**Performance**

**Report**

**1800 951 822**

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| Name of service: | Senior Helpers Northern Tasmania |
| Service address: | 63-65 Cameron Street LAUNCESTON TAS 7250 |
| Commission ID: | 301022 |
| Home Service Provider: | Mosel Williams Care Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 6 December 2022 to 9 December 2022 |
| Performance report date: | 10 January 2023 |

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

**This performance report**

This performance report for Senior Helpers Northern Tasmania (**the service**) has been prepared by M Cooper, 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.

# Services included in this assessment

**Home Care:**

* Seniors Helpers Northern Tasmania, 26932, 63-65 Cameron Street, LAUNCESTON TAS 7250

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received on 9 January 2023 consisting of a covering letter, an agenda for a proposed management meeting to be held on 17 January 2023 and a list of client related issues to be addressed,
* Aged Care Act 1997 [Cth]
* Aged Care Quality and Safety Commission Act 2018 [Cth]
* Aged Care Quality and Safety Commission Rules 2018 [Cth]
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Home Care Package Program operational manual a guide for home care providers September 2021

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

* Requirement 1(3)(d)
* Requirement 1(3)(e)
* Requirement 2(3)(a)
* Requirement 2(3)(b)
* Requirement 2(3)(c)
* Requirement 2(3)(d)
* Requirement 2(3)(e)
* Requirement 3(3)(a)
* Requirement 3(3)(b)
* Requirement 3(3)(d)
* Requirement 3(3)(e)
* Requirement 3(3)(f)
* Requirement 4(3)(a)
* Requirement 4(3)(d)
* Requirement 4(3)(e)
* Requirement 6(3)(a)
* Requirement 6(3)(c)
* Requirement 6(3)(d)
* Requirement 7(3)(c)
* Requirement 7(3)(d)
* Requirement 7(3)(e)
* Requirement 8(3)(a)
* Requirement 8(3)(b)
* Requirement 8(3)(c)
* Requirement 8(3)(d)
* Requirement 8(3)(e)

# 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. | Non-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. | Non-compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected, and personal information is kept confidential. | Compliant |

Findings

The Assessment Team reports that the Approved Provider is treating the consumers and/or their representatives with dignity and respect. The Provider is also supporting consumers to exercise choice and independence whilst providing culturally safe care and services. The Provider is protecting consumer’s privacy and confidentiality of consumer’s personal information.

However, the Assessment Team reports that the Approved Provider is not providing each consumer with current, accurate and timely information, that is clear and easy to understand. This information will enable them to make informed choices and decisions. It will also provide support to consumers to take informed risks and enable them to live their best life; and monitor how their funds are spent

The Assessment Team reports that the Approver Provider was non-compliant with the following requirements;

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

The Approved Provider was not able to demonstrate that each consumer is effectively supported to take risks to enable them to live the best life they can. The Provider demonstrated that consumers are supported to make decisions about their care and services, including when their choice involves elements of risk. The Provider was not able to demonstrate that it had discussions with the consumers in relation to risks and the possible consequences of their decisions, enabling them to make informed decisions. the Provider had not discussed with consumers strategies to manage the risk whilst supporting them to live their best life.

While management was able to describe processes to support consumers who wished to take risks, including discussion with consumers in relation to the identified risk, its possible consequences, and risk mitigation strategies, they were unable to demonstrate this process had been followed to support consumers dignity of risk. Management advised that the Case Manager (CM), who is no longer employed by the Provider, should have followed this process, however, it could not provide documented evidence of this.

The Provider was not able to demonstrate how they enable consumers to make informed decisions in relation to the risks involved in their refusal to accept ongoing care and services. It was not able to demonstrate that effective risk mitigation strategies had been implemented

The Assessment Team viewed a Level 4 HCP consumer’s care planning documentation from December 2021 to December 2022, including in home reviews and progress notes, showing that the Case Manager had discussions with the consumer in relation to their concerns. The Case Manager had documented that they had encouraged the consumer to ring the Older Persons Advocacy Network (OPAN) Providers, to continue services and discuss safe options, however, the Case Manager had not actively supported the consumers to access those services.

While the Provider demonstrated regular reviews were undertaken for a consumer, there were no effective strategies to mitigate risks, including when their circumstances had changed, and incidents had impacted their care needs. Furthermore, the Provider was not able to demonstrate that they had discussed and/or implemented risk mitigation strategies with the external contractor who was delivering respite services to this consumer. The Provider was not able to demonstrate that effective consumer reviews were undertaken as required, and that the Provider effectively communicates with other organisations involved in the care of consumers.

The Provider was not able to demonstrate that systems and processes in place are effective in guiding staff as to how to support consumers to take risks. Management advised that the Case Managers are guided about dignity of risk in the Case Management manual and attended a forum meeting in 2020 where dignity of risk would have been discussed.

The Assessment Team noted that aspects of dignity of risk are embedded in the manual, such as assessment and reviews, and consumers are provided a dignity of risk factsheet in their home folder. However, these documents do not provide effective guidance to staff in relation to supporting consumers make informed decisions about the risks they wish to take.

One support staff interviewed could describe their understanding of dignity of risk and advised they had undertaken training related to this requirement as part of the Aged Care Quality Standards training modules. However, the Assessment Team was not provided evidence of training undertaken by staff in relation to dignity of risk. Management provided an Acceptance of Risk form, which they said is not used by the Provider, as it absolves the Provider of responsibility or liability related to the identified risks and does not reflect the Quality Standards requirement. Management acknowledged that current systems and processes are not effectively guiding staff, and supporting consumers, in relation to dignity of risk. They advised that they would review the Provider’s processes to support consumers to take risks, including staff education and risk management

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

The Provider was not able to demonstrate that 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. Five of 12 consumers and/or representatives said that they were not always provided with information to enable them to make informed decisions about care and services. Documentation viewed by the Assessment Team confirmed that consumers are not systematically provided with relevant information to effectively enable them to make decisions about care and services.

One consumer said that, although they had been provided with a care plan in their home, it was not explained to them. Three other consumers said they have not been provided a care plan, one of them said they haven’t been given a care plan for years. One consumer said they used to get a weekly schedule, but this has stopped so they do not always know which staff would be providing care and services. Two consumers confirmed that they receive monthly statements. However, one of these consumers could not remember a budget and said the service does not communicate with them about their unspent funds and what additional care/services they could receive.

The other consumer indicated that the services are not broken down on the statement and they do not know what services have been charged; they have asked the service to itemise the charges in their statement, without success, and their statements do not add up. One consumer said they could not remember being provided information about feedback and complaints processes. Documentation viewed by the Assessment Team confirmed that consumers are not systematically provided with relevant information to effectively enable them to make decisions about care and services. Care planning documentation viewed confirmed that care plans and weekly scheduled had not always been developed, updated and/or provided to consumers.

While a weekly schedule had been developed for one consumer it was not clear if this had been provided to them. The service could not find a care plan for this consumer and management stated that it appeared a care plan had not been developed following the initial assessments in September 2022 and review in October 2022. Another consumer was provided a weekly schedule and care plan, both dated January 2022. The Assessment Team noted that the consumer had significant changes to their care delivery due to a wound on her left foot. However, the consumer’s care plan and weekly schedule had not been updated to reflect the changes to their services.

Management advised, and provided documentation confirming, that the service’s care and package management fees are provided in consumer’s HCP agreements; and consumers HCP budgets are embedded in their care plan. However, a review of sampled care plans showed that consumers are not always provided with relevant information in line with the Aged Care Quality Standards and User Rights Principles 2014 under the Aged Care Act 1997.

The Assessment Team noted that, while budgets provided in consumer’s care plans included the service’s management fees and estimated care and services costs, these were not itemised to include Government contributions, as required under the User Rights Principles 2014.

Furthermore, the Assessment Team noted that consumers are not always provided a care plan, and therefore their budget had not been provided to them. Consumers’ monthly statements showed that these included an opening and closing balance, Government and consumer contributions, and funds in and out. While services directly provided by the Provider were itemised, statements for consumers receiving services from contractors were not always itemised and were not enabling consumers to understand how their funds were being spent.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. The Guidance and Resources for Providers to support the Aged Care Quality Standards (the Guidance) states that the intent of requirement 1(3)(d) is, in part, that ‘This requirement is about how the organisation respects a consumer’s wishes and preferences relating to the risks they choose to take.’

In addition to this, the Guidance states that the intent of requirement 1(3)(e) is, in part, ‘Timely and easily understood information is vital for consumers to be able to make informed choices. It is expected that organisations communicate clearly and supply helpful resources about their care and services including the care and services they offer, commitments and obligations

Having regard to the Assessment Team’s report, the Provider’s response at the time of the audit, the Provider’s response to the Assessment Team report, the Provider’s obligations under the Aged Care Act 1997 and the Guidance, I have reasonable grounds to form the view that the Provider has not complied with requirement 1(3)(d) and 1(3)(e)

The Quality Standard for the Home Care Packages service is assessed as non-compliant as two of the six specific requirements have been assessed as non-compliant.

# 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. | Non-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. | Non-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. | Non-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. | Non-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. | Non-compliant |

Findings

The Assessment Team reports that the Approved Provider is not undertaking effective initial and ongoing assessment and planning for care and services including consideration of risks to consumers’ health and well-being to inform delivery of safe and effective services, as well as advanced care and end of life planning if consumer wishes. The Provider is not ensuring that assessment and care planning is based on ongoing partnership with consumers, and others involved in the care of consumers. Further to this, the Provide is not effectively communicating outcomes of assessment and planning to consumers and ensuring these are consistently documented in consumer’s care plans that are made available to consumers and staff at point of care. The Provider is not reviewing services for consumers regularly for effectiveness, and when there is a change in consumers’ needs or condition such as following incidents.

The Assessment Team’s report articulates where the Provider had not complied with the requirements in this standard

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

The Provider was not able to demonstrate that assessment and planning, including consideration of risks to the consumer’s health and wellbeing, informs the delivery of safe and effective care and services. Care planning documents viewed for 13 HCP consumers showed that the Provider does not consistently complete assessments related to risks to consumers’ safety, health and wellbeing, to inform delivery of safe and effective care. For some consumers, while key risks had been identified, these had not been assessed and strategies to manage those risks had not been documented

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

The Provider was not able to demonstrate that 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. Care planning documents viewed for consumers showed that assessments are informed by discussions with consumers and representatives about their needs, goals and preferences. Overall, care staff demonstrated they know some consumers well, including their needs and preferences about care and services.

The Provider was not able to demonstrate that assessment processes are consistently and effectively considering the consumer’s conditions and medical history, to ensure care and services are tailored to their needs. Furthermore, there was insufficient evidence that advance care and end of life planning had been raised with all consumers, if the consumer wishes. The Provider was not able to demonstrate that assessment processes are consistently and effectively use to consider the consumer’s conditions and medical history, to ensure care and services are tailored to their needs and preferences.

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

The Provider was not able to demonstrate that it carries out assessment, planning and reviews based on ongoing partnership with consumers and any person that the consumer wishes to be involved. While the Assessment Team viewed evidence of consumer and/or representatives' involvement, it was not consistently and effectively informing assessment, planning and reviews of care and services. Care planning documentation identified, and management confirmed that allied health professionals, medical officers, and other providers of care and services involved in the care of the consumer, are not effectively involved in ongoing assessment and planning by the Provider

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

The Provider was not able to demonstrate that assessment and planning information was effectively communicated to the consumer and documented in a care and services plan that was readily available to the consumer at the point where care and services were provided. The Assessment Team identified through review of consumer’s care documentation that the service does not systematically develop a care plan, and when they do, it is not effectively informed by assessment and planning, in consultation with consumers, representatives, and/or others involved in the care of consumers. This is required to ensure the safe and effective delivery of care and services. Consumers and/or representatives interviewed could not recall being offered a support plan or having a copy in their home. Staff advised that consumer’s information is available in their mobile application, however, the information is generic, and they relied on their knowledge of the consumers

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

The Provider was not able to demonstrate that 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. Care planning documentation viewed showed that, when reviews were completed, these were not always effectively identifying risks to consumers, including following incidents or when circumstances changed, and strategies to mitigate risks have not consistently been actioned following the reviews and embedded into care and services delivery

It is noted that Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. Section 19AD of the User Rights Principle 2017 also creates a legal obligation for an Approved Provider to provide written care and service plan. The Home Care Packages Program operational manual at chapter 7.1 states that ‘Providers must undertake initial and ongoing assessment and planning to meet Standard 2 of the Aged Care Quality Standards’. The Guidance and Resources for Providers to support the Aged Care Quality Standards articulates the purpose and scope of standard 2 which is part states ‘The plan needs to be regularly reviewed so that changes in a consumer’s health or abilities are picked up.

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s response to the Assessment Team’s report, the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with the any of the requirements under this Standard.

The Quality Standard for the Home Care Packages service is assessed as non-compliant as five of the five specific requirements have been assessed as non-compliant.

# 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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. | Non-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. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-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

The Assessment Team reports that the Approved Provider is demonstrating systems are in place to recognise and address consumer’s needs, goals and preferences when nearing end of life. The Provider is also minimising infection-related risks for consumers by implementing precautions to control infection. However, the Assessment Team reports that the Provider is not ensuring that each consumer gets safe and effective personal and/or clinical care that is best practice, tailored to their needs, and optimises their health and wellbeing or effectively managing high-impact or high-prevalence risks associated with the care on consumers. The Provider was not effectively identifying, reporting and responding to consumer’s deterioration or change in mental health, cognitive or physical function, capacity or condition.

The Provider is not effectively documenting and communicating information about the consumers condition, needs and preferences within the organisation, or where the responsibility for care is shared with other service providers. Further to this the Provider is not ensuring timely and appropriate referrals of consumers to other organisations and providers of other care and services

The Assessment Team’s report articulates where the Provider had not complied with the requirements in this standard:

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

The Provider was not able to demonstrate that all consumers get safe and effective personal and clinical care, that is best practice, tailored to their needs and optimises their health and wellbeing. Care planning documentation viewed for sampled consumers showed that the service does not consistently provide clinical care in line with best practice in relation to medication, diabetes and wound management, or in line with consumer’s assessed needs.

The Guidance states that the intent of this requirement is, in part, ‘sets out the expectation that organisations do everything they can to provide safe and effective personal and clinical care’

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

The Provider was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Staff did not consistently identify, report and manage consumer’s risks and incidents. When incidents were documented, these were not always followed up and consumer’s care needs, and risks were not effectively reviewed, and management strategies implemented, to prevent further incidents for the consumers.

The Guidance states that the intent of this requirement is, in part, ‘to meet this requirement, organisations need to do all they can to manage risks related to the personal and clinical care of each consumer. This means following best practice guidance and applying measures to make sure the risk is as low as possible whilst supporting a consumer’s independence and self-determination to make their own choices including to take some risks in live’

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

The Provider was not able to demonstrate that deterioration or change of consumers’ mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. The service does not have robust processes in place to support staff to identify, report, escalate and/or follow up appropriately. The Assessment Team viewed care planning documentation for 7 consumers showing that consumer deterioration and/or changes had not been recognised and responded to appropriately.

The Guidance states that the intent of this requirement is, in part, ‘This requirement explains how organisations are expected to respond to deterioration or change in a consumer’s mental health, cognitive of physical functions, capacity or condition.’

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

The Provider was not able to demonstrate that information about consumer’s needs, preferences, conditions and changes are consistently and effectively documented and communicated within the organisation, and with other service providers where responsibility for care is shared. Care planning documentation viewed by the Assessment Team showed that important information about consumer’s care, including incidents, deterioration or changes, is not consistently and effectively documented, reviewed and communicated to staff and external contractors to inform safe and quality care and services.

The Guidance states that the intent of this requirement is, in part, ‘to focus on the communications processes that organisations are expected to have, so that their workforce has information about delivering safe and effective personal and clinical care and understanding the consumer’s conditions needs, goals and preference. The information the workforce has access to should help them provide and coordinate care that respects the consumer’s choices. Good information management systems mean the consumer doesn’t have to keep repeating their story.’

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

The Provider was not able to demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services. Care planning documentation viewed for 4 consumers showed that referrals to specialised services were not considered and/or undertaken appropriately in relation to consumer’s malnutrition, swallowing difficulties, refusal of care and services, and incontinence

The Guidance states that the purpose and scope of Standard 3 is, in part, Consumers and the community expect the safe, effective and quality delivery of personal and clinical care. The Standard applies to all services delivering personal and clinical care specified in the Quality of Care Principles 2014.

It is noted that Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s response to the Assessment Team’s report, the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider is not complying with requirement 3(3)(a), 3(3)(b), 3(3)(d), 3(3)(e) and 3(3)(f) of this Standard

The Quality Standard for the Home Care Packages service is assessed as non-compliant as five of the seven specific requirements have been assessed as non-compliant.

# 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. | Non-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. | Non-compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-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

The Assessment Team reports that the Approved Provider has demonstrated that that services and supports for daily living promote consumer’s emotional, spiritual and psychological wellbeing, and assist consumers to participate in their community are being delivered. Also, when meals and equipment are provided, they are suitable and meet consumer’s needs, goals and preferences.

However, the Assessment Team reports that the Provider is not delivering safe and effective support and services for daily living that optimise consumers’ independence, well-being and quality of life, nor is it demonstrating an effective and consistent documentation and communication of consumer centric information within the organisation and contractors. Also, the Provider is not demonstrating timely and appropriate referrals to individuals, other organisations and providers of other care and services.

The Assessment Team provided the following reasons as to why specific requirements of this Standard were found to be non-compliant:

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

The Provider was not able to demonstrate that each consumer gets safe and effective services and supports for daily living that meet their needs, goals and preferences, and optimises their independence, health, well-being and quality of life. While consumers and/or representatives interviewed were satisfied with services and supports for daily living they receive, the Assessment Team identified through care planning documentation, interviews with staff and management, that 2 consumers were not always effectively supported with their daily living needs, including ongoing monitoring of consumers when they refuse services, timely and appropriate referrals, and purchase of equipment as per assessed needs.

The Guidance states that the intent of this requirement is, in part, ‘receiving safe and effective services and supports for daily living can help consumers to be as independent as possible and maintain a sense of well-being. When these are tailored to their needs, goals and preferences, this helps to improve the consumers quality of life’

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

The Provider was not able to demonstrate that information about consumer’s needs and preferences are consistently and effectively documented and communicated within the organisation, and with others where responsibility for care is shared. Standard 3 requirement (3)(e), care planning documentation viewed for sampled consumers showed that important information about consumer’s care, including incidents, deterioration or changes, is not consistently and effectively documented, reviewed and communicated to staff and external contractors to inform safe and quality care and services.

Care plans are not systematically developed, and readily available to consumers, staff and contractors at point of care. When care plans are available, they are not always up-to-date and/or do not always include relevant information about the consumer such as risks and conditions, and management strategies to ensure safe and quality services and supports for daily living. External contractors do not have access to consumer information electronically and referrals are not systematically sent to them to inform them about services for daily living to be provided. Furthermore, they do not have access to the electronic system and/or mobile application to document relevant information about consumers such as care and service delivery, deterioration or changes.

The Guidance states that the intent of this requirement is, in part, ‘focuses on the communication processes that organisations are expected to have. So that their workforce has information about delivering safe and effective services and supports for daily living and understanding the consumer’s conditions, needs, gaols and preferences.’

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

The Provider was not able to demonstrate timely and appropriate referrals to other organisations and providers of other care and services were considered and/or undertaken. The service did not demonstrate effective systems and processes to ensure an effective network of external providers they can refer to, or collaborate with, to meet the needs of consumers for their daily living. When asked about networking with other providers and organisations they can refer consumers to, or collaborate with, management advised they do not have networks to refer consumers such as other community services to meet consumer’s needs for daily living, wellbeing and quality of life. They advised that the service has a Quality-of-Life program, to support consumers identify and engage in things they like and are important to them in their daily life, including connecting them with other activities and programs providers, however, it has not yet been implemented.

The Guidance states that the intent of this requirement is, in part, ‘an organisation may not be able to provide all the services and supports for daily living that a consumer needs to have meaning, purpose and connectedness in their life. However, its expected that organisations support and help the consumers to follow activities they are interested in, take part in social activities and maintain and develop social and personal relationships.’

The Guidance sights the Organisation statement for this Standard as ‘The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.’

It is noted that Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Providers response to the Assessment Team report, the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider is not complying with requirements 4(3)(a), 4(3)(d) and 4(3)(e)

The Quality Standard for the Home Care Packages service is assessed as non-compliant as three of the seven specific requirements have been assessed as non- compliant.

# 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

As the service does not provide a service environment this Standard is 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. | Non-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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

The Assessment Team reports that the Approved Provider is supplying information to consumers about internal and external feedback and complaints processes.

However, the Assessment Team reports that the Provider is not encouraging and supporting consumers and or their representative to provide feedback and make complaints. It is not appropriately documenting and actioning feedback and complaints, to the satisfaction of consumers and representatives and applying open disclosure when things go wrong. The Provider is not using feedback and complaints to inform improvements to consumer’s care and service delivery.;

The Assessment Team provided the following reasons as to why specific requirements of this Standard were found to be non-compliant:

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

The Provider was not able to demonstrate that all the consumers, and others on their behalf, are encouraged and supported to provide feedback and make complaints. Consumers and/or representatives interviewed either did not know how about the service’s feedback and complaints process, or did not feel supported by the service as, when they had provided feedback in the past, it was not actioned.

Care staff interviewed said they would document consumers’ feedback as part of their progress notes in their mobile application. However, the Assessment Team identified that progress notes are not effectively reviewed and followed up by the service to ensure that consumers feel supported when they raise feedback and complaints. Four of 12 consumers and/or representatives interviewed either did not know about the service’s feedback and complaints process, or did not feel supported by the service as, when they had provided feedback in the past, as it was not followed through.

Care staff interviewed said they would document consumers’ feedback as part of their progress notes in their mobile application. However, the Assessment Team identified that progress notes are not effectively reviewed and followed up by the service to ensure that consumers feel supported when they raise feedback and complaints.

On a positive note the Provider was able to demonstrate that it had some understanding and application of the requirement. Of the consumers and or their representatives who were interviewed they stated that they would feel comfortable ringing the services if they had concerns with one consumer confirming that they had received feedback and complaints processes information.

The Assessment Team viewed evidence of information provided to consumers at commencement of services in their home folder including internal and external feedback and complaints processes. Although the service provides information to new consumers about internal and external feedback and complaints, it does not effectively encourage and support consumers through the current processes.

The Guidance states that the intent of this requirement as ‘describing how organisations need to welcome feedback and complaints as an opportunity to learn about ways in which they can improve outcomes for consumers. Organisations must recognise that consumers have the right to raise concerns and make complaints about the care and services they receive from the organisation. The organisation must have in place best practice complaints handling and resolutions systems that facilitate and support consumers to make complaints.

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

The Provider was not able to demonstrate that appropriate action is taken in response to feedback and complaints, and that an open disclosure process is used when things go wrong. Some consumers and/or representatives interviewed said they are not satisfied that issues raised with the Provider had been followed up and actions taken to their satisfaction. The Provider does not have an effective process to ensure consumer feedback is consistently documented, followed up and actioned appropriately, including open disclosure when relevant. The Provider does not have an effective process to ensure consumer feedback is consistently documented, followed up and actioned appropriately, including open disclosure when relevant. The Provider did not provide evidence that complainants were always issued an apology when things went wrong; that the service involved the consumers in the investigation and resolution process; that the service sought feedback from complainants to ensure they were satisfied with the outcomes; and/or continuous improvement activities were identified and undertaken as a result.

The Guidance states that the intent of this requirement is, in part ‘This requirement covers the actions that an organisation is expected to take in response to complaints. It’s expected that the organisation will have a best practice system for managing and resolving complainants for consumers.’

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

The Provider was not able to demonstrate that feedback and complaints were effectively reviewed and used to improve the quality of care and services. The service does not have an effective feedback and complaints management system to inform continuous improvement activities. The Provider stated that in addition to feedback and complaints processes, consumers can be involved in improvements to care and services through surveys. However, management advised that the last survey conducted in 2021 was not effective in identifying opportunities for improvement. They stated that a survey was sent to all their consumers in Tasmania (including consumers receiving services through other programs) and only 13 consumers responded. Furthermore, the Provider was not able to discern which responses related to the HCP program to effectively inform areas for improvement. Management advised that, in future, they will ensure the survey questions are targeted and relevant to each program type, and surveys will be sent in batches by program type, so they can monitor responses and clearly identify areas for improvement

The Guidance states that the intent of this requirement in part as ‘the organisation is expected to have a best practice system to manage feedback and complaints. Organisations should use this system to improve how they deliver care and services’

The Guidance states that the organisation statement for Standard 6 is ‘the organisation regularly seeks input and feedback from consumers. Carers, the workforce and others and uses that input and feedback to inform continuous improvements for individual consumers and the whole organisation

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. Section 56-4(1)(a) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to establish a complaints resolutions mechanism. Although the Provider a complaints resolutions mechanism, in place it appears that the system is not being fully utilised to support the implementation of this Standard.

Having regard to the Assessment Team’s report, comments made by the Approved Provider at the time of the audit, the Approved Provider’s response to the Assessment Team report, the Approved Provider’s obligations under the Aged Care Act 1997 and the Age Care Quality Standards, I have reasonable grounds to form the view that the Provider has not complied with requirement 6(3)(a), 6(3)(c) or 6(3)(d)

The Quality Standard for the Home Care Packages service is assessed as non-compliant as three of the four specific requirements have been assessed as non- compliant.

# 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. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |

Findings

The Assessment Team reports that the Approved Provider is regularly reviewing workforce planning to ensure there is enough staff with the right skill mix to deliver quality care and services that meet consumer needs and preferences demonstrating that staff interactions with consumers are kind, caring and respectful.

However, the Provider is not engaging a competent and skilled workforce, to enable the provision of quality care and services to consumers. The Provider is not providing induction, education support and review to the workforce to ensure retention of skilled staff.

The Assessment Team provided the following reasons as to why specific requirements of this Standard were found to be non-compliant

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

The Provider was not able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. While consumers and/or representatives said they have confidence that staff are competent and skilled, management could not demonstrate an effective process for ensuring staff have the required competencies to perform their role.

Management was unable to demonstrate how they ensure staff have the competence to undertake their roles to ensure that care and services to consumers are safe and of a quality standard. The Guidance states that the intent of this requirement is, in part, ‘This requirement is intended to make sure the workforce has the skills, qualifications and knowledge they need for their role to provide care and services’.

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

The Approved Provider was not able to demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. Sampled consumers and representatives did not express any specific concerns in relation to this requirement. While some staff interviewed described how they felt supported by the service to undertake their roles, 3 staff described a lack of training and support to undertake quality care and services to consumers. Management could not demonstrate that their systems and processes could ensure that staff complete the requisite training and how staff are equipped and supported with policies and procedures to guide staff practice. The Provider did not adequately demonstrate that all staff are trained and supported to perform their roles when delivering services to consumers. Systems and processes are not always effective to ensure their staff are trained and equipped to deliver the outcomes as required by these Standards. The Guidance states that the intent of this requirement is, in part, ‘it is expected that members of the workforce receive the ongoing support, training, professional development, supervision and feedback they need to carry out their role and responsibilities’.

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

The Approved Provider was not able was not able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. While 2 staff interviewed described being involved in a performance appraisal process, documentation demonstrated, and management confirmed that these processes were not completed, nor monitored by the service. Management described recent performance management processes undertaken because of issues being identified from external complaints. Management acknowledged that they have not had the appropriate oversight of the service, due to the vast growth of the service, to ensure that the performance of staff is monitored, however, they have identified the need to employ more staff to support them in their role, including the recently employed Operations Manager. In addition, the Operations Manager is now undertaking a professional supervision and support process with all office staff. The Provider is employing a Lead Lifestyle Concierge who will be responsible for the supervision and performance monitoring of all care staff. The Provider was unable to demonstrate they undertake regular assessment, monitoring and review of the performance of each member of the workforce and there was no evidence there is an effective system to monitor the provision of performance appraisals to identify training and support needs for staff.

The Guidance states that the intent of this requirement is, in part, ‘all members of the workforce are expected to have an appropriate person regularly evaluate how they are performing their role and identify, plan for and support any training and development they need.’

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. Requirement 7(3)(d) places a very specific obligation on the Provider to recruit, train, equip and support its workforce to deliver the outcomes required by these standards. The implementation of policies, procedures and strategies to comply with its obligations would also enhance a support workers career and ability to deliver safe and quality services to consumers

Having regards to the Assessment Team’s report, the comments from the Approved Provider at the time of the audit, the Approved Provider’s written response to the Assessment Team’s report, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 7(3)(c), 7(3)(d) and 7(3)(e).

The Quality Standard for the Home Care Packages service is assessed as non-compliant as three of the five specific requirements have been assessed as non-compliant.

# 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. | Non-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. | Non-compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-compliant |
| 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. | Non-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. | Non-compliant |

Findings

The Assessment Team reports that the Approved Provider is not encouraging feedback from consumers to evaluate care and services. It did not demonstrate that it was promoting a culture of safe, inclusive, quality care and services, and is accountable for the delivery of care and services. The Provider was not able to demonstrate effective organisation-wide governance systems, including risk management and clinical governance framework to ensure risks to consumers are mitigated and to ensure the delivery of safe, quality care and services

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

The Approved Provider was not able to demonstrate that consumers are engaged in the development, delivery and evaluation of care and services, and are supported in that engagement. Staff and management could not describe how consumers are actively engaged in the development, delivery and evaluation of care and services beyond that associated with a review of their care and services, and feedback processes. The Managing Director did not demonstrate they apply effective governance systems to meet the requirements of the Quality Standards to enable consumers to feel they are partners in improving the delivery of care and services. The Provider service could not demonstrate that there is an organisation wide approach to involve consumers in developing, delivering and evaluating their care and services

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

The Approved Provider was not able to demonstrate how they promote a culture of safe, inclusive, quality care and services, and is accountable for their delivery. There was no evidence that the Managing Directors ask for or received the information they need from the service delivery team to meet their responsibilities under this requirement. There was no evidence provided to demonstrate that the Managing Directors understand and set priorities to monitor and improve the performance of the service against the Quality Standards.

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

The Approved Provider was not able to demonstrate it has effective organisation wide governance systems in place for managing and governing all aspects of care and services in relation to information management, continuous improvement, workforce governance, regulatory requirements and feedback and complaints.

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

The Approved Provider was not able to demonstrate effective systems and processes that help them identify, assess and manage risks to the health, safety and well-being of consumers. The service did not demonstrate understanding and application of this requirement in relation to managing high impact or high prevalent risks associated with the care of consumers, and to support consumers to live the best life they can. While most staff advised they had received training in the identification and response to elder abuse, the service was not able to demonstrate how they responded to an allegation of abuse for one consumer. The service did not demonstrate an effective incident management system (IMS) and practices to manage risks associated with the care of aged care consumers. While there is evidence that other groups within the organisation report on information in relation to risk management, including incidents, there was no evidence that this data is utilised to minimise the risks for consumers and reoccurrence of incidents for consumers at the service.

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

The Approved Provider was not able to demonstrate that where clinical care is provided, a clinical governance framework exists, including guidance on antimicrobial stewardship, minimising the use of restricted practices and open disclosure. In response to feedback provided by the Assessment Team, the Managing Director advised they will be engaging an external consultant to ensure appropriate mechanisms are embedded for the clinical oversight of consumers’ care and will utilise the Commission’s ALIS modules in the first instance. The Approved Provider did not demonstrate an effective clinical governance framework to ensure systems and processes are effective to maintain the reliability, safety and quality of the clinical care delivered to consumers. The Guidance states that the organisation statement from this standard is ‘the organisations governing body is accountable for the delivery of safe and quality care and service’

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards.

Having regards to the Assessment Team’s report, the comments from the Approved Provider at the time of the audit, the Approved Provider’s written response to the Assessment Team’s report, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e)

The Quality Standard for the Home Care Packages service is assessed as non-compliant as five of the five specific requirements have been assessed as non-compliant.

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