Sequel Home Based Care

Performance Report

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| **Address:** | 40 Burgundy Street HEIDELBERG VIC 3084 |
| **Phone:** | 03 9499 1200 |
| **Commission ID:** | 300899 |
| **Provider name:** | Denmarlyn Pty Ltd |
| **Activity type:** | Quality Audit |
| **Activity date:** | 20 June 2022 to 22 June 2022 |
| **Performance report date:** | 24 August 2022 |

# Performance report prepared by

A. Grant, 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:**

* Sequel Home Based Care, 26400, 40 Burgundy Street, HEIDELBERG VIC 3084

# Overall assessment of Service

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

# 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 Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, Consumers and/or representatives and others
* the provider’s response to the Quality Audit report received 23 August 2022

# STANDARD 1 Consumer dignity and choice

# HCP 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

Consumers and/or representatives interviewed by the Assessment Team provided positive feedback indicating consumers are treated respectfully and with dignity. The Assessment Team noted staff interviewed were familiar with the consumers they support and were understanding of consumers’ cultural backgrounds and diverse needs.

Consumers and/or their representatives interviewed by the Assessment Team expressed satisfaction that staff understand their needs and preferences and that their service is delivered in a culturally safe manner. Evidence analysed by the Assessment Team showed care documentation included information on consumers’ backgrounds and specific consumers’ preferences are identified during the initial assessment. The Assessment Team noted support workers receive handover information regularly which includes the individual needs of each consumer.

Consumers and/or representatives interviewed by the Assessment Team commented that consumers are supported to make decisions about their care, communicate these decisions and maintain connections with others. Care documentation analysed by the Assessment Team showed the involvement of others at the consumer’s choice, including Enduring Powers of Attorney.

Consumers and/or representatives interviewed by the Assessment Team could not provide examples of any risks they take to live the life they choose. However, consumers expressed satisfaction that staff understood what matters to them and support them to live as independently as possible at home.

Consumers and/or representatives interviewed by the Assessment Team stated they receive information that is easy to understand and enables them to make decisions about their care and services. Consumers and/or representatives interviewed by the Assessment Team stated individualised budgets are discussed with them and they receive monthly statements which are easy to understand. The Assessment Team analysed evidence which showed consumers and/or representatives receive a range of information when they commenced with the service and email/mail correspondence as required.

Consumers and/or representatives interviewed by the Assessment Team expressed, in various ways, confidence that their personal information is kept confidential. The Assessment Team analysed evidence which showed consumer’s care information is stored in an electronic database which is password protected and when in a paper format, securely stored. Staff interviewed by the Assessment Team demonstrated an understanding of their responsibilities in maintaining confidentiality of consumer information and explained how consumer consent is gained prior to the sharing of personal information.

The Quality Standard for the Home care packages service is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

**Assessment of Standard 1 Requirements**

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| --- | --- | --- |
| Requirement 1(3)(a) | HCP | Compliant |

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

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| --- | --- | --- |
| Requirement 1(3)(b) | HCP | Compliant |

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

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| --- | --- | --- |
| Requirement 1(3)(c) | HCP | Compliant |

*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 | Compliant |

### *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 | 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.*

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| --- | --- | --- |
| Requirement 1(3)(f) | HCP | Compliant |

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

# STANDARD 2 Ongoing assessment and planning with consumers

# HCP Not Compliant

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Evidence analysed by the Assessment Team showed the services assessment and planning processes identify and address the consumer’s current needs, goals and preferences including advance care planning. The Assessment Team found advance care planning is discussed during the assessment process. Evidence analysed by the Assessment Team showed the service does not have any consumers that are identified as requiring palliative care. Management advised the Assessment Team during interviews that if a consumer was nearing the end of their life that they would assist them to link with a palliative care service. During interviews with the Assessment Team management stated most consumers transfer to a nursing home when they are palliative and when needs are high, evidence shows discussions occur with their family.

Evidence analysed by the Assessment Team showed assessment and care planning are completed in partnership with consumers and others they wish to have involved in their care. Consumers and/or representatives interviewed by the Assessment Team confirmed involvement in all decisions relating to their care. Evidence analysed by the Assessment Team showed the service identifies main contacts, including decision makers involved in consumers’ care. Care files sampled by the Assessment Team included recommendations from other organisations and services involved in their care, for example nursing services, occupational therapists, physiotherapists, podiatrists and general practitioners.

Evidence analysed by the Assessment Team showed the outcomes of assessment and planning are communicated to the consumer and/or representative in a care plan that is readily available to the consumer. Evidence analysed by the Assessment Team showed the care plan is provided to the consumer and/or representative. Support workers interviewed by the Assessment Team advised they are provided with a verbal handover from the coordinator. During interviews with the Assessment Team management stated that consumers and/or representatives are provided with a copy of their care plan and support workers receive a verbal handover from the coordinator, a short message service (SMS) and at times an email.

Evidence analysed by the Assessment Team showed the outcomes of assessment and planning are communicated to the consumer and/or representative in a care plan that is readily available to the consumer. Evidence analysed showed the care plan is provided to the consumer and/or representative. Support workers interviewed by the Assessment Team advised they are provided with a verbal handover from the coordinator.

Evidence analysed by the Assessment Team showed care and services are reviewed as consumers’ needs change, reviews are monitored via an electronic spreadsheet and care plans document a review date. However, the Assessment Team noted when a consumer transitions from one level to a higher-level package or returns from hospital a reassessment is not conducted by the service. Evidence analysed by the Assessment Team showed an annual review of the consumers care plan is conducted and changes to services are made, however the Assessment Team noted there is no formal review or reassessment of their care needs completed at that time. Detailed evidence is provided below in the relevant requirements.

The Assessment Team reviewed care plans for consumers and consumer electronic and paper files and identified not all the relevant information from assessments pertaining to the consumers care needs is documented. Evidence analysed by the Assessment Team showed for some consumers assessments could not be located and were not on file. Detailed evidence is provided below in the relevant requirements.

The Quality Standard for the Home care packages service is assessed as Not Compliant as two of the five specific requirements have been assessed as Not Compliant.

**Assessment of Standard 2 Requirements**

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| Requirement 2(3)(a) | HCP | Not Compliant |

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

The Assessment Team analysed evidence which identified some consumers assessments could not be located and were not on file. For example:

Consumer A (HCP L3) assessment conducted on 22 December 2021, identified Consumer A has alcohol related dementia and poor balance. Consumer A’s representative confirmed an assessment of Consumer A’s care needs was conducted. The Assessment Team noted a discussion with the care manager identified they were not aware of any falls since he commenced receiving services. Evidence analysed by the Assessment Team showed no falls risk or skin assessments were sighted for his catheter care.

Evidence analysed by the Assessment Team showed Consumer B (HCP L4) was assessed for a Level 2 package on 7 June 2021 identifying Consumer B was a high falls risk due to knees giving away and being overweight. Evidence analysed showed a physiotherapy assessment was conducted on 1 July 2021 which identified she had had a fall in her kitchen on 23 December 2020 and fractured her right hip and has pain in bilateral knees all limiting her mobility.

Evidence analysed by the Assessment Team showed an occupational therapy assessment for equipment was conducted on the 9 September 2021. The assessment identified Consumer B’s husband assists with all transfers including on and off the bed, Consumer B can pivot transfer however she cannot tolerate standing unaided as Consumer B’s knees buckle. A lifting device was discussed such as a sera steady or similar. The Assessment Team noted discussions with care manager could not confirm if a lifting device was in the home. During interviews with the Assessment Team management stated that family had returned equipment that had been previously recommended. The Assessment Team noted there was no risk assessment conducted or strategies documented to mitigate her risk of falls.

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| Requirement 2(3)(b) | HCP | Compliant |

*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.*

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| Requirement 2(3)(c) | HCP | Compliant |

*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.*

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| Requirement 2(3)(d) | HCP | Compliant |

*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.*

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| Requirement 2(3)(e) | HCP | Not Compliant |

*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.*

During interviews with the Assessment Team management stated they do not complete an assessment when a consumer transitions from one level package to another.

Consumer C (HCP L4) initially commenced on a Level 3 package on 14 May 2021 and upgraded to a Level 4 package on 1 February 2022. Evidence analysed by the Assessment Team showed Consumer C’s care plan was reviewed and updated on 1 February 2022, identifying Consumer C’s care needs have increased due to Consumer C’s physical and cognitive deterioration. However, the Assessment Team noted, a review of his care needs to identify Consumer C’s increase in care and services from one level package to another was not conducted by the service. Evidence analysed showed Consumer C has had several falls and had fractures to both arms. The Assessment Team analysed evidence which showed a hospital discharge summary was requested by fax on the 5 January 2022 but did not include who the fax was sent to. During interviews with the Assessment Team management said this may indicate it was not sent. Evidence analysed showed there has been no review of his care needs other than his care plan being updated on 1 February 2022 although he had changing needs following his fractures and falls.

Evidence analysed by the Assessment Team showed Consumer D (HCP L3) initial assessment for a home care package Level 1 was conducted, however not dated. Evidence analysed by the Assessment Team showed Consumer D was not assessed or reviewed when Consumer D transitioned to a higher-level package in July 2021. Evidence analysed by the Assessment Team showed Consumer D’s initial assessment for Level 1 package identified rheumatoid arthritis, constant pain in Consumer D’s right arm, pain in her right wrist, macular degeneration, social isolation, depression, anxiety and memory loss.

Evidence analysed by the Assessment Team showed Consumer E (HCP L3) commenced on a Level 2 package on 28 July 2020 and transitioned to a Level 3 on 13 October 2020. Consumer D has had several hospital admissions with Consumer D most recent in December 2021. Evidence analysed by the Assessment Team showed staff conducted a home visit on 4 January 2022 to discuss admission to a nursing home as Consumer D’s partner was finding it difficult to manage on his/her own. Evidence analysed by the Assessment Team showed there was no review of Consumer D’s care needs conducted after Consumer D was discharged from hospital. Evidence analysed by the Assessment Team showed a review of Consumer D’s electronic and paper files identified a care plan was developed on 15 October 2020 and the succeeding plan was dated 14 June 2022. The Assessment Team identified there were no reviews of Consumer D’s care needs in between.

# STANDARD 3 Personal care and clinical care

# HCP Compliant

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Support workers interviewed by the Assessment Team had a good understanding of consumer’ care needs and could demonstrate safe and effective care. Evidence analysed by the Assessment Team showed management of high impact or high prevalent risks such as consumers’ falls generally include strategies and referrals to allied health to mitigate further risk to the consumer.

Management interviewed by the Assessment Team were able to describe processes they would provide to enable consumers to receive end of life care at home in line with consumer’s wishes. Management when interviewed by the Assessment Team were aware of end of life planning and advanced care directives. The Assessment Team noted outlined how they ask the questions during the assessment process and that they document the consumers and/or representative’s response.

During interviews with the Assessment Team consumers, representatives and staff described how changes in consumers’ health are identified and responded to. Evidence analysed by the Assessment Team showed staff are responsive to changes in health and well-being and take timely action. The Assessment Team analysed evidence which showed ongoing and continual monitoring occurs. Support workers interviewed by the Assessment Team advised if they identify a deterioration in a consumer’s care needs, they contact the office and discuss this with a coordinator. Management interviewed by the Assessment Team stated support workers contact the office if they identify any changes in a consumers’ care needs, office-based staff would document the feedback from the support worker in the consumer’s progress notes.

The provider advised during interviews with the Assessment Team they use various ways to document and communicate consumers condition, needs and preferences within the organisation and with others. Support workers interviewed by the Assessment Team were able to describe how they receive sufficient information regarding consumers care and services.

Consumers and/or representatives interviewed by the Assessment Team were satisfied referrals occur to health professionals and other services when needed in a timely manner. Evidence analysed by the Assessment Team showed consent from consumers to share information is sought for referrals to occur.

Evidence analysed by the Assessment Team showed the service demonstrated that it has processes to ensure consumers and staff are safe and infection related risks are minimised. During interviews with the Assessment Team management advised they follow Department of Health guidelines; they provided staff with face masks and hand sanitiser and expect staff to carry these with and wear them. Evidence analysed by the Assessment Team showed support workers screen themselves prior to commencing their shifts at the start of the day if staff are unwell they are required to contact the office to advise. The Assessment Team noted care coordinators will then try to arrange a replacement worker to provide the service. Evidence analysed by the Assessment Team showed support workers are all vaccinated, management advised 2 staff had refused to get vaccinated and at that time they were to let go. Evidence analysed by the Assessment Team showed letters were sent to consumers and/or representatives regarding the department’s guidelines and a newsletter with current precautions was provided to staff. Evidence analysed by the Assessment Team showed management have developed a COVID plan and viewed the Department of Health online infection control training and subsequently provided this information to support workers, so they understand the process and requirements.

The Quality Standard for the Home care packages service are assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

**Assessment of Standard 3 Requirements**

|  |  |  |
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| Requirement 3(3)(a) | HCP | Compliant |

*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.*

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| Requirement 3(3)(b) | HCP | Compliant |

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

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| Requirement 3(3)(c) | HCP | Compliant |

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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| Requirement 3(3)(d) | HCP | Compliant |

*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.*

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| Requirement 3(3)(e) | HCP | Compliant |

*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.*

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| Requirement 3(3)(f) | HCP | Compliant |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

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| Requirement 3(3)(g) | HCP | Compliant |

*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.*

# STANDARD 4 Services and supports for daily living

# HCP Compliant

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. 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.

## Assessment of Standard 4

Consumers interviewed by the Assessment Team described, in various ways, how the service helps them to maintain their independence and contributes to their wellbeing and quality of life. Staff interviewed by the Assessment Team demonstrated an understanding of what is important to each consumer and the types of support required to optimise their well-being and independence. Evidence analysed by the Assessment Team showed care planning documents evidenced the service implements individualised support strategies to meet the needs, goals and preferences of consumers.

Consumers interviewed by the Assessment Team reported, in different ways, the service supports their emotional or psychological wellbeing. Staff interviewed by the Assessment Team described their understanding of consumers and how they listen to consumers to understand their needs and provide emotional support as it is required.

Consumers interviewed by the Assessment Team described how the service facilitates their community participation within different settings, supports them to maintain their social relationships and pursue their interests. Consumers interviewed by the Assessment Team described their satisfaction that their services are consistent, and staff know how to deliver their services. Staff interviewed by the Assessment Team stated they have access to consumer information verbally and via SMS and email.

Staff interviewed by the Assessment Team described processes for making referrals and for providing information to consumers who may choose a referral. Evidence analysed by the Assessment Team showed consumer care documentation confirmed that timely and appropriate referrals are made as needed to individuals, other organisations and providers of care and services.

Evidence analysed by the Assessment Team showed the service demonstrated where equipment is provided, it is safe and well maintained. Consumers and representatives interviewed by the Assessment Team generally said equipment had not been provided however, satisfaction was expressed with equipment if it had been provided. Evidence analysed by the Assessment Team showed equipment is selected for safety and suitability on the recommendations of allied health professionals.

The Quality Standard for the Home care packages service is assessed as Compliant as six of the six applicable requirements have been assessed as Compliant. Requirement 4(3)(f) is not applicable and therefore not assessed.

**Assessment of Standard 4 Requirements**

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| Requirement 4(3)(a) | HCP | Compliant |

*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.*

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| Requirement 4(3)(b) | HCP | Compliant |

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

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| Requirement 4(3)(c) | HCP | Compliant |

*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.*

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| Requirement 4(3)(d) | HCP | Compliant |

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

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| Requirement 4(3)(e) | HCP | Compliant |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

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| Requirement 4(3)(f) | HCP | Not Applicable |

*Where meals are provided, they are varied and of suitable quality and quantity.*

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| --- | --- | --- |
| Requirement 4(3)(g) | HCP | Compliant |

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 Organisation’s service environment

# HCP Not Applicable

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard for the Home care packages service is assessed as Not Applicable as three of the three specific requirements have been assessed as Not Applicable.

# STANDARD 6 Feedback and complaints

# HCP Not Compliant

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and/or representatives interviewed by the Assessment Team stated, in various ways, that they know how to provide feedback or make a complaint and would contact the service and speak with staff should they need to.

Management interviewed by the Assessment Team described how the service supports consumers and/or representatives to make complaints and provide feedback to the service directly. Evidence analysed by the Assessment Team showed consumers are provided with feedback and complaints information on commencement of services through the consumer handbook, the agreement, during an annual survey and regular contact and reviews with consumers. The Assessment Team noted The Charter of Aged Care Rights is provided to consumers.

The Assessment Team analysed evidence which showed the service demonstrated that consumers are made aware of and have access to advocates, language services and external methods of raising and resolving complaints such as the Commission. Consumers and/or representatives interviewed by the Assessment Team generally recalled receiving information on making a complaint to the service and being asked about their satisfaction with the service.

Management interviewed by the Assessment Team described how they take appropriate and timely action in response to complaints and an open disclosure process is used when things go wrong. Consumers and/or representatives interviewed by the Assessment Team did not supply any examples of actions and resolution following a complaint indicating this has not been a requirement for them to date. Consumers and/or representatives expressed confidence the service would respond and take actions if there was a need.

During interviews with the Assessment Team Management advised they review feedback and complaints informally and record information on the complainants (consumers’) care file. Evidence analysed by the Assessment Team showed the service does not use a feedback and complaints register to record and review complaints, show investigations, actions taken and any trends. The Assessment Team found this does not provide opportunities to improve the quality of care and services for consumers. Detailed evidence is provided below in the relevant requirements.

The Quality Standard for the Home care packages service is assessed as Not Compliant as one of the four specific requirements have been assessed as Not Compliant.

## Assessment of Standard 6 Requirements

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| Requirement 6(3)(a) | HCP | Compliant |

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

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| Requirement 6(3)(b) | HCP | Compliant |

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

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| --- | --- | --- |
| Requirement 6(3)(c) | HCP | Compliant |

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

|  |  |  |
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| Requirement 6(3)(d) | HCP | Not Compliant |

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

During interviews with the Assessment Team management advised they review feedback and complaints informally and record information on the complainants (consumers’) care file. Evidence analysed by the Assessment Team showed the service does not use a feedback and complaints register to record and review complaints, show investigations, actions taken and any trends. The Assessment Team noted this does not provide opportunities to improve the quality of care and services for consumers. Examples and evidence of the service not meeting this Requirement include:

Evidence analysed by the Assessment Team showed on 8 February 2022, Consumer Q (HCP L3) representative complained that 1 support worker arrives late. While this is documented in Consumer Q’s care note, any outcome is not recorded. For example, whether the complaint was related to a staff member’s performance or a rostering issue.

Evidence analysed by the Assessment Team showed on 5 May 2022, Consumer R (HCP L3) representative contacted the service. The representative discussed his wife’s, Consumer R’s dissatisfaction with staff ‘helping themselves to the fridge’ and ‘looking through drawers’ and cupboards, noting Consumer R would like them to ask first. The Assessment Team noted any follow up, including any change to the care directives and/or reminder prompts for staff were not recorded by the service.

During interviews with the Assessment Team two managers were unsure what constitutes a complaint as they deal with issues immediately commenting that the Department could supply guidance.

During interviews with the Assessment Team two office staff were unsure if there is a complaint register and when asked about feedback and complaints procedures said these are forwarded to a manager. The Assessment Team noted when this manager was asked about feedback and complaints received in 2022 and any outcomes, they were able to recall the complaint outcomes from memory.

Managers interviewed by the Assessment Team were able to describe previous service complaints and how the situation was resolved, saying these are usually a support worker personality clash and not a performance issue or complaint. The Assessment Team found while they could verbalise how the service offers an apology when things go wrong, there were no examples recorded to evidence.

During interviews with the Assessment Team management stated the service is expecting improvements with recording of information such as feedback and complaints with the introduction of an electronic program in coming months.

The Assessment Team noted as feedback and complaints are not collated, any investigations, actions taken, and trends are not available. Evidence analysed by the Assessment Team showed feedback and complaints are not reviewed and used to inform continuous improvement opportunities and improve the quality of care and services for consumers.

# STANDARD 7 Human resources

# HCP Not Compliant

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Evidence analysed by the Assessment Team showed the service demonstrated that the workforce is planned to enable the delivery of safe, quality care and services. Consumers and/or representatives were satisfied with the availability of staff to meet their service needs and showed an understanding of the impact of COVID on staffing availability and the difficulties experienced by the service.

Evidence analysed by the Assessment Team showed the service demonstrated that workforce interactions with consumers are kind, caring and respectful of the consumer’s identify, culture and diversity. Feedback from consumers and/or representatives obtained from interviews was positive in relation to the respectful service provided by office staff and those who visit them in their home.

Consumers and/or representatives interviewed by the Assessment Team spoke positively about staff and indicated staff know what they are doing, and services are delivered in accordance with their needs and preferences. Staff interviewed by the Assessment Team stated they complete an induction and can ring the office if they need advice or supports.

Evidence analysed by the Assessment Team showed workforce training is not effective. Evidence showed while staff are encouraged to complete self-directed learning, the service does not know if this occurs. The Assessment Team identified the service could not evidence staff are trained, equipped and supported to deliver safe care and services for consumers. Detailed evidence is provided below in the relevant requirements.

Evidence analysed by the Assessment Team showed the service does not complete regular assessment, monitoring and review of the workforce instead relying on adverse feedback from consumers to indicate a staff performance gap and need. Evidence analysed showed the service encourages staff to ring the office if they feel they need support. Detailed evidence is provided below in the relevant requirements.

The Quality Standard for the Home care packages service is assessed as Not Compliant as two of the five specific requirements have been assessed as Not Complaint.

## Assessment of Standard 7 Requirements

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| Requirement 7(3)(a) | HCP | Compliant |

*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.*

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| Requirement 7(3)(b) | HCP | Compliant |

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

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| Requirement 7(3)(c) | HCP | Compliant |

*The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

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| Requirement 7(3)(d) | HCP | Not Compliant |

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

Evidence analysed by the Assessment Team showed workforce training is not effective. Evidence showed while staff are encouraged to complete self-directed learning, the service does not know if this occurs. The Assessment Team identified the service could not evidence staff are trained, equipped and supported to deliver safe care and services for consumers. Examples and evidence of the service not meeting this Requirement include:

Evidence analysed by the Assessment Team showed training subjects, as suggested by management to staff is not monitored for completion. For example:

Evidence analysed by the Assessment Team showed infection control training for staff involved a service directive to complete the Department of Health infection control modules in 2020. However, the Assessment Team noted the service does not know how many staff completed this at the time of the Quality Audit. While some staff interviewed by the Assessment Team confirmed completing the modules, one staff member said, ‘They just don’t have time.’

During interviews with the Assessment Team management stated staff have a Certificate III in aged care and staff are asked during recruitment how they (the support worker) will keep their knowledge current. Evidence analysed showed training responsibilities remain with staff. The Assessment Team noted based on interviews with staff and various evidence analysed that staff are not aware of their training responsibilities, indicating there has been no training offered by the service since COVID.

Evidence analysed by the Assessment Team showed induction documents do not include comprehensive training or refresher information relevant to the needs of staff who provide care to consumers. For example, the following topics are not included in the services induction package - elder abuse, medication management, how to report deterioration in a consumer, pressure area care or any other clinical requirements applicable for support workers who care for consumers. Evidence analysed by the Assessment Team showed the staff handbook and any policies and procedures available to staff do not include these topics potentially placing consumers at harm.

The Assessment Team analysed evidence which showed here is no training currently scheduled for staff. The Assessment Team noted a training register did not evidence training is completed by staff, suggesting effective training of staff is not occurring. The Assessment Team noted the register lists some training options, such as a dementia course run by a university. However, further analysis identified 1 of 38 support workers has competed the dementia training. Evidence analysed by the Assessment Team showed no other dementia training has occurred since 2020.

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| Requirement 7(3)(e) | HCP | Not Compliant |

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

Evidence analysed by the Assessment Team showed the service does not complete regular assessment, monitoring and review of the workforce instead relying on adverse feedback from consumers to indicate a staff performance gap and need. Evidence analysed showed the service encourages staff to ring the office if they feel they need support. Examples and evidence of the service not meeting this Requirement include:

During interviews with the Assessment Team management stated they assess and monitor the performance of staff mainly through any negative consumer feedback received and when staff call in to the office asking for assistance.

The Assessment Team noted the service does encourage support workers to seek office support and this was confirmed from support workers interviewed by the Assessment Team. During interviews with staff some confirmed they do contact the office if they have a consumer concern and another said they have had no contact.

Evidence analysed by the Assessment Team showed staff have not had access to face to face or electronic format team meetings since the COVID pandemic commencement 2020. During interviews with the Assessment Team a staff member commented they miss the learnings and team sharing opportunities these previously provided.

During interviews with the Assessment Team support workers confirmed they used to have performance reviews prior to COVID pandemic. Management indicated due to staff shortages and high workload of staff related to the COVID isolation/restrictions and staff leaving, they have not been able to provide regular performance reviews and regular supervision of staff.

Evidence analysed by the Assessment Team showed management rely on adverse consumer feedback, although evidence of how this has created any training opportunity for the support worker or others could not be evidenced by the service as management do not record these conversations and could not provide an example.

Evidence analysed by the Assessment Team showed while the service encourages support workers to contact the office if they have any concerns related to their shifts, regular assessment, monitoring and review of the performance of the workforce does not occur.

# 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

No consumers and/or representatives interviewed by the Assessment Team stated they have participated in a formal evaluation of services. However, the Assessment Team found consumers are involved in the development, delivery and evaluation of their care and services through home visits, telephone contact from the service, surveys and through feedback processes. During interviews with the Assessment Team management indicated they get feedback from their consumers and/or representatives, talk to them regularly and seek information during surveys.

Evidence analysed by the Assessment Team showed the service demonstrated the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Evidence analysed showed the governing body has regular management meetings where they discuss safety, quality care and service delivery. Evidence analysed by the Assessment Team showed there are policies and procedures for staff which promote inclusive practice. When interviewed by the Assessment Team consumers and representatives generally felt that the service is well run.

Evidence analysed by the Assessment Team showed incidents which occur during a shift are documented on incident forms however, there is minimal evidence of investigation, analysis, the outcome and trends. Evidence showed while risk assessment documentation and incident reviews were not clearly evidenced by the service, through interviews and consumers’ file documentation, the service could evidence risks are explored in consultation with consumers and/or representatives and specialists.

Evidence analysed by the Assessment Team showed there are a range of information management systems which are not effective and workforce governance does not monitor that staff are trained, equipped and supported to deliver safe care and services for consumers. Evidence analysed by the Assessment Team showed the service does not use a feedback and complaints register to record and review complaints, show investigations, actions taken and any trends. The Assessment Team noted this does not provide opportunities to improve the quality of care and services for this consumer and others.

Evidence analysed by the Assessment Team showed the service demonstrated there are systems and processes to identify and assess risks to the health, safety and wellbeing of consumers, although these processes are not always effective. Evidence analysed by the Assessment Team showed consumer risks are inconsistently documented in the consumers electronic file and a formal risk assessment of the consumer are not completed by the service when a risk is identified. Detailed evidence is provided below in the relevant requirements.

During interviews with the Assessment Team the service described an informal clinical governance system however were unable to evidence effective clinical oversight. Evidence analysed by the Assessment Team showed there is no clinical data collected or analysed. The Assessment Team found the service could not identify how many consumers, if any, are receiving, for example, pressure care, wound care, catheter care or experienced falls in the last 6 months. Detailed evidence is provided below in the relevant requirements.

The Quality Standard for the Home care packages service is assessed as Not Compliant as two of the five specific requirements have been assessed as Not Compliant.

## Assessment of Standard 8 Requirements

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| Requirement 8(3)(a) | HCP | Compliant |

*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 | Compliant |

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

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

*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.*

#### Information management

Evidence analysed by the Assessment Team showed the service uses a range of information management systems such as electronic and paper formats and staff memory. Evidence analysed showed information management systems at the service do not effectively provide members of the workforce information relevant to their roles. Evidence analysed by the Assessment Team showed consumers’ care information is not consistently available to support workers at the point of care. Refer to Standard 2, Requirement 2(3)(a) and 2(3)(e) for further information.

Evidence analysed by the Assessment Team showed Information is incomplete in relation to feedback and complaints and incident recording and outcomes. For example, on 18 May 2022, Consumer F (HCP L2) representative behaved in a threatening way towards a care manager who was supporting Consumer F with her request for respite. The Assessment Team noted while the details of the incident were emailed to a manager and this manager showed a note relating to this event that they had spoken to Consumer F and any review of the incident and any changes required were not documented.

Evidence analysed by the Assessment Team showed while incident forms are completed for incidents occurring during shifts other incidents are recorded in consumers files. Evidence analysed showed incident reports viewed contained minimal evidence of investigation, analysis, the outcome and trends. Refer to Standard 8, Requirement (3)(d).

Evidence analysed by the Assessment Team showed policies and procedures while available to staff are either not used, such as the risk management policy or relevant to staff, such as for those with oversight of clinical care for consumers. Refer to Standard 8, requirement 8(3)(e) for further information.

#### Continuous improvement

Evidence analysed by the Assessment Team showed the service does have a continuous improvement plan. However, the Assessment Team noted the plan does not identify where improvement ideas are sourced. Evidence analysed showed there were 3 improvements recorded, mainly relating to staff shortages and rostering coordination. The Assessment Team noted there were no issues identified in relation to staff training, incident reporting, complaints and staff supervision.

Evidence analysed by the Assessment Team showed while the service completes consumer surveys, any response to feedback and improvements were not evidenced in the continuous improvement plan. However, consumers and/or representatives indicated they would provide feedback if they had a concern.

#### Financial governance

#### During interviews with the Assessment Team management described the monitoring of consumers’ statements, this includes under and overspends which are discussed with relevant staff and consumers to understand the consumer’s situation and priorities and support requirements in line with their budget. During interviews with the Assessment Team management discussed consumer unspent funds. For example:

Consumer G transferred from another service provider on 4 January 2022 and has unspent funds totalling $65,000. Consumer H has unspent funds of $56,000, Consumer I has unspent funds of $63,000, Consumer J has unspent funds of $51,000 and Consumer K transferred from another service provider in September 2021 and has unspent funds of $71,000.

#### Workforce governance, including the assignment of clear responsibilities and accountabilities

Evidence analysed by the Assessment Team showed workforce training is not effective. Evidence analysed showed while staff are encouraged to complete self-directed learning, the service does not know if this occurs. The Assessment Team noted the service could not evidence the fact staff are trained, equipped and supported to deliver safe care and services for consumers. Evidence analysed showed while the service does provide some staff education through a monthly staff newsletter and staff can ring the office to ask for supports if they are not managing, workforce training is not currently coordinated to ensure it is effective and may potentially impact the quality of care and services for consumers.

#### Evidence analysed by the Assessment Team showed the service does not complete regular assessment, monitoring and review of the workforce instead relying on adverse feedback from consumers to indicate a staff performance gap and need. Refer to Standard 7, requirements 7(3)(d) and 7(3)(e) for further information.

#### Regulatory compliance

During interviews with the Assessment Team Management stated there have been no adverse findings by another regulatory agency or oversight body in the last 12 months. During these interviews’ management explained how the organisation maintains up to date information on legislative, funding and relevant guidelines through various methods including membership of peak bodies, various websites and subscription to relevant government notifications.

#### Feedback and complaints

Management and staff interviewed by the Assessment Team described how they take immediate action if there is a complaint and this would be documented in the consumer’s file. Evidence analysed by the Assessment Team showed a complaints register is not in use to evidence investigations, actions taken and trends, instead they document the complaint in individual consumer’s care notes.

Evidence analysed by the Assessment Team showed the service does not use a feedback and complaints register to record and review complaints, show investigations, actions taken and any trends. The Assessment Team noted this does not provide opportunities to improve the quality of care and services for consumers.

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| Requirement 8(3)(d) | HCP | Compliant |

*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 Compliant |

*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.*

The Assessment Team noted the service described an informal clinical governance system however were unable to evidence effective clinical oversight. Evidence analysed by the Assessment Team showed there is no clinical data collected or analysed. The Assessment Team noted the service could not identify how many consumers, if any, are receiving, for example, pressure care, wound care, catheter care or experienced falls in the last 6 months.

Evidence analysed by the Assessment Team showed a ‘clinical care- nursing’ policy dated 2017, was provided as evidence that staff have access to clinical care guidance. However, the Assessment Team noted information was not relevant to care managers or support workers. For example, information included guided nursing staff on medication administration, giving injections and describes clinical care related to hospital care such as insertion of picc lines.

Evidence analysed by the Assessment Team showed the service has no clinical care guidance for staff who support consumers with pressure area care, wound care, medication management and palliative care. Evidence analysed showed staff induction and newsletters did not evidence clinical related information relevant to the role.

Evidence analysed by the Assessment Team showed for self-directed consumers who may require nursing supports, their representative can arrange nursing directly. The Assessment Team noted when this occurs, it is the representative’s responsibility to report if there are any concerns. The Assessment Team found the service has no clinical oversight on the status of the wound. Similarly, the Assessment Team noted this also occurs for some consumers who have nursing arranged by a care manager. Refer to Standard 3, Requirement (3)(a) for further information.

Management interviewed by the Assessment Team stated they have access to a registered nurse for clinical guidance and indicated an expectation that external nursing service provide feedback as to the status of wounds after each visit.

Evidence analysed by the Assessment Team showed in relation to minimising the use of restraint, there are no policies or training provided to staff. During interviews one manager indicated this was only applicable to residential services. Following feedback provided by the Assessment Team, they commented they would respond and also do in home safety assessments prior to commencing services.

Evidence analysed by the Assessment Team showed the service has consumers who receive appropriate clinical care as evidenced in Standard 3. However, the Assessment Team found management were unable to evidence and show effective clinical governance framework to support the needs of consumers and staff who provide care and supports.

# 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 2(3)(a) | HCP | Not Compliant |

*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.*

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| Requirement 2(3)(e) | HCP | Not Compliant |

*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.*

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| Requirement 6(3)(d) | HCP | Not Compliant |

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

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| Requirement 7(3)(d) | HCP | Not Compliant |

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

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| Requirement 7(3)(e) | HCP | Not Compliant |

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

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

*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.*

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

*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.*