Semsley PTY LTD T/A KompleteCare Community and Home Care Services

Performance Report

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| **Address:** | Suite 5, 977 North East Road MODBURY SA 5092 |
| **Phone:** | 08 8265 5696 |
| **Commission ID:** | 600583 |
| **Provider name:** | KompleteCare Community and Home Care |
| **Activity type:** | Assessment Contact - Desk |
| **Activity date:** | 1 September 2022 |
| **Performance report date:** | 5 October 2022 |

# Performance report prepared by

J Taylor, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

**Services included in this assessment**

**Home Care:**

* Semsley Pty Ltd T/A Senior Helpers Adelaide Northern Suburbs, 26888, Suite 5, 977 North East Road, MODBURY SA 5092

# Overall assessment of Service/s

|  |  |  |
| --- | --- | --- |
| Standard 1 Consumer dignity and choice | HCP | Not Compliant |
| Requirement 1(3)(a) | HCP | Not Assessed |
| Requirement 1(3)(b) | HCP | Not Assessed |
| Requirement 1(3)(c) | HCP | Not Assessed |
| Requirement 1(3)(d) | HCP | Not Assessed |
| Requirement 1(3)(e) | HCP | Not Compliant |
| Requirement 1(3)(f) | HCP | Not Assessed |
|  |  |  |
| Standard 2 Ongoing assessment and planning with consumers | HCP |  |
| Requirement 2(3)(a) | HCP | Not Assessed |
| Requirement 2(3)(b) | HCP | Not Assessed |
| Requirement 2(3)(c) | HCP | Not Assessed |
| Requirement 2(3)(d) | HCP | Not Assessed |
| Requirement 2(3)(e) | HCP | Not Assessed |
|  |  |  |
| Standard 3 Personal care and clinical care | HCP |  |
| Requirement 3(3)(a) | HCP | Not Assessed |
| Requirement 3(3)(b) | HCP | Not Assessed |
| Requirement 3(3)(c) | HCP | Not Assessed |
| Requirement 3(3)(d) | HCP | Not Assessed |
| Requirement 3(3)(e) | HCP | Not Assessed |
| Requirement 3(3)(f) | HCP | Not Assessed |
| Requirement 3(3)(g) | HCP | Not Assessed |
|  |  |  |
| Standard 4 Services and supports for daily living | HCP |  |
| Requirement 4(3)(a) | HCP | Not Assessed |
| Requirement 4(3)(b) | HCP | Not Assessed |
| Requirement 4(3)(c) | HCP | Not Assessed |
| Requirement 4(3)(d) | HCP | Not Assessed |
| Requirement 4(3)(e) | HCP | Not Assessed |
| Requirement 4(3)(f) | HCP | Not Assessed |
| Requirement 4(3)(g) | HCP | Not Assessed |
|  |  |  |
| Standard 5 Organisation’s service environment | HCP |  |
| Requirement 5(3)(a) | HCP | Not Assessed |
| Requirement 5(3)(b) | HCP | Not Assessed |
| Requirement 5(3)(c) | HCP | Not Assessed |
|  |  |  |
| Standard 6 Feedback and complaints | HCP |  |
| Requirement 6(3)(a) | HCP | Not Assessed |
| Requirement 6(3)(b) | HCP | Not Assessed |
| Requirement 6(3)(c) | HCP | Not Assessed |
| Requirement 6(3)(d) | HCP | Not Assessed |
|  |  |  |
| Standard 7 Human resources | HCP |  |
| Requirement 7(3)(a) | HCP | Not Assessed |
| Requirement 7(3)(b) | HCP | Not Assessed |
| Requirement 7(3)(c) | HCP | Not Assessed |
| Requirement 7(3)(d) | HCP | Not Assessed |
| Requirement 7(3)(e) | HCP | Not Assessed |
|  |  |  |
| Standard 8 Organisational governance | HCP | Not Compliant |
| Requirement 8(3)(a) | HCP | Not Assessed |
| Requirement 8(3)(b) | HCP | Not Compliant |
| Requirement 8(3)(c) | HCP | Not Assessed |
| Requirement 8(3)(d) | HCP | Not Assessed |
| Requirement 8(3)(e) | HCP | Not Assessed |

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Desk report received on 19 September 2022.

# STANDARD 1 Consumer dignity and choice

# HCP Not compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The focus of this desk assessment was to assess the services compliance against quality standard requirement 1(3)(e), considering changes made in 2022 to the social, community, home care and disability services industry award (SCHADS).

At the time of assessment contact, the service did not demonstrate that all consumers are provided information that is current, accurate and timely to ensure consumers’ understanding of the current Award changes and impacts to service provision.

One of the six assessed requirements for HCP has been assessed as Non-Compliant. Five requirements have not been assessed in this instance.

**Assessment of Standard 1 Requirements**

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| Requirement 1(3)(a) | HCP | Not Assessed |

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

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| Requirement 1(3)(b) | HCP | Not Assessed |

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

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| --- | --- | --- |
| Requirement 1(3)(c) | HCP | Not Assessed |

*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.*

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| Requirement 1(3)(d) | HCP | Not Assessed |

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

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| Requirement 1(3)(e) | HCP | Not Compliant |

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

Findings

Four consumers and representatives were interviewed with three of the four advising they had not provided informed consent regarding changes made to shift durations. All four consumers and representatives interviewed stated that consumers have had to accommodate two hour shifts however, are not clear on how this will impact their funding as they have not received a revised budget. Two representatives advised that due to the changes in hours of care provided, they are now required to supplement care previously provided by the service.

Management interviewed advised not all consumer budgets have been updated and gave a commitment for this to occur as soon as possible. Management advised a letter had been sent to all consumers on 14 June 2022 however, review of the letter highlighted what other services were doing, including changing shifts for each consumer but did not clearly state what this provider would be doing. Feedback from consumers and representatives interviewed stated in various ways they felt the letter from the service was not clear. Management interviewed acknowledged the letter could have provided additional information and management gave a commitment to follow up with all consumers to ensure information and options are provided to minimise the impact to individual care and services.

The service acknowledged the concerns raised by the Assessment Team and advised the service will continue to provide consumers with updated information regarding extended shifts and work in consultation with consumers and their case managers to obtain consent to ensure services continue to be delivered.

In response to the Assessment Report, the service advised while a number of consumer budgets remain to be updated, this work is being prioritised by the service to ensure all budgets are up to date and that they are in line with HCP funding.

The service advised Case Managers will continue to liaise and be available for contact where required to discuss any SCHADS award concerns (or other factors) with consumers with discussion noted in consumer files. The service stated letters had been sent to all consumers advising of incoming SCHADS changes and samples of consumers had been checked during an internal audit to ensure that consumers had been contacted and given the relevant information, and that they were supported to understand it.

In considering the Assessment Team report, further information provided by the service and acknowledging the work underway, this requirement remains non-compliant as further work updating consumer budgets and ongoing contact with consumers to ensure understanding of the impact of the Award change to individuals is to occur.

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| Requirement 1(3)(f) | HCP | Not Assessed |

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

# STANDARD 8 Organisational governance

# HCP Not compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The focus of this desk assessment was to assess the services compliance against quality standard requirement 8(3)(b), considering changes made in 2022 to the SCHADS industry award.

At the time of assessment contact, the service did not demonstrate it keeps its board informed of changes in aged care services and funding. While the service demonstrated it working with all parties to ensure the impacts on consumers’ care and services are minimised, following the changes to the SCHADS Award, the service is not providing the necessary monitoring and oversight to ensure the delivery of safe and quality care and services for consumers, in line with their available HCP funding.

One of the five assessed requirements for HCP has been assessed as Not-Compliant. Four requirements have not been assessed in this instance.

## Assessment of Standard 8 Requirements

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| Requirement 8(3)(a) | HCP | Not Assessed |

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

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| Requirement 8(3)(b) | HCP | Not Compliant |

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

Findings

The service did not demonstrate that the service’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. While management discussed a range of actions taken to understand and implement the changes to the SCHADS Award, the service has not been responsive to address ongoing concerns of impacted consumers, through the provision of current information, alternative options, and complaint resolution processes.

Management interviewed advised the following:

* The service advised they have accessed information via a number of avenues, including legal advice, to better understand the changes to staffing conditions and how this could impact care and services for consumers.
* The service is in the process of drafting an Addendum to the Home Care Agreement to include additional clauses including cancellation terms. At the time of the assessment this had not been completed as the service understood, per advice from the Fair Work Commission, that this was to be completed by 1 October 2022.
* The service advised it was their understanding that there was a requirement to “cluster” shifts together and were looking at options on how to achieve this.
* The service advised that scheduling had shifted from meeting consumers’ needs and preferences for delivery times for care and services to being driven by the roster to minimise costs for consumers’ funding. This was not the preferred option for the service and the service is attempting to rectify this.
* While the service advised ongoing guidance and instruction has been provided to staff, feedback from the Assessment Team identified that not all actions had been completed by staff. The service acknowledged this and advised this will be addressed.
* The service acknowledged the impacts on both consumers and staff and are looking at building in flexibility in staffing models to ensure services are delivered to consumers.

The service was unable to demonstrate that changes made to consumers’ care and services were in line with consumers’ assessed needs. Management interviewed advised that care plans have not been updated to reassess consumers’ goals and needs when increasing shift durations for staff.

Management interviewed advised an internal team would conduct a quality audit in September 2022 and the service will use this opportunity to ensure all identified actions are fully implemented.

The service was unable to demonstrate the governing body has the necessary oversight to monitor the full implementation the recent changes into the system, ensuring impacts to consumers’ care, services, and funding are minimised. Management acknowledged the deficiencies identified by the Assessment Team and advised they will continue to work with consumers, representatives, staff and relevant stakeholders to ensure compliance with all necessary legislation, Standards and guidance.

In response to the Assessment Report, the service provided a draft copy of the proposed Addendum (Amendment) to the Home Care Agreement, Individualised Budget and/or Care Plan to gain informed consent from consumers for any changes. The service advised that where consumers wish for their services to remain unchanged, the service will ensure this occurs and advised they are considering other staffing options to ensure service delivery. The service stated further letters have been sent to consumers advising of the incoming SCHADS changes with a sample check of consumers undertaken internally to ensure consumers have relevant information and are supported to understand the information.

The service advised an internal audit is being prioritised of consumer budgets to ensure that budgets are up-to-date and in line with available funding. As stated in Requirement 1(3)(e), the service advised that while this work is still underway however is a priority for the service.

In considering the Assessment Team report, further information provided by the service and acknowledging the work underway, this requirement remains non-compliant as the service considers options to best support consumers including implementing staffing arrangements and implementation of the Addendum into business as usual.

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| Requirement 8(3)(c) | HCP | Not Assessed |

*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.*

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| Requirement 8(3)(d) | HCP | Not Assessed |

*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.*

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| Requirement 8(3)(e) | HCP | Not Assessed |

*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.*

# 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.

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| Requirement 1(3)(e) | HCP | Not Compliant |

*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.*

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

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