**Performance**

**Report**

**1800 951 822**

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| Name of service: | Snowy Monaro Regional Council - Community Support Services |
| Service address: | Werri-Nina Centre, 227 Sharp Street COOMA NSW 2630 |
| Commission ID: | 200091 |
| Home Service Provider: | Snowy Monaro Regional Council |
| Activity type: | Quality Audit |
| Activity date: | 30 November 2022 to 2 December 2022 |
| Performance report date: | 10 January 2023 |

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

**This performance report**

This performance report for Snowy Monaro Regional Council - Community Support Services (**the service**) has been prepared by J Taylor, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Snowy River Home Living Support, 17728, Werri-Nina Centre, 227 Sharp Street, COOMA NSW 2630
* Snowy River Home Living Support, 17728, 163 Maybe Street, BOMBALA NSW 2632

**CHSP:**

* Care Relationships and Carer Support, 26109, Werri-Nina Centre, 227 Sharp Street, COOMA NSW 2630
* Community and Home Support, 26108, Werri-Nina Centre, 227 Sharp Street, COOMA NSW 2630
* Centre Based Respite, 4-7XX3Q6K, 163 Maybe Street, BOMBALA NSW 2632
* Home Modifications, 4-7XX3QQF, 163 Maybe Street, BOMBALA NSW 2632

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 9 January 2022.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

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| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Non-compliant | Non-compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Non-compliant | Non-compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Non-compliant | Non-compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Non-compliant | Non-compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Non-compliant | Non-compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant | Non-compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Non-compliant | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant | Non-compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Non-compliant | Non-compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Non-compliant | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-compliant | Non-compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission-based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Non-compliant | Non-compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Non-compliant | Non-compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-compliant | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant | Compliant |
| 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 | Non-compliant | Non-compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Non-compliant | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant | Non-compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Non-compliant | Non-compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Non-compliant | Non-compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-compliant | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Non-compliant | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Non-compliant | Non-compliant |

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

Findings

Consumers interviewed stated in various ways how they are treated with dignity and respect and had not experienced discrimination. Staff interviewed explained that being allowed into consumers' homes was a gift of trust so they treat consumers how they want to be treated, with dignity and respect. Management had not received any reports of disrespectful conduct.

Consumers interviewed confirmed that staff knew what was important to them and this was taken into account when providing care and services. Staff interviewed articulated practical examples of provision of culturally safe care and services such as learning about the consumers' backgrounds, allowing them to share their culture, showing interest and learning from them.

Consumers interviewed confirmed they made decisions regarding their care and services. Staff interviewed described they encouraged consumers to do as much as they can for themselves to promote independence. Staff stated they respected decisions made by all consumers. For example:

* Staff stated a consumer was at times resistant to personal care which was reflected in the support worker service agreement. Staff would do their best to prompt and encourage the consumer to complete personal hygiene tasks and utilised a slow and gentle approach. Staff stated they will not pressure the consumer if they resist the prompts but would contact the consumers representative and inform them of the situation.

Staff interviewed described the dignity of risk form is used to support consumers to take risks, which is considered at the time of the initial assessment. Staff interviewed provided practical examples of when this form is used, such as if a consumer refused to use an allied health prescribed mobility aid or if a consumer refuses medical attention or intervention. Policies and procedures for the minimisation of harm and identifying risks were sighted.

Most consumers interviewed stated they had received monthly statements for quite some time. Review of the services Complaints Register reflected complaints from consumers to the NSW Local Health District Minister and the Aged Care Quality and Safety Commission regarding the lack of timeliness of budget statements. Management interviewed advised the issue with budgets arose from the incompatibility of the services client management and financial management systems requiring the service to reconcile variances. The service evidenced communication provided to consumers regarding the delay, apologising for the inconvenience and offering manual statements for all outstanding periods, however consumers had not received statements since November 2021. Whilst the service evidenced improvement plans in place, consumers had been heavily impacted by the delay in the provision of receiving current, accurate and timely information relating to the statements, unspent funds and care plans.

Consumers interviewed reported they felt staff respected their privacy and maintained the confidentiality of information. It was noted by the Assessment Team that no consumer files were left unattended and computers were locked when not in use. Review of the service's information pack included the Charter of Aged Care Rights, Quality Standards and Australian Privacy Principles and the Service Participant Handbook indicated that the service abided by the Privacy Act 1988 and the Privacy and Personal information protection Act. The Staff Code of Conduct included privacy and confidentiality information.

Considering the information above, the service did not demonstrate information provided to each consumer is current, accurate and timely to ensure consumers understand their plans and enables them to exercise choice. One of the six requirements assessed is deemed to be Non-Compliant therefore, this Standard is assessed as Non-Compliant.

# 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. | Non-compliant | Non-compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Non-compliant | Non-compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Non-compliant | Non-compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Non-compliant | Non-compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant | Non-compliant |

Findings

All consumers and representatives interviewed said the services they received help them to be independent and remain living in their own homes. Most consumers and representatives interviewed said the services and supports meet their current needs. All support workers interviewed described the services they provided to consumers and identified individual risks to consumers’ health and wellbeing and how they overcome these risks. For example:

* A support worker interviewed described a consumer at risk of falls and the support worker said they always ensure the consumers mobility aid is close by and encourages them to use it when providing supports in the consumers home. Review of this consumers care plan did not evidence a falls risk assessment had been undertaken.

Management interviewed described how Service Agreements between the support worker and the service are used for each consumer and these provide information to guide the support worker in the delivery of care and services. Management interviewed acknowledged most consumer care plans were currently out of date however, this is now included in the plan for continuous improvement. All care plans reviewed were noted to be out of date. While consumers and representatives interviewed advised their satisfaction with services delivered, the lack of formal assessments and reviews undertaken by the service does not ensure consumers current health and wellbeing factors are considered in the delivery of supports and services.

The service did not demonstrate assessment and planning identifies and addresses the consumers’ current needs, goals and preferences. While most consumers said the services currently received meet their needs, two consumers and representatives interviewed said more services would be beneficial. Most consumers and representatives interviewed said if they need more services, they will call the service to discuss, however some consumers said they had not had face to face contact with a coordinator for over 12 months. Advance care planning was evidenced as discussed during the initial assessment review and evidence of Advanced Care Directives was sighted in care plans; however, as assessment reviews are not currently being undertaken, it is possible the directives and advance care plans are out of date.

All consumers and representatives interviewed said they are involved in making decisions regarding their care and services. Signed consent forms reviewed provided the service permission to communicate with other organisations, such as a General Practitioners, allied health professionals, family members etc, regarding the care of each consumer.

The service stated they work closely with the local hospital when consumers are discharged however the service did not provide evidence of correspondence including a discharge document or communication with community nurses. The service stated information was shared verbally. This potentially places consumers at risk as there is a lack of information recorded regarding additional care or support requirements. For example:

* A consumer was discharged from hospital recently following an accident resulting in burns. The consumers coordinator advised the consumer received wound care through the community nurses from the hospital, however, was unable to provide evidence of any correspondence from the hospital.

Eight of the 16 consumers and representatives interviewed stated they had received a copy of their care plan and had not seen a service coordinator for over a 12-month period. Support workers interviewed advised information regarding consumers was provided via the Service Agreement and sent to them via email. The service advised information in the Service Agreements is sourced from consumer care plans however, as care plans are currently 12-months overdue for review, assessment and planning is not effectively communicated or available to consumers and their representatives.

The service did not demonstrate care and services are reviewed regularly for effectiveness nor when there are changes in consumer circumstances. Management interviewed stated care plan reviews had not occurred due to staff shortages and awaiting the introduction of new assessment tools, in addition to the employment of a Registered Nurse. All care plans reviewed were noted to be at least 12 months overdue. The service advised these gaps with actions to address are included in the service’s continuous improvement plan. Review of the services Care Planning Policy stated reviews are to be undertaken 6-monthly (when required) otherwise 12-monthly reviews were to occur. As per the information above, the service did not demonstrate this occurred.

Considering the information above, the service did not demonstrate effective ongoing assessment and planning occurs with all consumers. Five of the five requirements assessed are deemed to be Non-Compliant therefore, this Standard is assessed as Non-Compliant.

# 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. | Non-compliant | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Non-compliant | Non-compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Non-compliant | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-compliant | Non-compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission-based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Non-compliant | Non-compliant |

Findings

Consumers and representatives interviewed said they receive personal care mostly from the same support workers and if not, the service will forward advice that a replacement support worker will be coming to their home. The service will try to replace the staff member with someone who has cared for the consumer previously. If this is not possible, the staff member will receive a copy of the consumers service agreement to guide them in the delivery of care. Service agreements sighted were very detailed, however, as care plan reviews are not currently being undertaken, it is possible some service agreements are out of date which impacts the currency of information included in the service agreements. While management interviewed stated staff are recruited based on qualifications and experience and undergo induction and ongoing training, the services subscription with their training provider has lapsed and as a result the service was unable to provide information detailing training completions nor certificates of completion for staff. The service did not evidence current policies or procedures on falls management, behaviour support, wound care, etc to guide staff in best practice.

The service did not demonstrate high impact or high prevalence risks associated with the care of each consumer is documented and mitigation strategies included in care planning documentation. For example:

* A consumer with a diagnosis of dementia has recently reverted back to her first language does not currently understand or speak English. One support worker said she has learnt a few words in the consumers language to assist with understanding consumer’s needs. Another support worker for the same consumer said they were specifically matched with this consumer as they understand some of the language spoken by the consumer. Review of the consumers care plan (dated 10 June 2020) stated the consumer can be ‘very verbal’ and that they have difficulty with short term memory and being disorientated. The care plan also included a diagnosis of dementia. Upon review of care planning documentation, there was no behavioural support plan or information included to guide support workers with strategies to assist in their care.

While the service evidenced training for staff to support people living with dementia in the services plan for continuous improvement, the training had not commenced nor was a planned completion date provided in the plan.

Review of two vulnerable person’s emergency information forms provided dates last reviewed as June 2020 and both forms were incomplete. It was noted that information relating to current medical conditions, preferred language or mobility information across the forms reviewed was left blank. The service did not evidence completed falls risk assessments in care documentation reviewed. For example:

* Review of a care plan, dated June 2020, listed the consumer as having a history of falls however, a falls risk assessment was not documented.

Review of the services Assessment and Planning Policy described how consumers are assisted to access support if it is required via a referral to the palliative care team at the local hospital, and are encouraged to complete an advanced care directive in consultation with their General Practitioner (GP). The service evidenced consumers are provided with brochures regarding advance care planning as part of the consumer welcome pack.

Consumers and representatives interviewed said staff would know if there was a change in their condition and support workers interviewed described how they identify changes in consumers condition and subsequent actions taken. The service evidenced a Managing Deterioration and Escalation Procedure which outlined roles and responsibilities of non-health professional and health professionals in the event of consumer deterioration was identified. For example:

* Review of care documentation for two consumers did not evidence reviews were undertaken on discharge from hospital to determine if additional supports or service was required.

Most consumers interviewed said support workers know what to do and they don’t often need to repeat information to new staff members. All support workers interviewed described how they write case notes after each home visit and email the notes to the service which are then uploaded into the care management system. The service advised all service agreement details are extracted from the consumer’s care plan. Although it is evident care plans are not being regularly reviewed, there was evidence some service agreements are updated adhoc when new services were requested. For example:

* A service agreement reviewed for a consumer was updated on 4 July 2022 when domestic assistance was ceased temporarily at the request of the consumer’s representative. The service included updated information on accessing the consumer’s home in case of a non-response to a scheduled visit and provide details on the consumer’s pet.

While the service demonstrated some consumer information was updated, they did not demonstrate this was consistent across all current care documentation.

Consumers and representatives interviewed said if they needed external services they would speak to coordinator, however, the consumers could not recall a time when they required a referral to a service. Management interviewed said referrals are usually identified through the consumer’s GP and the service will help facilitate external services by speaking to the consumer and their family and the family will arrange the referral themselves. Coordinators interviewed stated the service is in contact with community nurses when clinical care is being undertaken however, the service was unable to provide evidence of communication between the service and the community nurses regarding care provided to consumers.

Support workers interviewed said they are provided with sufficient personal protective equipment (PPE) and are required to conduct a rapid antigen test (RAT) every three days with a photograph of the RAT sent to their coordinator. While the service evidence infection control information embedded in the services Assessment and Planning Policy, the document did not include guidance in the event of a COVID outbreak. The service evidenced a new suite of policies and procedures in development, which included a policy on infection control, however these policies had not yet been implemented.

In response to the Assessment Report, the service advised that referrals are facilitated by consumers General Practitioners (GPs) and the local hospital on discharge. The service did not provide evidence of communication between the service and community nurse, GPs or local hospital to inform changes to the care and services as a result of referrals or hospital discharge. The service also advised a COVID Outbreak Plan is in place and updated when changes to regulation occur and interim memo’s were in place regarding infection control to address the changing nature of the pandemic and changing infection control requirements however, the service did not provide evidence of this.

Considering the information above, the service did not demonstrate effective management of personal and clinical care to consumers. Six of the seven requirements assessed are deemed to be Non-Compliant therefore, this Standard is assessed as Non-Compliant.

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

Consumers and representatives interviewed reported the service made them feel safe and they were able to receive supports and services that enabled them to remain as independent as possible in their own homes. For example,

* A consumer said they had their driver’s licence cancelled 5 years ago and the interaction between them and support workers optimises their well-being and quality of life because they support them to meet their needs and remain independent.
* Another consumer said having someone come and apply their compression stockings each morning provides them with independence and allows them to remain in their own home because without this service, their legs will swell and they would be unable to mobilise.

Care plans sighted captured goals and preferences however, management interviewed said most consumer care plans are currently overdue for review, as demonstrated in Standard 2, therefore current needs, preferences and goals would not be necessarily addressed.

Consumers and representatives interviewed said staff would recognise if a consumer was feeling low and would provide support to them if needed. For example, a consumer said all support workers ask them how they are and make sure they have everything they need each visit. Support workers interviewed describe how they check on the emotional well-being for each consumer when they provide services in their homes. Care plans reviewed indicated consumers are asked about their cultural and spiritual preferences during reviews. While care plans reviewed were overdue for review, and these preferences could possibly be out of date, support workers demonstrated an understanding of consumers psychological well-being and described what they would do if they had concerns for a consumer.

Consumers and representatives interviewed said the service enabled them to participate in their communities, do things of interest to them, and maintain social and personal relationships. For example:

* A consumer said both they and their partner attend several group activities that enable them to stay connected with their community.
* Other consumers said they enjoy the exercise classes which keep them fit and connected with community.

The service evidenced a quarterly newsletter sent to all consumers which provided details of social activities available to consumers and encourages participation.

Most consumers interviewed said support workers know their care needs and they do not need to repeat information each time the support worker comes to their home. Support workers interviewed said if there are major changes to the consumers’ services, they will receive an updated service agreement. Support workers interviewed stated concerns about major changes to a consumer’s care were initiated by the consumer or representative contacting their coordinator. While the serviced evidenced care plans are not being regularly reviewed, there was evidence service agreements were updated adhoc when new services were requested and case notes are written after each home visit and emailed to the service to be uploaded into the care management system.

The service did not demonstrate timely referrals to other organisations and providers of care, as previous detailed in Standard 3 above, nor provide documentation evidencing referrals occurred and were adequately recorded.

Most consumers interviewed, who received meals, said they are happy with the quality, choice and quantity of the food which is available from a variety of services. The service evidenced relevant certification, such as food handling, and appropriate checks for volunteer staff delivering meals.

The service demonstrated a small equipment loan pool for basic equipment such as wheelie walkers, shower chairs and bath bars. An equipment register was sighted and management advised equipment is monitored by support workers and if any issues or concerns are raised, equipment is replaced or fixed immediately. Management interviewed stated when equipment is returned to the service, it is washed and sanitised before being available to another consumer.

In response to the Assessment Report, the service advised, as per requirement 3(3)(f), referrals are made through consumers GPs and local hospital on discharge. The service did not demonstrate consumer records are updated to reflect referrals nor was evidence provided of communication between services to ensure care and services provided to consumers was informed.

Considering the information above, the service did not demonstrate effective delivery of services and supports for daily living to consumers. Two of the seven requirements assessed are deemed to be Non-Compliant therefore, this Standard is assessed as Non-Compliant.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

Consumers and representatives interviewed said they always feel welcomed when they attend the service. Consumers interviewed said the community halls they attend are fit for purpose and light and airy. Observation of a social group activity saw consumers able to enter the service easily and interactions between staff and consumers was respectful.

The service advised the various community halls and office buildings used by the service are owned and maintained by the Cooma Council. The service area observed was fully accessible with automatic doors to assist with access to the building. It was noted the eskies and ice packs used by the service to transport frozen meals to consumers were clean and well-maintained. Cleaning equipment for the esky was observed to be kept nearby and eskies were observed being cleaned in between uses.

Furniture, fittings and equipment within the service environment appeared clean, well maintained and suitable for consumers to use. Consumers interviewed agreed that equipment was clean and safe and they have all the equipment they need for the activities being undertaken. Cleaning products were observed near equipment and staff interviewed advised they wipe high touch areas after each activity. Other areas within the service were observed to be clean and comfortable including a communal dining table where consumers could sit and have a cup of coffee. Bathrooms were sighted as accessible and were clean and well maintained.

Considering the information above, the service demonstrated the organisation provides a safe and comfortable service environment that promotes consumer’s independence, function and enjoyment. Three of the three requirements assessed are deemed to be Compliant therefore, this Standard is assessed as Compliant.

# 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. | Non-compliant | Compliant |

Findings

Consumers interviewed stated they knew how to provide feedback or make complaints. Most consumers said they would call the service if needed and information to support this was provided in the service folder for consumers. Support workers interviewed advised when a complaint was received, they would escalate this to their supervisor or team leader via phone or email to be entered into the services complaints register. Review of the service's information pack included a “We Welcome Your Feedback” form and the “Charter of Aged Care Rights” and the service’s “Service Participant Handbook” also included a “Tell Us What You Think” form.

Consumers interviewed were made aware of and had access to information relating to advocacy support, translation services and other avenues for raising complaints. Staff and management interviewed described processes to ensure consumers had access to information relating to advocacy services, national translating and interpreting services, Senior's Rights Service and the Aged Care Quality and Safety Commission's complaints avenue through the information pack which included contact details.

Most staff interviewed had not received formal training on the open disclosure process but were able to describe their process, which aligned with the principles of open disclosure. Staff interviewed advised they would always apologise to consumers if things had gone wrong and they ensured issues are addressed promptly and made sure to keep consumers informed regarding any actions or outcomes of their feedback. The service evidenced a complaint register which recorded complaints, actions taken and outcomes with a number of complaints relating to the comfort of transport showing the issue was addressed and actioned promptly. Review of the service's feedback and Complaints Policy and procedure demonstrated guidance on the principles of complaints handling and indicated that feedback and complaints were regularly audited to ensure items were closed timely and appropriately.

The service demonstrated that feedback and complaints from CHSP consumers were adequately reviewed, managed and used to improve the quality of care and services however management interviewed stated that feedback and complaints were regularly reviewed to ensure these were appropriately actioned and closed. The service did not provide evidence that complaints from Home Care Program consumers were analysed and trended to inform its continuous improvement practices. For example:

* Two consumers raised complaints across July, August and September 2022 regarding not receiving their budget statements for several months however, the service did not demonstrate these complaints were considered as part of continuous improvement activity or included in complaint trend analysis relating to monthly statement delays, which has impacted all Home Care Package consumers.

The service advised they are in the process of moving to a new client management system, expected to be implemented by March 2023, to ensure compatibility with the current financial management system to address the concerns raised. However, as these actions to rectify the delay in statement processing were not reflected in the services' plan for continuous improvement, the service was unable to provide satisfactory evidence that complaints were used to drive continuous improvement practices and documented accordingly.

Considering the information above, the service did not demonstrate feedback and complaints are reviewed and used to inform and improve the quality of care and services delivered to consumers. One of the four requirements assessed are deemed to be Non-Compliant therefore, this Standard is assessed as Non-Compliant.

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

Findings

Consumers interviewed did not identify any issues concerning missed services and recalled when regular support workers were unable to attend to them, the service informed consumers and offered alternative options. Support workers interviewed stated there was enough time to effectively complete their tasks and management stated there was a rotating 24/7 on-call staff to assist support workers with issues or concerns. Review of unfilled shifts for November 2022 identified a total of 239 hours of unfilled shifts across all HCP and Commonwealth Home Support Programme (CHSP) consumers. Management interviewed stated that most cancellations were due to consumers going away or not available for a scheduled visit however, the reasons for cancelled services was not documented in case notes therefore the Assessment Team were unable to verify the reasons for cancellation.

Staff and management interviewed stated that interactions with consumers and their representatives were conducted in a kind and respectful manner and this was confirmed in statements from interviews with consumers and representatives. Review of the service’s policies and procedures included information about inclusivity, treating consumers with courtesy, respect, consideration and non-discriminatory behaviour.

Staff interviewed reported the only mandatory training received was on Workplace Health and Safety (WHS), stating optional online learning modules were available when they need them. This information was contradictory to the service's Staff Development Policy and procedure which indicated annual training was provided on manual handling, fire and emergency and infection prevention and control. While the service provided evidence that lawn and yard maintenance was managed and maintained, the service was unable to provide evidence readily indicating staff police checks were maintained and monitored or how most community services contracts were managed. The service did not demonstrate adequate oversight of the maintenance of current and up-to-date information on workforce competencies, qualifications and contract management.

The service advised the subscription to the online learning platform previously used had expired and were unable to provide evidence of completed staff training. The Training Register evidence by the service contained incomplete information and provided little detail regarding current training undertaken. Management interviewed explained training on the Quality Standards and other topics was provided through staff meetings, however management was unable to provide evidence in the form of meeting minutes when these occurred and what was discussed. Review of performance records for two staff members demonstrated one staff member had identified some training opportunities related to their role, however, interview with this staff member confirmed they had not received further education on their identified training need. While the service had recently engaged a new online learning platform, the service was still in the process of considering the financial impact of compensating staff to complete various training. At the time of the assessment, training had not yet been assigned to staff for completion nor did the service provide evidence that training needs identified in performance reviews were actioned and addressed or a way to manage oversight on recurring training such as first aid and annual mandatory training.

Most consumers interviewed were unsure when or how often the service asked them to provide feedback on the staff delivering their care and services. Staff and management interviewed confirmed performance assessments were conducted annually. Management verbally confirmed that all performance reviews were conducted in 2021. However, due to system access difficulties, the service was only able to provide documentary evidence for two staff members that a performance review was conducted.

Considering the information above, the service did not evidence the workforce is planned which was demonstrated through the number of unfilled shifts identified. The service did not demonstrate that all mandatory training identified in the services Staff Development Policy was completed and did not evidence broader staff training due to the services inability to evidence training records. It was identified that system difficulties resulted in the service only able to produce evidence of two staff reviews. Four of the five requirements assessed are deemed to be Non-Compliant therefore, this Standard is assessed as Non-Compliant.

# Standard 8

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| 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. | Non-compliant | Non-compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Non-compliant | Non-compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-compliant | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Non-compliant | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Non-compliant | Non-compliant |

Findings

While the service stated results from a recent survey, concluded from September - October 2022, were still being analysed, the service did not evidence results from previous surveys, including community surveys. The service did not demonstrate consumers were engaged in the development, delivery and evaluation of care and services provided. The services plan for continuous improvement demonstrated the service had identified the need to commence consumer forums to ensure consumers and carers are informed and engaged.

The service advised the Community Services Advisory Committee meet quarterly to discuss both CHSP and HCP financial, consumer numbers under each package, hours services delivered, home modification requirements and yard maintenance. Review of committee meeting minutes and June 2022 business paper did not include discussion of the migration to a new learning platform, community staff training needs, implementation of a new client management system for March 2023 or various policies, procedures and assessment and planning forms to be implemented in December 2022.

While the service demonstrated a set of criteria for identification of potentially vulnerable consumers, consumers are asked if they would like to be identified as vulnerable. The process used by the service with an opt-in poses a potential risk to consumers who may fall within the criteria however do not identify themselves as vulnerable with the service unable to demonstrate how emergency situations would be managed. The service did not demonstrate the governing body has oversight to ensure the delivery of safe and quality services, exampled by:

* untimely provision of monthly statements to consumers.
* Gaps in the trending and analysis of complaints and feedback information to inform continuous improvement.
* Inability to provide oversight of workforce training.
* Lack of consumer input into the reviews of staff performance and broader evaluation of care and services provided.

The service did not demonstrate the Board had oversight of issues relating to the impact of overdue care assessment and planning, impact to consumers regarding delayed monthly statements and complaint analysis to inform service improvement.

**Information Management**

Management interviewed identified and acknowledged that care assessments and planning for consumers were mostly completed more than 12 months ago despite policy indicating that these should be completed at a minimum annually. The service was unable to provide evidence that a gap analysis was conducted to identify the actual number of overdue care plans. Subsequently, the service was unable to demonstrate that an action plan was developed and implemented to identify how the service will address this gap, the resources required and allocated and the timeframe of completion.

**Continuous Improvement**

The service evidenced a plan for continuous improvement which identified a number of improvement opportunities, actions to be taken, persons responsible and planned completion dates and expected outcomes. However, not all planned identified improvements were captured in the plan reviewed. For example:

* a new suite of policies and procedures being slowly introduced from December 2022.
* The new client management system being implemented by March 2023.
* The new format of community services board reports was being explored.

**Financial Governance**

The service demonstrated use of an electronic financial management system however, system incompatibility had resulted in up to a 12-month delay providing monthly statements to consumers including advice of unspent funds. The service did not evidence a process to inform consumers with high unspent funds about their current package balance with three consumers identified with in excess of $40,000 in unspent funds.

**Workforce Governance**

The services organisational chart and position descriptions for the supervisor of HCP, team leader of community support programs and coordinator of community support programs were evidenced. The service also provided the charter for its Community Services Advisory Committee. Gaps were identified relating to the provision of and monitoring of mandatory training for all staff, maintenance of accurate information relating to staff competencies and qualifications, and addressing training needs identified through performance reviews.

**Regulatory Compliance**

The service demonstrated subscriptions with various groups and committees, such as the Aged Care Quality and Safety Commission, Department of Health and Aged care, Chamber of Commerce and Industry, Therapeutic Goods Administration and Department of Human Services. The service advised newsletters from Aged and Community Services Australia are received and the Board also advises the service on any changes. The service has engaged external consultants to assist with the development of policies and procedures. Management interviewed stated the new suite of policies and procedures would be implemented from 01 December 2022.

**Feedback and complaints**

Consumers and their representatives interviewed said in various ways they were aware of the methods employed by the service to provide feedback and make complaints and felt supported to do so. The service did not demonstrate consumers were engaged to provide feedback on staff performance or in the development, delivery and evaluation of care and services. The service did not demonstrate feedback and complaints data was trended, analysed and reported to the Board to inform service improvements nor that complaints data.

While the service provided a list of identified organisational risks, the service did not demonstrate effective systems in place to respond to identified risks. Review of care documentation did not include identified high-impact and high-prevalent risks for consumers nor mitigation strategies to guide support staff providing services. At the time of the audit the service advised technical difficulties impacted their ability to show the Assessment Team the services electronic risk management system. As a result of this, the service was unable to provide evidence of the use of validated tools to assess consumer risk.

Staff interviewed demonstrated knowledge and understanding of abuse and neglect and described the process to follow should staff suspect abuse and neglect. While the service evidenced the services Incident Register, demonstrating appropriate actions were taken and follow up undertaken in response to incidents, the service did not demonstrate that corresponding re-assessments and care plan reviews were conducted post changes or hospitalisation of consumers as policy instructed. The service did not demonstrate community services incident data was used to identify trends or was reported to the governing body. Review of the services Plan for Continuous Improvement demonstrated identification of the need for clinical risk registers, staff education relating to risks and a gap analysis to support Serious Incident Reporting Scheme requirements.

While staff interviewed demonstrated an understanding of open disclosure, the service did not evidence training on open disclosure or restrictive practices were provided to staff. In relation to restrictive practices, review of the services policy indicated limited information which did not include all forms of restraint nor did it provide enough information to appropriately guide staff providing supports and services.

In response to the Assessment Report, the service stated the electronic risk management system was accessible at the time of the audit which detailed risk ratings and risk appetite however, the service did not provide an example for further review.

Considering the information above, the service did not demonstrate the organisation’s governing body has effective oversight of the delivery of safe and quality care and services. Five of the five requirements assessed are deemed to be Non-Compliant therefore, this Standard is assessed as 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)