimately impacted their care and needs. Staff and management acknowledged that this is an ongoing matter that they have been working on for a resolution since September 2022. Management stated that a change of system in September 2022 was the root causal factor for the delays in the statements being issued to the consumers and that they have escalated the matter to the governance board for consideration.

# 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. | Not 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

Requirements 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e) – 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.

Assessment and planning conducted by the service identified and catered to consumers' present requirements, objectives, and preferences. Although the examined care plans lacked specific approaches for managing care-related risks, they contained sufficient general information to instruct staff on delivering personalised care that aligned with consumers' general needs. Those interviewed among the consumers expressed that they felt staff comprehended their requirements and fulfilled their preferences.

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. Consumers have confirmed their active involvement in the planning and assessment of the services they receive. Staff have detailed their collaborative efforts with other organisations, individuals, and service providers in the evaluation and care planning processes. They also maintain regular communication regarding the evolving requirements of consumers. Documentation substantiates consumer and representative participation in service planning, as well as ongoing and annual reviews.

Requirement 2(3)(d)

Evidence analysed by the Assessment Team showed the service demonstrated 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. The service maintains both hard copy and digital care plans, which are readily accessible to management. Consumer updates are conveyed verbally by management to staff on a regular basis. Consumers provide feedback regarding the services they receive, and the service explains the service frequency to them at the beginning and whenever changes occur.

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 have reported that staff maintain regular communication regarding the service they receive and make adjustments to align with their current needs. Staff responsible for conducting reviews can articulate the review process and the circumstances under which a review or reassessment may be necessary. A review of care planning documentation has verified that care plans undergo an annual review, and more frequent reviews occur when changes or incidents transpire.

Requirement 2(3)(a) – Non-compliant

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 process of assessment and planning, which includes considering risks to the consumer's health and well-being, is not effectively informing the delivery of safe and effective care and services. Staff and management have indicated that key risks and medical conditions are identified during initial assessments and annual reviews. However, these documents are stored in hard copy files accessible only to management. Care staff depend on a mobile/web-based application to access consumer files, which include their care plans and an overview of their medical conditions. Upon reviewing consumer care plans, the Assessment Team has found that the application care staff rely on does not accurately reflect the consumer's health and condition, nor does it include any strategies to guide the delivery of safe and effective care and services.

# 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

Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g) – Compliant

*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. Consumers have reported that both personal and clinical care they receive is tailored to their individual needs, and they appreciate the flexibility in the service delivery as it optimises their health and well-being. Staff exhibit an understanding of each consumer's overall requirements, objectives, and preferences in delivering care. Management advised the role of the registered nurse (RN) guides staff and provide support when required. The RN not only provides guidance for simple clinical care needs, such as small wound care, but also educates them on recognising changes in consumers' health and well-being.

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. Consumer feedback has been positive with the level of care being provided by the service. Staff and management advised they rely on the care planning provided through their mobile application, along with their own knowledge and feedback from consumers/representatives, to mitigate consumers' risks. It's acknowledged that the care planning documentation did not explicitly outline individual consumer risks in accordance with Standard 2 requirement (3)(a). However, consumer interviews suggests that they are receiving effective and suitable management and care from the service. Management has demonstrated their ability to identify high-impact and high-prevalence risks within the service and has shown how the service monitors and adjusts its practices to address these risks for consumers. Requirement 3(3)(c)

Evidence analysed by the Assessment Team showed the service demonstrated the needs goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. Sampled consumers/representatives advised how the care and services they receive prioritise the enhancement of their quality of life while upholding their dignity. Staff and management discussed the procedures for consumers in need of end-of-life care and outlined their strategies for supporting both the consumer and their family in managing their care needs before the transition. Interviews with management revealed that the service has established appropriate processes for identifying and assisting consumers approaching the end of their lives. Furthermore, management advised that consumers and their representatives receive information on advance care planning when they initiate services.

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. Interviews with staff, management, and a review of care documentation have revealed that the service has established processes to assist staff in recognising and communicating changes in a consumer's condition to relevant parties. In cases where sampled consumers experienced deterioration or a change in their condition, such changes were promptly identified, reported, and followed up with necessary referrals arranged as needed.

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 Assessment Team acknowledges that there is a deficiency in Standard 2 requirement (3)(a). However, there is no evidence or reports to suggest consumers have been impacted due to the lack of communication processes that organisations are expected to have. The overall service is well-informed about consumers' general needs and preferences, which is reflected with consumer interviews. The service has processes for documenting and sharing information related to consumer risk management strategies through verbal communication and buddy or hand over shifts for consumers with complex care. Staff have confirmed the presence of care plans in consumers' homes, providing them with a point of reference when required.

Requirement 3(3)(f)

Evidence analysed by the Assessment Team showed the service demonstrated timely and appropriate referrals are made to other organisations and providers when required. Consumers have expressed their satisfaction with the care and services provided by those they have been referred to. Staff and management stated that referrals are made after consulting with the consumer or their representative. The care planning documents indicate that referrals to other healthcare professionals and service providers are conducted as necessary and in a timely manner.

Requirement 3(3)(g)

Evidence analysed by the Assessment Team showed the service demonstrated the service minimises infection-related risks to consumers. Consumers have reported that the service has kept them well-informed about COVID-19 and its implications for the services they receive. Sampled staff interview demonstrated that they are well-versed in practical measures to reduce infection transmission and recognise signs of infection. These measures include adhering to an infection control policy, conducting pre-service screenings for consumers, and using personal protective equipment (PPE) when necessary. Management has informed that staff undergo training in PPE, which has been verified through training records. Additionally, the service has established an Outbreak Management Plan and actively monitors and reports on the vaccination status of its staff.

# 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. | Not 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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Requirement 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e), 4(3)(f) and 4(3)(g) – Compliant

Requirement 4(3)(b)

Evidence analysed by the Assessment Team showed the service demonstrated that that services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being. Consumers have shared instances where the services and support they receive actively contribute to preserving their independence and enhancing their overall quality of life. Sampled staff interviewed displayed an understanding of the individual preferences and priorities of consumers. They could articulate how they facilitate consumers in accomplishing tasks independently, in alignment with their preferences. The care planning documents were tailored to each individual and encompassed the services offered, along with specific instructions on how they should be delivered.

Requirement 4(3)(c)

Evidence analysed by the Assessment Team showed the service demonstrated it is supporting consumers to participate in their community, have social and personal relationships, and do the things of interest to them. Consumers/representatives advised that the service helps them maintain connections with their loved ones and engage in activities that match their interests. Management has indicated that the documentation for consumer care planning includes information about each consumer's background and their preferences for social activities. This information is taken into account when organising social events tailored to their requirements. A review of the care planning documentation has verified that the service integrates consumers' social activity preferences into their daily care routines.

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. Consumers/representatives have conveyed a sense of satisfaction regarding the dissemination of their care and service-related information within the service framework and among pertinent stakeholders engaged in their welfare. Consumers stated staff's adeptness in comprehending their unique care and service requisites. The care planning documentation encapsulates details concerning the consumer's state, requirements, and preferences corroborates the presence of ample consumer-centric information within these care planning documents, which remains conveniently accessible at all times.

Requirement 4(3)(e)

Evidence analysed by the Assessment Team showed the service demonstrated it is making timely and appropriate referrals to individuals and other organisations. The service demonstrated their ability to make timely and relevant referrals to individuals, other organisations, and providers of various services and supports for daily living. Consumers/representatives expressed satisfaction with the services and the support delivered by those they were referred to. The review of care documentation confirmed that the service made timely referrals as appropriate, which included home maintenance and support from other organisations through brokered arrangements.

Requirement 4(3)(f)

Evidence analysed by the Assessment Team showed the service demonstrated where meals are provided, they are varied and of suitable quality and quantity. Consumers/representatives have expressed satisfaction with the meal services provided by the service. The sampled consumers and their representatives have reported positive feedback with the diversity and quality of meals. A review of care planning documentation identified that specific dietary requirements and cultural food preferences are taken into consideration. Consumers/representatives interviewed advised that they were happy with the variety and quality of meal. Staff and Management advised consumers have the option to select from several meal providers to select their precooked meals.

Requirement 4(3)(g)

Evidence analysed by the Assessment Team showed the service demonstrated it is providing consumers with equipment that is safe, suitable and is regularly cleaned and maintained. The service has demonstrated that when equipment is provided, it is both safe and suitable for meeting consumers' needs. The service conducts assessments when there is an identified requirement for equipment to enhance consumer independence, safety, and well-being. These assessments also include demonstrations on how consumers should use the equipment effectively. When consumers already own equipment used in the delivery of services and support, the service has demonstrated the presence of effective systems and processes to ensure that the equipment remains clean, safe, and appropriate for the consumer's use. Care staff can explain the procedure to be followed should they come across equipment that poses a risk, is unsafe, or is not functioning effectively. The provider has established policies and procedures for monitoring and maintaining equipment.

Requirement 4(3)(a) – Non-compliant

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. The Assessment Team acknowledges that the overall feedback from consumers has been positive with care staff. However, consumers have also reported that due to the delays in financial statements, their service have been impacted. Thus, the service could not demonstrate that consumers are being supported and receiving safe and effective services to support their daily living, needs, goals and preferences. Staff and management acknowledged the impact it has caused on consumers due to the financial statement matter. Due to the ongoing financial matter, it is evident that it has impacted consumers daily living as they are unable to utilise their home care package to support them to be independent and maintain a sense of well-being.

# 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

The Standard is 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. | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

Requirement 6(3)(a) and 6(3)(b) – Compliant

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. The service demonstrated that consumers are supported to provide feedback and make complaints. Consumers and representatives confirmed they have been provided with information and ways to provide feedback. Staff and management described how they encourage and support consumers to provide feedback and complain. Management said consumers are regularly asked to provide feedback during reviews with staff, and there is an annual consumer feedback survey that is led through the head office. Management is waiting for the results of the recent consumer survey.

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. The service demonstrated that consumers are made aware of and have access to, advocates and language services for raising and resolving complaints. Management demonstrated that, where required, consumers and representatives can be supported with language and other specialist services. Documentation sighted confirms consumer complaint and feedback information contained internal contact methods and various external party contacts, the Aged Care Quality and Safety Commission and state-based complaint services.

Requirement 6(3)(c) and 6(3)(d) –Non-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. The Assessment Team acknowledged that when the complaint is not related to billing, staff and management will consult with consumers where the service has not met their expectations, offer an apology and work to resolve issues promptly. The service also has an established feedback and complaints handling process that supports staff and management in capturing and responding to feedback and complaints. However, the service was unable to demonstrate that appropriate action is being taken in response to complaints related to the existing billing issue. Complaints pertaining to financial matters such as financial statements, direct debits, and updated package budgets, are not consistently followed up. All staff that were sampled said they distanced themselves from finance issues so they could focus on delivering care, support and services. Based on the evidence provided and the impact to consumers, the service demonstrates it is not consistently providing response to complaints and always using an open disclosure process when things go wrong.

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. The Assessment Team acknowledges that feedback and complaints is being discussed at management levels and feed into the monitoring and reporting of service performance, and are used to identify improvements, including on a broader organisational scale. However, the service was unable demonstrate that feedback and complaints pertaining to the billing matters are consistently reviewed to improve the quality of care and services. The Assessment Team observed how the service records, responds, monitors, and manages feedback to improve the quality of care and services where they are able. Due to the inconsistency with the systemic billing issues and communication breakdown between reporting levels/ business units, feedback and complaints is not consistently reviewed, which has ultimately impacted on the consumers care and needs.

# 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. | Not 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. | Not Compliant |

Findings

Requirement 7(3)(b), 7(3)(c) and 7(3)(d) – Compliant

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/representatives said staff are kind, caring and respectful of consumers’ identity, culture, and diversity. The staff interviewed were familiar with consumers and spoke about them in a respectful way. The staff were able to provide examples to demonstrate how they treat each consumer respectfully and are aware of their individual preferences. This is demonstrated through varied communication techniques care staff employ, such as music, singing, and supporting consumers to participate in activities that bring them joy.

Management could describe strategies to make consumers feel respected and provide consumer-focused care. Policies and procedures set out the service’s approach to respecting each consumer’s uniqueness. Management said how the workforce interacts with consumers was rated highly in the 2022 consumer survey results.

Requirement 7(3)(c)

Evidence analysed by the Assessment Team showed the service demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The service demonstrated that its workforce is competent and has the skills and knowledge to perform their roles effectively. There are processes in place to monitor competencies and, where identified, implement further education and training. Consumers did not identify or raise any concerns around competency through interviews. Staff interviewed provided examples of how their competency is assessed, including by observing manual handling techniques or as part of actions following an incident.

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. Management and staff described the service's recruitment and orientation process, including mandatory training courses. Staff confirmed they receive training specific to the roles they are undertaking. Staff interviewed said they feel well supported with sufficient information about consumers before servicing them for the first time and their ongoing support. The Assessment Team sighted the service’s training records, which evidenced staff completing appropriate training, including but not limited to hand hygiene, incident management, manual handling and Code of Conduct. Management said the workforce also has access to additional non-mandatory online learning and identifies any training needs via pathways including consumer feedback, staff/peer feedback and from their individual performance and development reviews. Consumers/representatives said they are satisfied with the service and appreciate the staff's knowledge, professionalism, and ability to cater to individual needs. The Assessment Team sighted the position descriptions, which provided a detailed overview of the essential skills and capabilities required for staff roles. These position descriptions are a guideline to ensure that staff members possess the qualifications and abilities to deliver the appropriate level of care and service to consumers.

Requirement 7(3)(a) and 7(3)(e) – Non-Compliant

Requirement 7(3)(a)

Evidence analysed by the Assessment Team showed the service did not demonstrate 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. In relation to continuity of care, consumers provided negative feedback, citing service disruptions due to uncertainty about staff attendance. Consumers stated that they are sometimes updated about late attendance or can reschedule as needed. Nevertheless, there have been occasions where consumers' personal care was impacted due to this deficiency. Staff and management acknowledged that the causal factor for service deficiency relates to a shortage of staff and that this is an ongoing matter they are trying to improve. Sampled staff interviews also corroborate the consumer’s statement, acknowledging that they don’t have any resources to share their workload, which has potentially impacted consumers' service delivery. There is a systemic shortfall in the workforce available to undertake these actions and provide safe and quality care and services. The service polls staff for feedback on any deficits in care quality and the skills required to achieve it. However, the inability to attract and retain staff in the required areas: registered professionals, support workers and leadership roles, has resulted in the remaining staff being overworked and stressed.

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. The service has a process for assessing, monitoring and reviewing staff performance. Staff and management said the performance of care and support staff is monitored and reviewed continuously and formally assessed through an annual performance appraisal cycle. Some care and support staff said they have had annual performance reviews and some staff were not sure. Clinical staff and other staff that are not care and support workers have not consistently participated in the annual performance review process and many reviews are overdue.

The performance review process covers measures of success, goals to achieve and areas to develop with staff and manager input. Staff performance is also monitored by consumer/representative or staff feedback and complaints, with any feedback discussed directly with staff. The performance of contracted staff is monitored by feedback received from consumers/representatives and the annual consumer survey. Due to a workforce shortage, the Client Services Manager (CSM) is self-appointed to manage the clinical care team. The CSM said there are 30 outstanding performance reviews to be conducted for the clinical team, with no immediate plan or capacity to bring them up to date. The Assessment Team was informed of a business case to improve workforce levels, although this has been waiting for approval for 3 months. The Assessment Team was taken through a tool that management designed to monitor the due dates and completion of performance reviews, mandatory training, certificates, and license renewals.

# 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. | Not 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), 8(3)(b), 8(3)(d), 8(3)(e) – Compliant

Requirement 8(3)(a)

Evidence analysed by the Assessment Team showed the service did not demonstrate Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. The service demonstrated consumers are engaged in the development, delivery and evaluation of their care and services and are supported in that engagement. To gather their insights, the service conducts annual surveys that gauge consumer satisfaction and encourages them to contribute suggestions for organisational improvement. The Assessment Team reviewed the results of the latest survey, which revealed an overwhelmingly positive response regarding the services provided. All staff said they believe the service could be improved with more staff. The Assessment Team was informed of the consumer's waitlist to join the service. Whilst recruitment of care and support staff is ongoing, new consumers are only onboarded if there is staff available with the relevant skills and competency to deliver services in their geographical area.

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. The service demonstrated that the governing body oversees the organisation through policy and procedure that promotes a culture of safe, inclusive, and quality care. The service has a range of reporting mechanisms to ensure the organisation is aware and accountable for the delivery of care and services. The service holds weekly meetings with management to discuss consumers who are at risk or require additional assistance, such as when circumstances change. This process serves to promote an inclusive quality of care and accountability for the delivery of care.

Requirement 8(3)(d)

Evidence analysed by the Assessment Team showed the service did not demonstrate effective risk management systems and practices. The service has appropriate risk management frameworks, policies and procedures to manage and respond to high-impact or high-prevalence risks. Incidents are recorded in an incident register, and management demonstrates how incidents were assessed, investigated and resolved where possible.

Data regarding incidents is provided to senior management through regular reports that allow appropriate oversight of factors that might affect the safety and quality of care provided by the service. Management and staff demonstrated an understanding of what high-impact or high-prevalence risks are associated with the consumers of the service. Vulnerable consumers are identified and recorded in a high-risk register. This information is used to maintain oversight of consumers and enacted during times of disaster to support consumers. A business continuity plan is in place to ensure the continuation of services and was enacted during the recent floods in Ballina. Changes in consumers’ conditions are recorded and contact is made with appropriate parties, such as a representative, along with the coordinator and clinical staff. All staff receive training in abuse and neglect as part of induction, it is also a topic discussed at staff and management meetings.

Requirement 8(3)(e)

Evidence analysed by the Assessment Team showed the service demonstrated where clinical care is provided—a clinical governance framework. The service provides clinical care and has a documented clinical governance framework and policies and procedures relating to antimicrobial stewardship, minimising the use of restraint and the use of open disclosure. There is staff training in relation to these policies, and staff were able to provide examples of the relevance of the policies to their work. Processes to improve clinical care are identified and reviewed by the service and management were able to provide examples of steps to ensure quality clinical best practices. The service has a Complaints and Feedback Management Framework that covers detailed principles of open disclosure and complaints management. Staff and management understand the underlying principles of acknowledging when things go wrong, being transparent, offering an apology and meeting the consumer’s needs.

Requirement 8(3)(c) – Non-Compliant

The service has recently adopted a new incident management and consumer care documenting systems in their business. They are complimented through various tools such as PCI spreadsheets, budget spreadsheets, live compliance data sheets, annual performance reviews, and induction passports. Using the above methods, the service has established organisation-wide governance systems pertaining to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. The service is currently undergoing a transformation of its information technology (IT) services. However, the new system has not yet fully integrated into its operations. Therefore, whilst new information systems have been sourced and are being rolled out, they currently expose the service to gaps resulting in non-compliance with the Aged Care Quality Standards. Evidence suggests that financial tracking has been notably deficient during the transition to new tools and systems. Consequently, consumers are only now receiving statements, invoices, and budget updates for services provided over the past year. The feedback and complaints service assumes accountability only for actions that can be executed at the local level, leading to issues that require the support of remote or external teams being handed off and not actively managed. Although all items are documented in appropriate systems, there is a lack of urgency in resolution nor a sense of full accountability.

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)