**Performance**

**Report**

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| Name: | Share And Care Community Services Group Inc - Home Support Services |
| Commission ID: | 500067 |
| Address: | 88 Wellington Street, NORTHAM, Western Australia, 6401 |
| Activity type: | Quality Audit |
| Activity date: | 6 February 2024 to 7 February 2024 |
| Performance report date: | 27 March 2024 |

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

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 544 Share & Care Community Services Group Incorporated  
Service: 19196 Share And Care Community Services Group Inc - Home Support Services

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9430 Share & Care Community Services Group Incorporated  
Service: 27151 Share & Care Community Services Group Incorporated - Care Relationships and Carer Support  
Service: 27150 Share & Care Community Services Group Incorporated - Community and Home Support

**This performance report**

This performance report for Share And Care Community Services Group Inc - Home Support Services (**the service**) has been prepared by T Wilson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 29 February 2024.

# Assessment summary for Home Care Packages (HCP) and Short-term Restorative Care Programme (STRC) [note STRC may not apply]

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

**Standard 2 requirements (3)(a) and (3)(e)**

* Ensure assessments are undertaken initially and on an ongoing basis, including those which consider risks, with information gathered used to developed care plans which are tailored and reflective of consumers’ current care and service needs.
* Ensure risks to consumers’ health and well-being are identified and appropriate management strategies developed and implemented to enable staff to provide quality care and services.
* Ensure consumer care plans are reviewed for effectiveness and/or updated regularly and in response to incidents and changes in consumers’ circumstances. Ensure care plans are reflective of consumers’ current and assessed needs, preferences and services.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.

**Standard 3 requirements (3)(a), (3)(b) and (3)(d)**

* Ensure consumers that require clinical care are receiving care that is best practice and tailored to their needs, and if not provided by the service monitored to ensure it is assisting the consumers well-being.
* Ensure risk management strategies are in place for all consumers with identified risk through care planning or incidents that occur.
* Ensure staff are aware of the management strategies for high impact high prevalence risk and have processes to follow to achieve best outcomes.
* Ensure the gradual deterioration of consumers is monitored effectively and there are process for staff to follow if they notice any changes to a consumers function or condition.

**Standard 4 requirement (3)(a)**

* Ensure staff have the skills and knowledge to implement safe and effective services and supports for daily living which meet consumers’ goals, needs and preferences and optimises their independence, health and quality of life.
* Monitor the provision of equipment for consumers to ensure it is safe, right for them and assists with their well-being.

**Standard 6 requirement (3)(d)**

* Review processes to ensure all feedback and complaints are captured to enable emerging trends and improvement opportunities to be identified.

**Standard 8 requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e)**

* Review processes relating to how consumers are supported and engaged in the development, delivery and evaluation of care and services and that feedback gathered through various avenues is also considered.
* Ensure other requirements are in place such as such as consumer advisory groups and the quality care advisory body.
* To ensure the governing body is aware of and accountable for the delivery of care and services, review communication and reporting processes from the service to the governing body and vice versa.
* Review the organisation’s governance systems in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.
* Review the organisation’s risk management processes in relation to managing high impact or high prevalence risks, responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents.

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

This Quality Standard is compliant as five of five Requirements have been found compliant.

Consumers confirmed staff deliver care and services in a respectful manner, including respecting their cultural preferences by delivering care that is right for them. Staff demonstrated knowledge of consumer’s backgrounds, diversity and culture and how they can support them with their specific preferences. The assessment team observed interactions to be respectful and tailored to each consumer.

Consumers confirmed they exercise choice and independence about the way their care and services are delivered and they are supported to maintain relationships with family and friends. Staff described how they support consumers to communicate their choices based on their own decision making.

Consumers and representatives confirmed they are encouraged to be independent and make their own choices. Staff provided examples of consumers who have had risk assessments with mitigation strategies in place in order to maintain their independence.

Consumers and representatives confirmed they are provided with information before they commence with the service and consumers said they can talk to the office and staff whenever they want to. An information pack is provided to consumers with important information they need to know about the services and their rights.

Consumers and representatives confirmed staff provide care and services in ways that respect their privacy. Staff described how they maintain privacy and confidentiality with consumer information and other communications. Documentation confirmed there is a privacy policy which is provided to consumers in the entry pack.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not Compliant | Not Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Not Compliant | Not Compliant |

Findings

The Quality Standard is assessed as non-compliant as two of the five Requirements have been found non-compliant. The assessment team recommended Requirements (3)(a) and (3)(e) as not met.

Requirement (3)(a) and (3)(e)

The assessment recommended Requirement (3)(a) as not met due to the service not undertaking a detailed risk assessment of the risks associated with the care of each consumer. Whilst an assessment is undertaken from information provided to the service, there is no documented intake procedures to guide staff and assess individual risks with the care of each consumer.

In relation to Requirement (3)(e) the assessment team stated whilst the service demonstrated processes are in place to review all care plans at least annually, the service does not have a process to support staff to review the effectiveness of care to ensure care and service plans meet the consumer’s current needs when changes are required due to an adverse event or a change in the consumer’s physical or functional condition.

The service responded on the 29 February 2024 stating they would create a form to be used during initial and reassessment or after any changes occur. The nurse manual would be updated to include the procedure which would be used for both HCP and CHSP. An additional procedure would also be added to the nurse manual to include a change of circumstances procedure including completing an updated risk assessment.

I have considered both the assessment team’s report and the provider’s response and I agree with the assessment team. I acknowledge the improvements being introduced by the service but this is needs introduction, be embedded into everyday practice and monitored to ensure it is effective. Risk assessments associated with consumers are not being completed to ensure mitigating strategies are in place to reduce risk and the care recorded in care plans does not always align with the consumers’ current needs following changes in condition or as incidents occur.

It is for these reasons I find Requirement (3)(a) and (3)(e) non-compliant.

Requirements (3)(b), (3)(c) and (3)(d)

Consumers and representatives stated they are satisfied with how the service engages with them, listens to them and organises services that meets their preferences and expressed needs. Staff confirmed consumers are supported to provide goals, although documentation showed they are written in a task-focussed way.

Consumers and representatives confirmed they can always contact someone from the service, on an ongoing basis, to discuss any changes to their needs or preferences. Care plans showed involvement in assessment and planning from individuals and other care and service providers.

Consumers and representatives confirmed they are satisfied with the communication from the service about the outcomes of assessment and planning and are provided with a hard copy of the care plan. Staff said and documentation showed, written progress notes are kept in the consumer’s care file, where care delivery updates are documented for the consumer to view.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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. | Not Compliant | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant | Not Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | 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. | Not Compliant | Not Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

The Quality Standard is assessed as non-compliant as three of the seven Requirements have been found non-compliant. The assessment team recommended Requirements (3)(a), (3)(b) and (3)(d) as not met.

Requirements (3)(a), (3)(b) and (3)(d)

The assessment recommended Requirement (3)(a) as not met due to the service not overseeing the provision of clinical care. Whilst the consumers were satisfied with the personal care they receive, the service does not provide any clinical care and has no process in place to determine consumers clinical care needs or oversee any clinical care that is provided by another service.

In relation to Requirement (3)(b) the service does not have process in place to manage the high impact high prevalence risk to consumers. Risks such as pressure injuries and wounds do not have a tracking system to ensure consumer are receiving the right care and prevention or mitigating strategies are not put in place for consumers with risks.

Whilst the service has appropriate systems and process in place to manage acute deterioration with Requirement (3)(d), the service has no processes in place to proactively assess, monitor or manage risks associated with clinical matters and more gradual decline in physical or functional of consumers which put consumers at risk of further health complications.

The service responded on the 29 February 2024 stating to address the deficits they would engage a consultant to assist in creating clinical governance policies and procedures. The nurse care program will be updated to include the monitoring of external services which includes procedures to include documentation/reports from them. Regular quality checks will also be undertaken to monitor them. A risk assessment form will be designed to be completed during initial assessment and during reassessment by client care nurse or after any changes of circumstances. The risk assessment form will be uploaded onto mobile worker and visible to all support staff prior to entering the consumer’s home. Along with the updated risk form an updated risk assessment procedure will include hazard form for support staff to write any new concerns/ risks identified.

I have considered both the assessment teams report and the providers response and I agree with the assessment team. I acknowledge the improvements being introduced by the service but this is needs introduction, be embedded into everyday practice and monitored to ensure it is effective. Regardless of how the services are delivered, providers remain responsible for ensuring services are delivered in a way that meets the requirements of the Act and the Aged Care Quality Standards which also includes the planning of the care and mitigation of any risks. This includes services they choose not to deliver but rather have a third party perform these services.

It is for these reasons I find Requirement (3)(a), (3)(b) and (3)(d) non-compliant.

Requirements (3)(c), (3)(e), (3)(f) and (3)(g)

The service demonstrated an understanding of the importance of recognising the needs, goals and preferences of consumers nearing the end of their life to maintain consumers’ dignity and comfort and respect their cultural preferences. Staff could describe the process that would be followed to ensure appropriate support was provided to the consumer and the factors they would consider when providing care.

It was confirmed by staff and documentation any urgent alerts or updates about the consumer’s condition, needs and preferences, is communicated though various forms including the office team via face-to-face communication, phone call, via text, email, and in staff meetings. However, there is currently no communication processes between brokered services and the provider. This will be addressed with the improvements as outlined for Requirements (3)(a), (3)(b) and (3)(d).

There are processes in place to refer to a range of external providers to meet the needs of consumers. Staff could describe these processes to refer consumers for allied health services and additional services.

Theres are policies and procedures to guide staff in the management of outbreaks. Staff confirmed the actions they would take should an outbreak occur and confirmed they have access to the correct Personal Protective Equipment (PPE). However, there is no process in place to track or monitor consumers with infections or to monitor consumers who are prescribed antibiotics as the service does not provide any intervention, monitoring or assessment of clinical matters.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Not Compliant | Not Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

The Quality Standard is assessed as non-compliant as one of the seven Requirements have been found non-compliant. The assessment team recommended Requirement (3)(a) as not met.

The assessment team recommended Requirement (3)(a) as not met due to while some consumers did receive effective services and supports for daily living, the service did not demonstrate three sampled consumers get consistent safe and effective services that support their daily living needs and optimise their well-being and quality of life.

Whilst referrals have occurred for two of these consumers, issues raised with supplies of equipment such as the wrong equipment or equipment that is not suitable not being updated, the service has not supported the consumers’ concerns which is affecting their wellbeing.

The service responded on the 29 February 2024 stating to address the deficits they would update the quality assurance form and increase the amount of quality assurance to consumers. They will also update the procedures for risk assessment and, care planning and external contract monitoring.

I have considered both the assessment team’s report and the provider’s response and I agree with the assessment team. I acknowledge the improvements being introduced by the service but this is needs introduction, be embedded into everyday practice and monitored to ensure it is effective. Consumers need to have suitable equipment and services to enable them to maintain their independence and have a quality of life. Equipment provided needs to be suitable for their use and the service also needs to consider consumers’ changing needs.

It is for these reasons I find Requirement (3)(a) non-compliant.

Requirements (3)(b), (3)(c), (3)(d), (3)(e), and (3)(g)

Consumers confirmed staff are kind and support them when they feel down. The service has supports in place to promote each consumer’s emotional, spiritual and psychological wellbeing. Staff were able to demonstrate that they were aware of individual consumer’s needs in relation to emotional, spiritual and psychological wellbeing.

Consumers and representatives confirmed consumers are supported to participate in the wider community, have personal and social relationships and do things that are of interest to them, including being supported to connect with friends and family. Staff provided examples of how they support consumers to participate in the community and to maintain social relationships.

Consumers stated that most staff know their needs and preferences and they do not have to repeat themselves. Staff stated information about the consumers’ needs and preferences in relation to daily living supports are, documented in the consumers’ care plan, accessed via their electronic device or a hard copy in the consumer’s home. Consumer’s care plans were seen to be individualised and to include information on the equipment and level of support consumers require with transfers and mobility.

Consumers confirmed they are satisfied the service makes referrals to appropriate providers of other services when required. Staff could describe the process for identifying when and how to make referrals to other providers, and documentation showed referrals are initiated and followed up.

All equipment is assessed by a professional and purchased individually of the service. However, the service does monitor the safety of the equipment and staff could describe how they report any issues observed in the consumer’s home.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant | Not Compliant |

Findings

The Quality Standard is assessed as non-compliant as one of the four Requirements has been found non-compliant. The assessment team recommended requirements (3)(d) as not met.

Requirement (3)(d)

The assessment team found this Requirement as not met as the service primarily deals with each complaint on a case by case basis and does not have an effective system to record complaints, monitor the outcomes and make improvements to the quality of care and services overall.

The service provided a response on the 29 February 2024 stating they will design a register to be used for complaints and feedback and Annual survey results and annual service planning day results to be communicated to consumers through a mail out and updates on the monthly newsletter.

I have considered both the assessment team’s report and the provider’s response and I agree with the assessment team. I acknowledge the improvements being introduced by the service but until this is introduced the service has no system to monitor and improve the quality of care based on complaints and feedback. If complaints and feedback are not being recorded, trends and analysis cannot be undertaken. This is what can lead to improvements based on the experience of consumers.

It is for these reasons I find Requirement (3)(d) non-compliant.

Requirements (3)(a) (3)(b) and (3)(c)

Consumers and representatives confirmed they encouraged to provide feedback and complaints and felt comfortable approaching service staff. Staff described receiving feedback from consumers and listening so they can assist in resolving the matter along with a feedback form being available to them in their home. A form is provided in the entry pack to enable consumers to provide feedback or lodge a complaint.

Consumers and representatives confirmed they are aware of the feedback and complaint form which includes other methods for raising complaints on it. Staff stated they advise consumers go to an advocacy agency which is is supported by organisational policy along with referral to external organisations for advocate support where necessary.

Consumers said they were satisfied with actions taken in response to feedback and complaints raised with the service. Staff confirmed they received and dealt with complaints and had offered apologies to consumers when things go wrong.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

This Quality Standard is compliant as five of five Requirements have been found compliant.

Consumers and representatives confirmed they are satisfied with the quality of care and services they receive. Staff said they have the time to deliver quality care and services to consumers. Management and staff could describe how they plan the workforce to deliver quality care and services.

Consumers and representatives confirmed staff are kind, caring, supportive and respectful, and treat consumers well. Documentation showed that consumers are appreciative of staff interactions and they feel respected by them. The service induction provides staff with information and expectation on the organisation’s commitment to provide respectful care and services.

Consumers and representatives confirmed staff are competent and able to meet their lifestyle and care support needs. Staff stated and documents confirmed education is followed up with supervisory sessions and competency assessments where necessary to ensure effectively perform their roles. There are registers to ensure each worker hold the relevant competencies and for their designated roles.

Staff confirmed they receive ongoing training including compulsory training and other training as agreed with management. Each staff member is provided a manual to ensure they understand the requirements of working in with the organisation. Staff said they feel supported by management and have been involved in performance reviews and probation processes.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Not Compliant | Not 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. | Not Compliant | Not Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Not Compliant | Not Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not Compliant | Not Compliant |

Findings

The Quality Standard is assessed as non-compliant as five of the five Requirements have been found non-compliant. The assessment team recommended Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e) as not met.

The assessment team stated with Requirement (3)(a), whilst the service does conduct an annual survey, they have not acted upon the results of the survey to improve the services for consumers overall. The service has not made an offer in writing to home care consumers and relevant representatives to establish a consumer advisory body and encourage membership.

With Requirement (3)(b) the assessment team found the formal reporting to the Board does not provide ongoing or consistent information that can ensure the Board is accountable for all aspects of service. The organisation has not implemented yet a quality care advisory body to provide the governing body a written report about the quality of home care services.

The assessment team found with Requirement (3)(c) there are not effective governance wide systems relating to information management, workforce governance, regulatory compliance, and feedback and complaints. The continuous improvement systems and processes are not effective in relation to the experiences of consumers, to identify where quality and safety is at risk and to respond appropriately and promptly to these risks. However, the service demonstrate financial governance systems and processes manage the finances and resources that the organisation needs to deliver safe and quality care and services.

With Requirement (3)(d) the service could not demonstrate effective risk management practices and policies to support staff in managing high-impact or high-prevalence risk, identifying and responding to abuse and an effective incident management system. Whilst there are risk management features in place related to consumer welfare checks, home environment and assistive equipment, managing high-impact or high-prevalence risks associated with the care of consumers is not articulated in the organisation’s policies and procedures. The incident management process does not demonstrate it has comprehensive approach to preventing, managing and learning from an incident, or potential incident.

The assessment team found with Requirement (3)(e) the service does not have a clinical governance framework to support the safe and effective delivery of care. The potential impact of non-clinical care on consumers’ determinants of health is not understood and managed by the organisation to ensure all services are safe, effective and person-centred. The service stated they do not provide clinical care but due to not recognising that clinical care is an integral part of home care packages there was lack of oversight for the brokered services who do provide clinical care. There was also unclear or no pathways for reporting, escalating and responding to risks and issues that may impact the care of consumers.

The service responded on the 29 February 2024 stating to address the deficits they would invite consumers in writing to participate in the development, delivery and evaluation of care and services. They will update the choices in the consumer survey so consumers can expand further to explain with their responses.

The board of management have been discussing the Quality Standards since January 2022 with each Standard being reviewed to ensure there is a culture of safe and quality care and services to the Chief Executive Officer (CEO), who has ensured there is appropriate training given to all staff. In relation to the monitoring of services provided and reporting to the CEO which in turn goes to the board of management by way of a monthly report of any concerns in feedback from the client base. The CEO will put remedies into place, after client consultation, with outcomes being reported to the board of management once again by the program manager via monthly reports.

They will also update work health and safety processes to include the Serious Incident Response Scheme (SIRS) in its entirety, including flowing in incident management systems and use the consultant to draft clinical framework for organisation in relation to CHSP and HCP. Manuals will be updated to include clinical and SIRS Continuous improvement logs will reflect if a change has been made to care and services and service improvement will be added to staff meeting agendas for discussion. A consultant will be used to draft the clinical governance framework for the service.

I have considered both the assessment team’s report and the provider’s response and I agree with the assessment team. I acknowledge the improvements being introduced by the service but until this is introduced the service does not have strong embedded governance processes which are the foundations to ensure consumers receive safe, effective and quality care and services. Whilst there are some existing processes, they do not encompass all of the risks associated with providing care to consumers and ensuring staff have the right tools and knowledge to provide effective care. Once introduced the new processes will need time to be embedded and ensure they are effective. There are also some requirements that must be in place such as consumer advisory groups and the quality care advisory body which will also need time to be introduced fully and then monitored for effectiveness.

It is for these reasons I find Requirement (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e) non-compliant.

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