**Performance**

**Report**

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| Name: | SA Disability Care Pty Ltd |
| Commission ID: | 600631 |
| Address: | 15 Weerena Rd, Salisbury, South Australia, 5108 |
| 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: 10037 SA Disability Care Pty Ltd  
Service: 28277 SA Disability Care Pty Ltd

**This performance report**

This performance report for SA Disability Care Pty Ltd (**the service**) has been prepared by M Dubovinsky, 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; and
* the provider’s response to the assessment team’s report received 2 November 2023.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not 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 | **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.

Standard 2 requirements (3)(b), (3)(d) and (3)(e)

* Review policies and procedures in relation to assessment and planning to ensure current needs are identified including in relation to meal preparation, medication management and end of life and advanced care planning.
* Review policies and procedures to ensure 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.
* Ensure consumers are made aware of their care plan.
* Review policies and procedures to ensure care plans are regularly reviewed including in response to incidents or changes for consumers experiencing wounds, following falls or following changes in health condition such as worsening oedema.

Standard 3 requirement (3)(b) and (3)(e)

* Review policies and procedures to ensure high impact and high prevalence risks are identified and addressed including for consumers experiencing risks associated with pain, wounds and falls.
* Review policies and procedures to ensure 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.
* Ensure consumers experiencing risks associated with wounds, pain and falls are effectively assessed, monitored and managed to support effective wound and falls management.
* Ensure staff are effectively documenting information about the consumer’s condition, needs and preferences where responsibility for care is shared.

Standard 7 requirement (3)(c) and (3)(d)

* Review policies and procedures to ensure the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. This is to include staff competency in relation to assessment, planning and management of falls, wounds and pain.
* Review policies and procedures to ensure the workforce is effectively recruited, trained, equipped and supported to deliver the outcomes required by these standards and specifically in relation to assessment and planning and management of wounds, pain and falls. Review the training calendar and schedule training for all staff in applicable areas of risk.

Standard 8 requirement (3)(d)

* Monitor staff are reporting incidents through the incident management system and specifically following falls.
* Ensure clinical indicator data which is being reported on is analysed for individual consumers and overall cohort to ensure high-impact and high-prevalence risks are identified and managed.
* Review relevant policies and procedures and ensure staff follow relevant policies and procedures in relation to monitoring and managing high-impact or high-prevalence risks associated with the care of consumers and managing and preventing incidents, including the use of an incident management system.

# Standard 1

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

Findings

All consumers interviewed described how they are treated with dignity and respect. Staff described how they work with the same consumers each week and know them well to support the delivery of person-centred care and support cultural safety. Staff are recruited to match the language groups of their consumers to support cultural safety.

Consumers described how the service supports them in making choices, including the type of equipment provided, preferred staff gender, language preference and the time services are delivered. Management described how the service supports consumers to choose the types of services they receive to support consumer choice and independence.

Consumers confirmed the service supports them to do the things they want safely and management described regular conversations with consumers in activities which involve an element of risk. Information provided to consumers is current, accurate and timely, and communicated clearly in a way that enables them to exercise choice. The welcome pack provided to consumers contains a copy of the Aged Care Charter of Rights, brochures for internal and external complaints, advocacy and information about the care and services available. Some consumers expressed dissatisfaction with the provision of their monthly statements, which management said they were aware of and addressed through the review of the invoicing system and a change in process.

Consumer’s privacy is respected, and personal information is kept confidential. Documentation demonstrated consumers consented to the disclosure of their personal information prior to the sharing of information with other agencies. Electronic files are password protected and access is restricted by job role.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with all requirements in this Standard.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Not 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. | Not 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. | Not Compliant |

Findings

Requirement (3)(b)

The assessment team recommended requirement (3)(b) not met as the service was not able to demonstrate 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. The following evidence was considered relevant to my finding;

* Nine consumers were not able to recall being involved in assessment processes including discussion regarding end of life and advanced care planning.
* Consumer A said no one has spoken to them about their goals and preferences or end of life wishes.
* Care planning documentation viewed for 5 consumers did not demonstrate needs, goals, and preferences were effectively identified, in relation to meal preparation, medication administration and advanced care planning.
* Management acknowledged goals and preferences were not recorded or developed and would reflect them in future assessments.

The provider acknowledged the deficits identified and submitted a corrective action plan with their response. This includes reviewing care plans to included goals, preferences and information on advanced care planning. In addition, a range of assessment and care planning information was provided for the consumers identified.

Based on the assessment team’s report and provider’s response, I find the service was not able to demonstrate assessment and planning identifies and addresses the consumer’s current needs, goals and preferences and specifically in relation to meal preparation, medication management and end of life and advanced care planning if the consumer wishes. I have considered that relevant assessments were not completed for the consumers sampled. I acknowledge the provider's willingness to make improvements and plans to implement a range of initiatives to address the deficits identified, however the provider did not provide me with sufficient evidence to demonstrate all improvement actions are embedded and effective.

Based on the information summarised above, I find the service non-compliant with requirement (3)(b).

Requirement (3)(d)

The assessment team recommend requirement (3)(d) not met as the service was not able to demonstrate, 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 following evidence was considered relevant to my finding;

* Five consumers said they have not been provided a copy of their care plan.
* Management confirmed information is provided verbally and staff do not have access to a copy of the consumer’s care plan at the consumer’s home.
* Three support staff confirmed they do not have access to a care plan and are provided information verbally.

The provider acknowledged the deficits identified and submitted a corrective action plan, which included providing a copy of the care plan to consumers and uploading a copy of the care plan electronically as part of the scheduled care plan review process. In addition, a range of assessment and care planning information was provided for the consumers identified including copies of updated care plans and assessments.

Based on the information in the assessment team’s report and provider’s response, I find the service was not able to demonstrate the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer and where care and services are provided. I have considered that following the quality review, care plans have commenced being uploaded on the electronic system and consumers have started being provided a copy of the care plan, however not all consumers have been provided a copy of their care plan. I acknowledge the provider's willingness to make improvements and plans to implement a range of initiatives to address the deficits identified, however the provider did not provide me with sufficient evidence to demonstrate all improvement actions are embedded and effective.

Based on the information summarised above, I find the service non-compliant with requirement (3)(d).

Requirement (3)(e)

The assessment team recommend requirement (3)(e) not met as the service was not able to demonstrate 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. The following evidence was considered relevant to my finding;

* Management said consumers have their care plans reviewed six monthly however some consumers have not been reviewed due to time constraints.
* Consumer B receives wound care and the staff said the consumer’s wounds have deteriorated but the consumers management plan has not been updated or reviewed. The wound is not measured, and photos are not taken to support effective wound monitoring. Management said a specialist reviews the wounds and provides wound management advice.
* Consumers C, D and E experienced falls however a review of the consumer’s falls risk was not undertaken.
* Consumer F has experienced a change in health status, however a reassessment was not undertaken and further strategies developed and documented to manage the consumer’s condition.

The provider acknowledged the deficits identified and submitted a corrective action plan. This includes developing comprehensive wound and falls assessment and management processes and implementing referral processes to allied health personnel. In addition, a range of assessment and care planning information was provided for the consumers identified including wound documentation, falls and mobility documentation and a referral for an occupational therapist to support the management of Consumer F’s condition.

Based on the assessment team’s report and provider’s response, I find the service was not able to demonstrate 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. In coming to my finding, whilst I acknowledge review processes occur six monthly, I have placed weight on the evidence which showed when changes or incidents occurred effective review of care and services did not occur for Consumers B, C, D, E and F in response to episodes of falls, changes in wound status and following changes in health status. I acknowledge the provider's willingness to make improvements and plans to implement a range of initiatives to address deficits identified, however the provider did not provide me with sufficient evidence to demonstrate all improvement actions are embedded and effective.

Based on the information summarised above, I find the service non-compliant with requirement (3)(e).

In relation to all other requirements, 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. Management described how initial assessments are completed with the consumer and their representative and care planning documentation showed a range of assessments completed in partnership.

Assessment and planning include other organisations, and individuals and providers of care and services including allied health service providers. Consumers confirmed they are involved in assessment and planning in partnership and management described the involvement of allied health service providers. The service described how they engage dementia specialist services and the palliative care team if required.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with requirements (3)(a) and (3)(c) in this Standard.

# 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. | Not 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. | Not Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Requirement (3)(b)

The assessment team recommend requirement (3)(b) not met as the service was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer and specifically risks associated with pressures ulcers, pain and falls. The following evidence was considered relevant to my finding;

* Progress notes state Consumer B experiences significant pain during wound care however, a pain assessment and management plan has not been developed. Consumer B, has not been reviewed by a registered nurse and a referral to a wound specialist has not been completed or considered despite the wound not improving. Documentation to support effective monitoring and management including photographs and/or relevant recording of the wound description was not demonstrated to support effective management.
* Consumer C experienced a fall requiring medical attention and whilst the consumer has been identified as at risk of falls, the consumer was not reviewed, or further strategies developed.

The provider acknowledged the deficits identified and submitted a corrective action plan which included developing pain, wound and falls assessment and management documentation for high-risk consumers. The service has employed an additional Registered Nurse experienced in aged care and implemented additional reporting processes at the monthly clinical leadership meeting to ensure effective management of consumer’s high impact and high prevalence risks. In addition, a range of assessment and care planning information was provided for the consumers identified including wound documentation, a falls investigation report and pain assessment and management documentation.

Based on the information in the assessment team’s report and provider’s response, I find the service was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer and specifically in relation to risks associated with wounds and pain management for Consumer B and falls management for Consumer C. For both consumers high impact and high prevalence risks were not effectively managed. I acknowledge the provider's willingness to make improvements and plans to implement a range of initiatives to address the deficits identified, however the provider did not provide me with sufficient evidence to demonstrate all improvement actions are embedded and effective.

Based on the information summarised above, I find the service non-compliant with requirement (3)(b).

Requirement (3)(d)

The assessment team recommend requirement (3)(d) not met however, outlined evidence for two consumers where a change in the consumer’s condition was recognised and responded to in a timely manner.

One example was provided in relation to deterioration and continence and another example in relation to deterioration and falls. However, the assessment team also outlined evidence for Consumer B where the consumer’s wound was not effectively managed as the wound deteriorated.

The provider acknowledged the deficits identified and submitted a corrective action plan including developing a comprehensive wound chart and liaising with the medical officer in relation to wound management for Consumer B.

In coming to my finding, I have come to a different view and find 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. I have considered the evidence for Consumer B in requirement (3)(b) in this Standard and requirement (3)(e) in Standard 2 as the evidence demonstrated deficits in effective review processes and management of risks associated with wound management and monitoring.

Based on the information summarised above, I find the service compliant with requirement (3)(d).

Requirement (3)(e)

The assessment team recommend requirement (3)(e) not met as the service did not demonstrate information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. The following evidence was considered relevant to my finding;

* Pain, wound and continence assessments were not being effectively completed and documented.
* Staff do not have access to care plans where care and services are provided.
* Limited progress note entries were completed by support staff.
* Consumers E and F had limited documented information regarding their care and service needs and preferences in relation to management of their falls and continence.

The provider acknowledged the deficits identified and submitted a corrective action plan which included implementing processes to ensure care plans are available and accessible for staff where services are provided. All high-risk consumers have been reviewed and a planned approach has been developed for reviewing all other consumers to ensure their condition, needs and preferences is documented and effectively communicated. In addition, a range of assessment and care planning information was provided for consumers identified including in relation to continence, wounds, pain, falls and signed copies of care plans.

Based on the assessment team’s reports and provider’s response, I find the service was not able to demonstrate 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. This includes the management of pain, falls wounds and continence.

In coming to my finding of non-compliance, I have considered staff not having access to care plans and not having accurate and comprehensive documentation impacting on the services’ ability to effectively communicate with others where responsibility of care is shared. I acknowledge the provider's willingness to make improvements and plans to implement a range of initiatives to address deficits identified, however the provider did not provide me with sufficient evidence to demonstrate all improvement actions are embedded and effective.

Based on the information summarised above, I find the service non-compliant with requirement (3)(e).

In relation to all other requirements, consumers get safe and effective care that is best practice, tailored to their needs, and optimises their health and well-being including specifically in relation to the delivery of personal care. Staff and management provided examples of how care is tailored to consumers’ health and well-being. The organisation has a suite of policies and procedures to provide guidance to clinical staff on best practice.

Whilst the service has not been required to provide end of life care, management described how they would respond to support the needs, goals and preferences for consumers nearing end of life to maximise their comfort and dignity. Management described the service’s processes to ensure consumers receive appropriate end of life supports when required. Care documentation for some consumers included advanced care planning preferences, however for consumers sampled this was not always completed.

Referrals are made to individuals, other organisations and other providers including in relation to allied health professionals. Care planning documentation contained information for referral processes including in relation to allied health workers and medical officers. Management described the processes of referring consumers to contracted health professionals or external organisations, such as My Aged Care and medical officers.

Infection related risks are minimised through implementation of standard and transmission-based precautions to prevent and control infections. Consumers advised staff use personal protective equipment and hand washing to minimise the transmission of infection. Management described processes for minimising the risk of infection, including policies, procedures, training and monitoring for mandatory vaccination requirements. Staff receive infection control training and have access to relevant policies and procedures.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with requirements (3)(a), (3)(c), (3)(d), (3)(f) and (3)(g) in this Standard.

# Standard 4

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

Findings

Consumers confirmed they get safe and effective services and supports that optimise their independence and quality of life. This includes in relation to gardening services and social support. Services and supports for daily living promote consumers’ emotional, spiritual and psychological wellbeing. Management described how they support consumers in social support activities to maintain their independence including to attend religious services, visit friends, and undertake a walking program.

Consumers stated staff know them well and described how the services provided support their emotional and psychological well-being. Management demonstrated knowledge of each consumer and could speak to individual consumer’s emotional, spiritual, and psychological well-being and how they make regular check-in calls to monitor and manage their well-being. Consumers confirmed services and supports enable consumers to do things of interest and maintain social relationships through activities such as shopping, bus trips and external social groups. Staff and management demonstrated services provided to consumers support them in doing things of intrest through the choices provided.

In relation to services and supports, information about consumers’ needs, preferences and conditions are communicated within the organisation, and with other organisations where responsibility for care is shared. All sampled consumers confirmed they receive consistent services from staff and contractors. Staff and management described referral processes to meet consumers’ needs and one consumer confirmed being referred to the occupational therapists and speech pathologist for review.

Meals provided are varied and of suitable quality and quantity. Consumers confirmed where meals are provided, they are of good quality and quantity. Staff who assist with meal preparation advised they know consumers' food preferences whilst not always documented.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with all requirements in this Standard

# 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 service does not provide care and services within their own service environment, therefore, this Standard was not applicable.

# Standard 6

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

Findings

Consumers, their family, friends, carers, and others are encouraged and supported to provide feedback and make complaints. Consumers and representatives said they were aware of the methods available to make complaints, provide feedback and felt supported by management to give feedback. The feedback and complaints register showed feedback being identified through emails, direct verbal feedback, surveys, and phone calls.

Consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Management discussed processes to ensure consumers have access to advocates and language services. The service has an advocacy policy to guide staff practice and encourages consumers to participate in decisions. Information on advocacy and feedback is provided to consumers through the information pack.

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Consumers confirmed appropriate action is taken to address their feedback and complaints, and felt the service has a transparent approach when things go wrong. Complaints documentation demonstrated open disclosure is used as part of the complaints management process. Policies and procedures support open disclosure and addressing feedback.

Feedback and complaints are reviewed and used to improve the quality of care and services for consumers. Consumers’ feedback, complaints and suggestions are captured and record on the service’s register and on the continuous improvement register. Improvements implemented as a result of feedback included upgrading the invoicing system and improving communication methods for out of hours calls.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with all requirements in this Standard.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Not Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Requirement (3)(c)

The assessment team recommend requirement (3)(c) not met as the service did not demonstrate the workforce is competent to effectively perform their role in relation to the management of consumers with pain, falls and wounds. However, the assessment team also included evidence of the service being able to demonstrate some understanding and application of the requirement. The following evidence was considered relevant to my finding;

* Clinical staff did not demonstrate effective assessment, review and or management for three consumers in relation to falls.
* Staff were not competent in undertaking assessments as the intake assessments did not capture information on goals, needs and preferences.
* No evidence was provided to demonstrate clinical staff have undertaken clinical competencies in relation to complex wound care and falls management.
* Management said staff competency is monitored through staff feedback, progress note reviews and review of incident data. Staff confirmed being provided mandatory training on a range of topics including restrictive practices and medication management.
* Qualifications are effectively monitored by management and consumers and representatives stated staff know what they are doing.

The provider acknowledged the deficits identified and submitted a corrective action plan. This included hiring a staff member with clinical and aged care experience to oversee wound management, employed a team leader to monitor staff competency, purchased new training material, offered further training for support staff, provided training to clinical staff on wound care, reviewed job descriptions, increased the frequency of audits and is developing competencies in relation to documentation and record keeping.

Based on the information in the assessment team’s report and provider’s response, I find the service was not able to demonstrate the workforce is competent and have the knowledge to effectively perform their roles specifically in relation to assessment and planning and management of falls, wound care and pain. I acknowledge the provider's willingness to make improvements and plans to implement a range of initiatives to address deficits identified, however the provider did not provide me with sufficient evidence to demonstrate all improvement actions are embedded and effective. Whilst a range of training is provided and staff have a range of qualifications, I have placed weight on the deficits in the management of consumers experiencing falls, wounds, pain and ineffective assessment and review process including in relation goals setting and end of life and advanced care planning if the consumers wishes.

Based on the information summarised above, I find the service non-compliant with requirement (3)(c).

Requirement (3)(d)

The assessment team recommended requirement (3)(d) not met as the service was not able to demonstrate the workforce is consistently recruited, trained, equipped and supported to deliver the outcomes required by these standards. The assessment team’s report also included evidence of understanding and application of this requirement. The following evidence was considered relevant to my finding;

* Staff confirmed they have not received training on goal setting, assessment and planning and on wound and falls management. In addition, records viewed showed training has not been provided on elder abuse or cultural awareness. Management were unable to demonstrate education was provided on key clinical areas where deficiencies were identified.
* Staff files sampled contained information on police checks, relevant qualifications and had completed induction.

The provider acknowledged the deficits identified and submitted a corrective action plan. This includes sourcing training material on a range of topics including on cultural awareness, wound care, reviewed and updated the training calendar and provided training to staff on a range of topics including wound management.

Based on the assessment team’s report and provider’s response, I find the service was not able to demonstrate the workforce is effectively recruited, trained, equipped and supported to deliver the outcomes required by these standards and specifically in relation to assessment and planning and management of wounds, pain and falls. Whilst staff are provided mandatory training on a range of topics and staff are recruited with qualifications, adequate training was not demonstrated specifically in relation to goal setting, assessment and planning and on wound, pain and falls management consistent with the outcomes required by these standards. I acknowledge the provider's willingness to make improvements and plans to implement a range of initiatives to address deficits identified, however the provider did not provide me with sufficient evidence to demonstrate all improvement actions are embedded and effective.

Based on the information summarised above, I find the service non-compliant with requirement (3)(d).

In relation to all other requirements in this Standard, 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. Consumers and representatives stated they are satisfied with the number of, and the support provided by staff delivering care and services. The service has an electronic rostering system which showed shifts were filled.

Consumers interviewed said staff were kind, caring and respectful in their interactions with consumers. Systems are in place to monitor consumers’ satisfaction with staff, such as through consumer satisfaction surveys.

Staff interviewed confirmed they undertake regular performance reviews where they can, discuss their performance with management and identify areas of improvement where they would like further training and support. Management monitor staff performance through surveys, consumer feedback, and complaints data and have processes for formal performance management.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with requirements (3)(a), (3)(b) and (3)(e) in this Standard.

# Standard 8

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

The assessment team recommend requirement (3)(b) not met as the service did not demonstrate effective Board oversight and accountability. The following evidence was considered relevant to my finding;

* Clinical incidents are not reported at leadership meetings or escalated, to the advisory board.
* Management advised three monthly reports are brief. Records viewed showed the reporting is brief and contained information on communication, staff meetings human resources and the provision of information from government and other agencies.
* Management are informed of incidents through the incident and complaint register however this is not escalated to the Advisory Board.
* Management said they attend leadership and staff meetings and create a consumer focussed culture.
* The service has a range of policies and procedures including a strategic direction and process to report high impact and high prevalence clinical areas.
* Monthly leadership meetings showed discussion on a range of topics including rostering, complaints and outcomes of audits.

The provider acknowledged the deficits identified and submitted a corrective action plan with improvements including developing a diversity action plan. The response also stated the service has a range of policies and procedures to support an inclusive person-centred approach. The provider asserts issues relating to care and services are discussed at leadership meetings and provided a record of minutes dated after the quality review demonstrating the discussion of incidents and other topics.

Based on the assessment team’s reports and provider’s response, I have come to a different view and find the service was able to demonstrate the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. In coming to my finding, I have placed weight on the evidence confirming the involvement of the governing body in the leadership meetings, processes to support development and implementation of the strategic direction and reporting processes in relation to complaints and incidents. I have considered that not all incidents have been reported to the Board and have considered this information in requirement (3)(d) in this Standard. I have considered and placed weight on the evidence which demonstrated the governing body is actively involved in the leadership meetings and have been involved in the leadership workshop to support a culture of safe and inclusive care and services. I have considered the chief executive officer is also a managing director and evidence which showed a board member has attended the monthly leadership meetings which demonstrates the Board is aware of undertakings at the service.

Based on the information summarised above, I find the service compliant with requirement (3)(b).

Requirement (3)(d)

The assessment team recommend requirement (3)(d) not met as the service was not able to demonstrate effective risks management systems and practices specifically in relation to managing high-impact or high-prevalence risks associated with the care of consumers and managing and preventing incidents including the use of an incident management system. The service was able to demonstrate effective risk management systems and practices in relation to recognising and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. The following evidence was considered relevant to my finding;

* The organisation has an established risk management framework, a range of policies and procedures, high risk register and a flow chart to support the Serious Incident Response Scheme.
* Processes support staff in identifying and responding to abuse and neglect of consumers.
* Processes support consumers to live the best life they can and staff consult with consumers regarding their dignity of risk.
* Not all high impact and high prevalence risks were identified and managed for consumers sampled. While staff and management described risk management processes including the review of progress notes, monthly leadership meetings and regular training this was not consistently effective at managing high impact and high prevalence risks.
* The high-risk register contains some consumers who are at risk of falls, however other consumers who have high-impact and high-prevalence risks such as in relation to wounds were not identified on the register.

The provider acknowledged the deficits identified and submitted a corrective action plan. This included reviewing and updating the clinical risk register, redesigning their care plans with a clearer focus on risk management, and implementing a revised monthly clinical leadership meeting to identify, monitor and manage areas of risk including in relation to pain, falls, and wounds. In addition, the response states the service is commencing and implementing a system to better monitor and manage incidents.

Based on the assessment team’s report and provider’s response, I find the service was not able to demonstrate effective risk management systems and practices specifically in relation to managing high-impact or high-prevalence risks associated with the care of consumers and managing and preventing incidents, including the use of an incident management system. However, I find the service was able to demonstrate effective processes to support consumers to live the best life they can and processes to support identifying and responding to abuse and neglect of consumers.

In relation to risk management systems and practices to support high-impact or high-prevalence risks associated with the care of consumers, I find the service was unable to demonstrate this aspect of the requirement. In coming to my finding, whilst the service maintains a high-risk register and undertakes regular clinical leadership meetings, risks for individual consumers were not always identified and strategies developed to mitigate further risks or incidents. I have also considered the deficits in the management of high-impact and high-prevalence risks for Consumers B and C in Standard 3 requirement (3)(b).

In relation to risk management systems and practices to support managing and preventing incidents, including the use of an incident management system, I find the service was unable to demonstrate this aspect of the requirement. I have considered deficits in the ineffective review of consumers in response to incidents and changes in Standard 2 requirement (3)(e) for consumers C, D and E following falls. I have also considered the information in the response where the service has recognised and commenced implementing a system to better monitor and manage incidents. In addition, I have considered evidence in requirement (3)(b) in this standard where not all relevant incident data was being effectively escalated to support effective use of the incident management system.

I acknowledge the provider's willingness to make improvements and plans to implement a range of initiatives to address deficits identified, however the provider did not provide me with sufficient evidence to demonstrate all improvement actions are embedded and effective.

Based on the information summarised above, I find the service non-compliant with requirement (3)(d).

In relation to all other requirements in this Standard, consumers and representatives advised the service is well run, and they have an opportunity to regularly engage with the service. Management said there is a consumer representative who sits on the Board of Directors and is involved in the development, delivery, and evaluation of services. The services’ continuous improvement register showed a range of improvements implemented as a result of feedback from consumers.

The organisation demonstrated an established, documented and effective organisation-wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The service’s policies and procedures are electronic, and staff sampled said they can access policies and procedures. Consumers are encouraged to participate in continuous improvement initiatives through a range of mechanisms. The organisation has an established financial management team, which outlines board and management responsibilities. The service has policies and procedures in place in relation to workforce governance. The organisation has a Complaints, Compliments and Feedback Policy and Procedure in place and consumers are given information via the Information Handbook.

The service has a clinical governance framework, and associated policies and procedures relating to minimising the use of restraint and open disclosure. Consumers and representatives confirm the service is open and transparent in their approach. Records show all care and clinical staff have been trained on restrictive practices and infection control. Management said the service has no aged care consumers experiencing a restrictive practice.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with requirements (3)(a), (3)(b), (3)(c) and (3)(e) in this Standard.

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)