SHINE Community Services

Performance Report

81 Forrest Street   
COTTESLOE WA 6011  
Phone number: 08 9253 5555

**Commission ID:** 500249

**Provider name:** TAPSS Community Care (Inc)

**Quality Audit date:** 29 April 2022 to 3 May 2022

**Date of Performance Report:** 3 June 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 2038.

# Services included in this assessment

**Home Care:**

* Home Care Packages Level 1 - Level 4, 27043, 81 Forrest Street, COTTESLOE WA 6011

**CHSP:**

* Allied Health and Therapy Services, 4-8CIHU77, 81 Forrest Street, COTTESLOE WA 6011
* Domestic Assistance, 4-8CJGR09, 81 Forrest Street, COTTESLOE WA 6011
* Flexible Respite, 4-8CJGR2W, 81 Forrest Street, COTTESLOE WA 6011
* Home Maintenance, 4-8CJGR6E, 81 Forrest Street, COTTESLOE WA 6011
* Other Food Services, 4-8CJRN95, 81 Forrest Street, COTTESLOE WA 6011
* Personal Care, 4-8CJRNCM, 81 Forrest Street, COTTESLOE WA 6011
* Social Support Group, 4-8CJRNFH, 81 Forrest Street, COTTESLOE WA 6011
* Social Support Individual, 4-8CJRNIN, 81 Forrest Street, COTTESLOE WA 6011
* Transport, 4-8CJRNM2, 81 Forrest Street, COTTESLOE WA 6011

# Overall assessment of Service/s

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Standard 1 Consumer dignity and choice | | | HCP | Compliant | | |
|  | | | CHSP | Compliant | | |
| Requirement 1(3)(a) | | HCP | | | Compliant |
|  | | CHSP | | | Compliant |
| Requirement 1(3)(b) | | HCP | | | Compliant |
|  | | CHSP | | | Compliant |
| Requirement 1(3)(c) | | HCP | | | Compliant |
|  | | CHSP | | | Compliant |
| Requirement 1(3)(d) | | HCP | | | Compliant |
|  | | CHSP | | | Compliant |
| Requirement 1(3)(e) | | HCP | | | Compliant |
|  | | CHSP | | | Compliant |
| Requirement 1(3)(f) | | HCP | | | Compliant |
|  | | CHSP | | | Compliant |
| Standard 2 Ongoing assessment and planning with consumers | | | | | | |
|  | | | HCP | Compliant | | |
|  | | | CHSP | Compliant | | |
| Requirement 2(3)(a) | HCP | | Compliant | |
|  | CHSP | | Compliant | |
| Requirement 2(3)(b) | HCP | | Compliant | |
|  | CHSP | | Compliant | |
| Requirement 2(3)(c) | HCP | | Compliant | |
|  | CHSP | | Compliant | |
| Requirement 2(3)(d) | HCP | | Compliant | |
|  | CHSP | | Compliant | |
| Requirement 2(3)(e) | HCP | | Compliant | |
|  | CHSP | | Compliant | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Standard 3 Personal care and clinical care | | HCP | Not Compliant | |
|  | | CHSP | Not Compliant | |
| Requirement 3(3)(a) | HCP | | Not Compliant |
|  | CHSP | | Not Compliant |
| Requirement 3(3)(b) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 3(3)(c) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 3(3)(d) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 3(3)(e) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 3(3)(f) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 3(3)(g) | HCP | | Compliant |
|  | CHSP | | Compliant |

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| --- | --- | --- | --- | --- |
| Standard 4 Services and supports for daily living | | | | |
|  | | HCP | Compliant | |
|  | | CHSP | Compliant | |
| Requirement 4(3)(a) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 4(3)(b) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 4(3)(c) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 4(3)(d) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 4(3)(e) | HCP | | Compliant |
|  | CHSP | | Compliant |

|  |  |  |  |
| --- | --- | --- | --- |
| Requirement 4(3)(f) | HCP | | Not Applicable |
|  | CHSP | | Not Applicable |
| Requirement 4(3)(g) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Standard 5 Organisation’s service environment | | | | |
|  | | HCP | Compliant | |
|  | | CHSP | Compliant | |
| Requirement 5(3)(a) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 5(3)(b) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 5(3)(c) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Standard 6 Feedback and complaints | | HCP | Compliant | |
|  | | CHSP | Compliant | |
| Requirement 6(3)(a) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 6(3)(b) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 6(3)(c) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 6(3)(d) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Standard 7 Human resources | | HCP | Compliant | |
|  | | CHSP | Compliant | |
| Requirement 7(3)(a) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 7(3)(b) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 7(3)(c) | HCP | | Compliant |
|  | CHSP | | Compliant |

|  |  |  |  |
| --- | --- | --- | --- |
| Requirement 7(3)(d) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 7(3)(e) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Standard 8 Organisational governance | | HCP | Not Compliant | |
|  | | CHSP | Not Compliant | |
| Requirement 8(3)(a) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 8(3)(b) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 8(3)(c) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 8(3)(d) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 8(3)(e) | HCP | | Not Compliant |
|  | CHSP | | 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 not 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 Report; 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 Quality Audit Report received 19 May 2022

# STANDARD 1 Consumer dignity and choice

# HCP Compliant CHSP 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 (consumers/representatives) interviewed stated they are treated with respect and their identity culture and diversity is valued. Consumers/representatives interviewed advised if they were ever upset with the way they were treated that they would raise a complaint. Consumers/representatives interviewed stated their preferences are recorded and staff who provide their care and services understand what is important to them.

Consumers/representatives interviewed stated they are involved in decision making and supported to maintain relationships. Consumers/representatives interviewed stated the service supports them to do things which are important to them and where risk is identified there is discussion and support on how to manage the risk.

Consumers/representatives interviewed stated they were provided timely information and consumers receiving home care packages said they understood their monthly statements. Consumers/representatives interviewed stated they are provided information and supported on how their level of funding can support their needs and preferences.

Staff interviewed demonstrated an understanding of consumer’s needs, preferences and their cultural backgrounds. Information is collected and available to support staff to know what is right and safe for the consumer. Evidence showed staff undertake training to ensure their understanding of the requirements in this standard.

Evidence obtained showed the service has appropriate policies, processes and systems in place to guide staff to ensure relevant information is captured and safely stored.Standard 1 -

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.

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

**Assessment of Standard 1 Requirements**

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

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

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(c) | HCP | Compliant |
|  | CHSP | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |

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

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

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

# STANDARD 2 Ongoing assessment and planning with consumers

# HCP Compliant CHSP 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**

Consumers/representatives interviewed stated ongoing planning of their care and services is completed in partnership with the service. Consumers/representatives interviewed stated they are involved in the development of their support plans and they are provided with the opportunity to meet with relevant staff including allied health professionals to ensure that their assessed needs and preferences are captured which optimises their health and wellbeing.

Consumers/representatives interviewed stated they are provided an opportunity to share their goals and preferences and this information is included in the support plan. Consumers/representatives interviewed stated they are provided the opportunity to discuss their specific care needs and preferences with staff any time. Evidence sighted by the assessment team demonstrated that support plans reflect this.

Evidence obtained showed the service involves the consumer and, as appropriate, their representative, in the planning of the care and services for the consumer. Staff advised they are encouraged to involve consumers in making decisions about care and services aiming to improve the consumer’s health and well-being.

Staff interviewed demonstrated an understanding of the need to listen and understand what is important to each consumer to ensure care and services are delivered in accordance with each consumer’s personal preferences.

Evidence showed the support planning process includes, information gathered from a variety of sources such as external services, and allied health services.

Evidence showed consumers are supported and encouraged to share their end of life and palliative care wishes with the service staff.

Evidence showed the service implements processes to ensure support plans are up-to-date and meet the consumer’s current needs including when changes are required due to an adverse event or a change in the consumer’s health condition or personal preference.

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

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

**Assessment of Standard 2 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(a) | HCP | Compliant |
|  | CHSP | 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.*

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

*Assessment and planning identify and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(c) | HCP | Compliant |
|  | CHSP | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(d) | HCP | Compliant |
|  | CHSP | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(e) | HCP | Compliant |
|  | CHSP | 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.*

# STANDARD 3 Personal care and clinical care

# HCP Not Compliant CHSP Not 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

Consumers/representatives interviewed stated they receive personal and clinical care that is safe and right for them.

Evidence sighted by Senior Quality Assessors showed the organisation ensures 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.

Evidence sighted showed the service refers consumers to appropriate specialists where required. Consumer/representatives interviewed stated they were generally satisfied referrals occur appropriately and in a timely manner.

Staff interviewed described individual consumer’s needs and preferences, and how they are informed of changes to each consumer’s care. Staff interviewed were clear about their roles and responsibilities including identifying and reporting signs of deterioration.

Evidence sighted showed the organisation continues to review its precautions to prevent and control infection at the service paying special consideration to the current COVID-19 pandemic. This includes asking all consumers a series of questions prior to entering their home, ensuring staff are aware of effective infection prevention and control activities and maintaining and updating a pandemic management plan.

Evidence obtained by the assessment team showed the service could not demonstrate each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, is tailored to their needs and optimises their health and well-being. Whilst consumers/representatives interviewed reported satisfaction with the care they receive, the assessment team found an insufficient standard of effective assessment and review processes, and lack of comprehensive and up to date policies and procedures to guide staff practice. This puts consumers at risk of receiving safe and effective personal care that is not best practice, not tailored to each consumers needs and does not optimise their health and well-being.

Detailed evidence is provided below in the relevant requirements.

The Quality Standard for the Home care packages services is assessed as not compliant as one of the seven specific requirements have been assessed as Not compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as not compliant as one of the seven specific requirements have been assessed as Not compliant.

**Assessment of Standard 3 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(a) | HCP | Not Compliant |
|  | CHSP | Not 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.*

Findings:

Evidence obtained showed Support Plans are developed for each consumer in line with their identified needs and preferences. Support plans are developed from information that is gathered on admission from a range of sources including aged care assessments and information from the consumer and nominated representatives. However, it is noted that while the care outlined is tailored to the individual consumer it is not always in line with best practice guidelines and the need to ensure high impact and personal risks for each consumer are recorded in the support plans with interventions outlined to guide staff. For example

Consumer A has a medical history that includes atrial fibrillation, diabetes mellitus type II, hypertension, peripheral vascular disease, prostate cancer, chronic renal disease, gout, glaucoma, ischemic heart disease, gastro oesophageal reflux disease (GORD), peripheral neuropathy. The consumer receives level 3 home care package funding.

Evidence obtained showed care alerts for Consumer A include high falls risk with staff required to ensure consumer is wearing appropriate footwear and report any decline in his mobility and ability to transfer safely. However, the support plan outlines the consumer as independent in his personal care. Interventions include “Consumer A will let coordinator know if Consumer A requires shower assistance”. However, the support worker who visits the consumer noted he provides supervision and assistance to Consumer A to shower three times a week.

The support plan does not provide the support worker with any information related to the consumers ongoing wounds. For example, the support plan does not indicate when assisting the consumer to shower that any dressing should be covered to prevent them getting wet or if the wound dressing is oozing what the staff member should do.

The support plan outlines domestic assistance to be provided. However, the consumers representative advised support workers have, in the past, been sent away by the consumer’s wife who has moderate dementia. The support plan does not provide information to support staff should this happen.

Consumer B has a medical history that includes atrial fibrillation, epilepsy, myocardial infarct, chronic venous insufficiency, chronic renal failure, urinary retention, cognitive impairment, cerebrovascular accident. The consumer receives level 4 home care package funding.

Consumer B is noted to feel “low” emotionally at times. Interventions outlined for the staff states “Consumer B is able to articulate and express his desires, although Consumer B’s slower speech is attributed to a previous stroke. Deficits noted in language and abstraction with evident concrete thinking patterns”. Staff interviewed were unable to explain the comments but advised the consumer has a behaviour alert recorded on the roster sheet with staff require to leave the home if the consumer exhibits inappropriate behaviour.

A review of support plans and progress notes did not clarify the specific behaviour exhibited by Consumer B. The home care package coordinator advised the assessment team that Consumer B in the past inappropriately touched a staff member on the breast and as a result the information has been recorded on the roster sheet. However, no interventions to address the inappropriate behaviour have been identified on the documentation or shared with the support workers visiting the home.

Consumer B was noted to have a diagnosis on Type II diabetes mellitus. However, there are no recorded management strategies or alerts to staff members what to do should the consumer exhibit signs, and symptoms of either hypo or hyperglycaemia. It was noted by the assessment team specific requirements such as ensuring Consumer B’s feet are dried well when helping with showering and attending podiatry visits were not recorded in the support plan.

The assessment team identified evidence which showed the organisation has skin integrity and wound management, falls, behaviour management and pain management policies, and procedures. However, the policy does not reflect the organisations current practice.

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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

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

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(d) | HCP | Compliant |
|  | CHSP | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(e) | HCP | Compliant |
|  | CHSP | 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.*

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(g) | HCP | Compliant |
|  | CHSP | 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 CHSP 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/representatives interviewed confirmed they feel safe and are supported to do things that are important to them. Consumers confirmed they are consulted and supported to optimise their independence, health and well-being.

Consumers/representatives interviewed stated staff have awareness of their preferences and what supports their emotional and psychological well-being. Consumers interviewed stated said they have been consulted on what helps them and this has been documented.

Consumers/representatives interviewed confirmed they are satisfied they can do things that interest them, maintain social and personal relationships and participate in activities within and outside of the service.

Staff interviewed demonstrated how they provided meaningful activity, ensured consumers were safe and how the connection to their culture is important for consumers receiving services. Staff interviewed were able to demonstrate they understand the emotional, spiritual and psychological well-being of the consumers. Staff interviewed demonstrated knowledge of the needs, goals and preferences of each consumer.

The management team interviewed were able to provide examples of how they work with other providers and organisations and share information to support the consumer’s participation in the community.

The service provides consumers with appropriate assessed equipment which is maintained. Consumers interviewed confirmed they are satisfied with equipment provided.

The Quality Standard for the Home care packages services are assessed as Compliant as six of the seven specific requirements have been assessed as Compliant with requirement 4(3)(f) being not applicable.

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as six of the seven specific requirements have been assessed as Compliant with requirement 4(3)(f) being not applicable.

**Assessment of Standard 4 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(a) | HCP | Compliant |
|  | CHSP | 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.*

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(c) | HCP | Compliant |
|  | CHSP | 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.*

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

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

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

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

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

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

Requirement not applicable

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

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

# STANDARD 5 Organisation’s service environment

# HCP Compliant CHSP Compliant

### 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

Consumers/representatives interviewed stated they feel like they belong in the service and feel safe and comfortable in the service environment. Consumers/representatives interviewed confirmed they move around the service freely including access to outdoor areas, the environment at the respite centre was easy to access, they are made to feel welcome and they enjoy the activities, meals and social experiences at the centre.

The assessment team observed the environment to be clean, comfortable and welcoming with parking availability and well-maintained pathways leading to the respite centre. Furniture, fittings and equipment at the respite centre were safe, clean, well-maintained and suitable for consumers.

Processes are in place to maintain all equipment, furnishings and environmental comfort and safety systems. Evidence showed reactive maintenance was completed in a timely manner.

Staff interviewed could describe how they raise any issues with the environment or equipment, and stated they are provided with training in the use of equipment used as part of their role

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

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as three of the three specific requirements have been assessed as Compliant

## Assessment of Standard 5 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

**STANDARD 6 Feedback and complaints**

# HCP Compliant CHSP 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/representatives interviewed stated they have been informed of how they can provide feedback and raise a complaint with the service. Consumers/representatives interviewed said they feel comfortable in providing feedback. Consumers/representatives provided examples of where changes have been made following the raising of an issue.

Evidence showed the service provides information to consumers and representatives on advocacy, other external organisations and interpreting services to support feedback and raising concerns.

Evidence showed the service has policy and process to guide staff around timeframes and how feedback and complaints are resolved. Staff interviewed were able to demonstrate how this is completed.

Evidence showed the service has a register for feedback and complaints which is monitored, and monthly reports are discussed at management meetings along with actions agreed upon for improvements.

Staff were able to describe when consumers or their representatives have raised concerns and changes have been made in response to the issue. This has included where support staff are removed from the consumer’s scheduled service, in response to rescheduling a service due to unplanned leave and where there has been dissatisfaction with staff performance.

Evidence showed the service’s feedback and complaints policy and procedure described there are opportunities for the outcomes of complaints to become improvements and to be lodged on the continuous improvement plan

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

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

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

# STANDARD 7 Human resources

# HCP Compliant CHSP 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

Consumers/representatives interviewed stated there are mostly enough staff and they are satisfied with the competency, skills and knowledge of staff who are providing care and services. Consumers/representatives interviewed stated they are aware of the current challenges to have consistent staff and they receive communication when there are staff changes. Consumers/representatives interviewed stated staff are respectful, kind and caring when they support them with their needs.

Staff interviewed stated they have sufficient staffing and enough time to provide care and services. Staff interviewed stated they are provided with ongoing education and regular training.

Evidence showed the service has processes to onboard staff and ensure staff have the competencies and training required to provide safe and quality care and services. Evidence showed where the service brokers its clinical, allied health and other maintenance services there is monitoring of compliance.

Management interviewed stated rostering is challenging given the current community transmission of COVID19 and they are communicating with consumers where there are issues with consistent staff being available.

Evidence showed the service uses review of feedback and complaints, assessed consumer needs and incidents to identify further training and education for staff. Evidence showed there are processes in place to guide staff performance and staff are monitored in their practise.

Management interviewed stated they review consumer care and service needs frequently to ensure there are enough staff to deliver the care agreed. Management stated they have made the decision not to take on any further CHSP consumers for some service types, especially domestic assistance, as they may not be able to service the consumer with consistent staff. The same action has been discussed for home care package consumers with the service taking the time to assess potential new consumers and identify early if they may not be able to support them fully. Management stated they want to ensure current consumers who may have increased service needs due to declining health are able to have the services they need to support them in their home.

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

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(a) | HCP | Compliant |
|  | CHSP | 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.*

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

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

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |

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

# STANDARD 8 Organisational governance

# HCP Not Compliant CHSP 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

Consumers/representatives interviewed stated they are involved in the development, review and evaluation of their services. The service encourages feedback through all their processes including an annual survey. Consumers/representatives interviewed stated that those who attend the social centre are involved in the development of the program.

Evidence showed the service has a governing body which is informed and promotes a culture of safe and quality services. Evidence showed reporting occurs to ensure all levels of leadership is informed and there is recorded discussion on actions raised by the Board.

Evidence showed the service has systems in place to ensure there is policy, processes and reporting structures for information management, continuous improvement, financial reporting, workforce governance, regulatory compliance and feedback and complaints.

Evidence showed the service has processes to identify and understand high impact and high risk for consumers with guidance on strategies to support consumers including to maintain independence and live their best lives. However, the assessment team identified evidence that showed not all risks are documented and strategies recorded on consumer support plans but instead verbally provided to staff.

Evidence showed the service was unable to demonstrate their clinical governance framework and provide comprehensive and contemporary guidance for staff. Evidence showed the service was not able to demonstrate staff are provided education on policy and procedures including specifically relating to open disclosure, minimising of restraint and limited information on antimicrobial stewardship. Staff interviewed were not able to describe how these policies and procedures are used in their roles.

Detailed evidence is provided below in the relevant requirements.

The Quality Standard for the Home care packages services are assessed as Not compliant as one of the five specific requirements have been assessed as Not compliant.

The Quality Standard for the Commonwealth home support programme services are assessed as Not compliant as one of the five specific requirements have been assessed as Not compliant.

## Assessment of Standard 8 Requirements

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(c) | HCP | Compliant |
|  | CHSP | 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)(d) | HCP | Compliant |
|  | CHSP | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | HCP | Not Compliant |
|  | CHSP | 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.*

Findings:

Evidence shows the service collects clinical data for falls and medication errors which are discussed, analysed and actions made for follow up. The service also collates other incidents which are discussed and actioned for example consumer deterioration and other impacts of wellbeing.

Evidence identified by the assessment team showed there has been follow up for consumers following falls including review by a registered nurse, physiotherapist or medical officer referral prompted by the service to the consumer or their representative. In relation to medication management errors the service has acted on the incidents and appropriate training has been completed.

While the service has a clinical governance, framework recorded in its policy and procedure manual the assessment team observed it’s not being used by staff to guide their role. Interviews with staff identified confusion around the clinical governance framework only being relevant for clinical services and as such the service brokers of these services.

Evidence shows the service’s current policy and procedure manual being utilised records policy and processes for open disclosure under the Feedback and Complaints section. Staff interviewed were not able to describe what open disclosure means and said they have not been provided education on this approach. This was discussed with management who confirmed this would be followed up and education provided.

The Assessment Team identified evidence that showed the current policy and procedure manual only records under minimisation and use of restraint and policy the following information. “We do not restrain consumers at any time in the provision of home care. Consumers who require a seat belt on mobility equipment (such as wheelchairs) is not considered a restraint”.

The Assessment Team identified evidence that showed the policy and process does not provide any further information on what can be considered a restraint or how the service will manage where they identify a restraint may be in place and seek discussion on alternative strategies.

Staff interviewed confirmed they have not had education on minimisation of restraint and most staff were not able to describe what a restraint might be in the community. For example, staff were not able to describe how the environment may be seen as a restraint or consideration that a person may be being chemically restrained due to their behaviours. This was discussed with management who confirmed staff have not had education on minimisation of restraint and the staff’s role. Management said this would be followed up following the assessment visit.

The assessment teams review of the service’s policy and procedure manual showed there is information provided on antimicrobial stewardship and the overuse use of antibiotics. Staff interviewed were unable to describe the service’s approach to antimicrobial stewardship. The service said they are not collecting data on antibiotic use where observed to be prescribed as part of medication administration support to consumers.

The assessment team found the service was unable to demonstrate their clinical governance framework provides comprehensive and contemporary guidance for staff. The service was not able to demonstrate staff are provided education on policy and procedures including for open disclosure, minimising of restraint and only limited information on antimicrobial stewardship. Staff were not able to describe how these policies and procedures are used in their roles

# Areas for improvement

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

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(a) | HCP | Not Compliant |
|  | CHSP | Not 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | HCP | Not Compliant |
|  | CHSP | 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.*