**Performance**

**Report**

**1800 951 822**

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| Name of service: | Southern Cross Care (Tas) Community Care North |
| Service address: | 3 Pattisons Avenue YOUNGTOWN TAS 7249 |
| Commission ID: | 300498 |
| Home Service Provider: | Southern Cross Care (Tas) Inc |
| Activity type: | Quality Audit |
| Activity date: | 5 June 2023 to 8 June 2023 |
| Performance report date: | 27 July 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 Southern Cross Care (Tas) Community Care North (**the service**) has been prepared by M Cooper, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Southern Cross Care (Tas) Community Care North, 17185, 3 Pattisons Avenue, YOUNGTOWN TAS 7249
* Southern Cross Care (Tas) EACHD North, 17240, 3 Pattisons Avenue, YOUNGTOWN TAS 7249

**CHSP:**

* Care Relationships and Carer Support, 24348, 3 Pattisons Avenue, YOUNGTOWN TAS 7249
* Community and Home Support, 27947, 3 Pattisons Avenue, YOUNGTOWN TAS 7249

# 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 3 July 2023

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

Standard 7 Requirements 7(3)(c), 7(3)(d) and 7(3)(e)

* Ensure staff (including contractors) skills and knowledge are monitored and tested to ensure staff are competent to undertake their roles.
* Ensure staff (including contractors) are provided appropriate induction and training to provide safe and effective care, in line with the Quality Standards.
* Ensure attendance at training sessions is monitored and non-attendance managed and addressed.
* Ensure regular staff (including contractors) performance review processes are conducted, staff are effectively monitored, and issues identified with staff practice and competency appropriately addressed.

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and Services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and Services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Requirements 1(3)(a), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f)

Consumers and their representative’s said consumers are treated with dignity and respect. The Service indicated that it had not received any verbal or written concerns from consumers regarding incidences of consumer disrespect. The Provider has a comprehensive assessment tool which enables the identification of consumers’ culture and diversity, with these issues being revisited during a review and reassessment. To support this requirement the Service said it attempts were possible to match staff with culturally and spiritually diverse consumers and attempts to match consumers with a preferred gender support worker. The provider has access to interpreter services and has established networks with OPAN, COTA and LGBTIQ services. Staff also participate in cultural and diversity training and induction an ongoing basis.

Consumers and their representative’s said consumers are supported to make decisions regarding their own care and services, with the involvement of significant others, where applicable. They said consumers are able to communicate their wishes with the Service and make social connections and maintain relationships. The Service has processes and procedures to ensure each consumer is supported to exercise choice and independence.

Consumers and representatives said consumers are supported to take risks. The Service has processes and procedures support consumers to live the best life they can. The Service has a range of risk assessments, including a dignity of risk approach. Matters, such as the risk of falling, were observed to be transposed into the consumer support plan, where applicable. Staff said consumer risks are identified at the time of initial assessment, re-assessment or if the consumers condition changes. Staff demonstrated a good understanding of the need to support consumers to take informed risks, with consumer risk being a mandatory staff training module.

Consumers and representatives said they receive communication in a timely manner and in a way they can understand. Consumers said that information is fully explained to them and their representatives regarding the types of care and services available. The Service has recently introduced a new HCP consumer financial statement that includes detailed information, such as date, time, duration, and cost associated with the care and services delivered, as well as balances. Statements are sent to consumers or their representative, on a monthly basis. Consumers and their representatives’ said privacy is respected by staff when delivering care and services. The Provider was able to demonstrate consumers privacy was respected and their personal information is kept confidential. Access to electronic documentation is password protected and paper based documentation is securely stored in lockers. Staff are also required to use their telephone app to sign in whenever undertaking care and services out when the work is completed.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with Requirements 1(3)(a), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f) in Standard 1 Consumer dignity and choice. This finding relates to both CHSP and HCP services.

Requirement 1(3)(b)

The Assessment Team reports that the Provider supplies care and services to consumers from cultural and diverse backgrounds, and understands and respects their identity. However, the Assessment Team asserts that the Provider was unable to demonstrate it has processes and procedures to ensure that the care and services delivered are culturally safe. The Assessment Team provided the following evidence relevant to my finding:

* Consumers A and B identify with two different cultures. However, this information had not been transposed into their support plans and there was no further information to guide staff in providing care and services relating to their culture.
* Information relating to consumers’ culture and diversity is captured at assessment, however, it is not transposed into the support plan to guide staff in delivery of culturally safe care. Sampled service support plans did not capture consumers’ preferred name, special needs group, country of birth, language, spiritual needs and preferences.
* Policies and procedures do not guide staff in gathering and documenting information relating to consumers’ culture and diversity needs.
* Management said they are in the process of developing a new HCP assessment. While a new CHSP assessment has been developed, it does not include the collection of information relating to providing culturally safe care.

The Provider’s response to the Assessment Team report includes information and evidence demonstrating actions taken and/or planned to address deficits identified, including updating support plans for Consumers A and D to include their cultural support needs, and updating policies and processes to guide staff in providing culturally safe care. The Provider maintains that Consumers A and B’s cultural preferences were known and they did not want to be treated differently based on their cultural identity.

Having regards to information and evidence in the Assessment Team’s report and the Provider’s written response, I find there is no evidence demonstrating the Provider does not comply with this Requirement.

I have considered that Consumers A and B had not been interviewed by the Assessment Team to determine if they were dissatisfied with the care and services they receive. While the Assessment Team noted deficiencies relating to documenting consumers’ cultural and diversity needs in their support plan, this relates to assessment and planning processes, rather than provision of care and services. I have therefore considered this information under Requirement 2(3)(d). There is no evidence demonstrating consumers did not receive culturally safe care.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with Requirement 1(3)(b) in Standard 1 Consumer dignity and choice. This finding relates to both CHSP and HCP services.

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

Findings

Management outlined the assessment process, which includes conducting an in-home assessment, completion of a service agreement, initial assessment, risk assessment, and home safety checklist form. These documents are used as an aid memoire to trigger conversation with the consumer in relation to medical history, physical health, mental health, and activities of daily living to assess the emotional well-being of the consumer. During assessment, risks are identified and discussed with the consumer and/or their representative. Mitigating strategies are agreed upon and documented in alerts, and the individual safety plan. Sampled care files showed risks associated with consumers’ care and services had been identified and mitigation strategies were documented.

Sampled care files included instructions for staff to support consumers’ needs, goals and preferences. Consumers are assisted with advance care planning, however, staff said discussion in relation to end of life planning is not always appropriate. While some consumers and representatives could not recall whether advanced care directives and end of life planning was discussed as part of consumers’ assessment, others said they were discussed, and advance care directive is in place. Consumers said services meet their care needs.

Consumers confirmed they participate in assessments and ongoing reviews and were involved in the development of their care plan and that they receive a copy of the plan. They felt they were well informed by the care advisors of the services they could access. They were able to provide details of what services they receive, including days and times and these were noted to match with care plans sighted in their files. Consumer representatives confirmed they were provided with a copy of the consumer’s current care plan. After the initial assessment is conducted and further referral to the GP and allied health to conduct an assessment for consumers as needed. Registered nurses within team conduct as assessment of clinical needs. Support workers stated that they have access to consumers’ care plans through the database system also the folder in each consumers’ home.

Information and evidence in the Assessment Team’s report under Requirement 1(3)(b) indicates that while information relating to consumers’ culture and diversity is captured at assessment, it is not transposed into the support plan to guide staff in delivery of culturally safe care. The Provider’s response includes evidence that named consumers’ support plans have now been updated and policies and processes have been implemented and communicated to staff to address the issue. I have considered that on balance, evidence demonstrates that overall, outcomes of assessment and planning are documented in a care and service plan. Furthermore, there was no evidence demonstrating adverse impact to consumers and the Provider’s response shows actions taken to address the deficit. It is therefore not proportionate to find Requirement 2(3)(d) non-compliant.

Consumers said their care plan is reviewed every year or as needed. Support workers said they tend to see the same consumers and are able to identify deterioration in their physical and mental wellbeing, and relay this to the case manager, who follow-up and keep them informed of any changes. Detailed case management notes were also sighted in the database that reflected changes in needs based on reviews, upgrading to a higher-level package and discussions with care workers.

Based on the information summarise above, I find the Provider, in relation to the Service, compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers. This finding relates to both CHSP and HCP services.

# 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. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

Consumers said they are satisfied with personal and clinical care and services they receive and did not have any issues to raise regarding their services or the support workers providing them. They said the Service takes time to assess and understand their care needs and support workers consider individual preferences when providing direct care. However, some consumer representatives said the Service has missed medication administration. Incidents such as this were observed to be recorded in the incidents register and a strategy were in place to mitigate the risk. Support workers said they encourage consumers’ independence with personal care and they can allocate more time to them if needed. Sampled consumer files included individual preferences to guide staff in providing personalised care, including their preferred level of independence. Documentation for one consumer’s wound shows photographs and wound measurements are taken on every visit.

The Assessment Team received positive feedback from consumers and representatives with regards to management of risks associated with consumers’ care. Several consumers said staff know if they need to use a walker or walking stick and make sure they always have it with them when they go out shopping or appointment. There is a process in place to manage the risks of a consumer not responding to a scheduled visit and the process to follow is on the consumers’ information they receive. Staff could describe strategies used in the home to minimise the risk of falls or other risks for individual consumers and these matched with what was detailed in the consumers’ care plans. Policies and procedures included how to manage consumer risks such as illnesses, when they fall (or other incidents), and where consumer responsive behaviours are present that may pose a risk.

The Provider does not have any consumers in need of ‘end of life’ considerations, there were processes in place to have that discussion if required. Staff demonstrated an awareness of consumers’ changing care needs when nearing end of life, including providing in-home social support rather than attending the community and providing bed baths instead of showers.

Consumers and representatives said staff know consumers well and were confident any changes in mental health, cognitive of physical function, capacity or condition would be recognised and responded to appropriately. The Provider has systems in place to recognise and respond to deterioration of a consumer’s mental or physical condition whilst ensuring that information about the consumer’s condition and needs is documented and communicated. Staff provided examples where consumers were deteriorating, they felt the processes in place and oversight by the case manager to escalate concerns to the clinical care coordinator had helped them safely provide services to consumers.

Consumers and representatives confirmed consumers’ needs and preferences are effectively communicated as they did not usually have to repeat the same information to new support worker. They also confirmed support workers usually know if anything has changed regarding their care. Support workers confirmed they are given enough information on a new consumer to provide suitable care and access their care plan through their phone apps and also available in the consumers’ home. Case managers described how staff complete notes and phone them in order to communicate changes in a consumer’s care and services needs within and outside the Service with those sharing care of the consumer.

Most consumers and representatives were satisfied with the referral processes and said consumers are assisted to access external services as needed, for example physiotherapy, occupational therapists, podiatrists, and medical specialists. They said this usually happens in a prompt manner. Support workers were not responsible for consumer referrals to other health professionals, however, generally knew when referrals had been made by case manager as care plans had been amended. Case managers provided examples of where they assisted consumers with referrals back to My Aged Care for a higher-level package when this was needed due to a change in care needs. The Service also has arrangements in place with allied health professionals, such as occupational therapy, physiotherapy, podiatry, and dietician services, who are available to deliver services according to individual consumer’s needs and care plans. The case manager liaises closely with allied health professionals on an as needs basis and monitor the outcomes for consumers.

Consumers confirmed support workers take steps to protect them from infections including wearing masks and washing/sanitising their hands during service delivery. They said they had also been provided with information from the Provider regarding safe practices for them during COVID-19. All consumers and representatives felt staff practices kept consumers safe. Support workers advised they had received training on COVID-19 and use of personal protective equipment (PPE). They have also been kept up to date with the changing COVID-19 situation. They described safe practices such as hand sanitising, handwashing and using gloves, masks and additional PPE when required. They conduct self-checks on their health and check the health of consumers when attending to provide care. Any issues are reported to their coordinator.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with all Requirements in Standard 3 Personal care and clinical care. This finding relates to both CHSP and HCP services.

# 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. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Requirements 4(3)(b), 4(3)(c), 4(3)(d) and 4(3)(e)

Consumers and representatives advised they enjoy services and feel explained how being socially connected also helped them emotionally. They said they usually develop an ongoing relationship with their regular support worker, which helps meet their emotional and psychological needs and improve their overall health and wellbeing.

Consumers and representatives provided feedback on opportunities they have to build and maintain relationships and pursue activities of interest in the community. They said they have plenty of opportunities to do things that are meaningful to them, and the support workers will take them wherever they wish. Support workers were able to give descriptions of relationships important to their consumers, such as family and friends, and social activities they enjoy, such as attending particular shopping centres, going for walks or drives in the local community or social activities within the village they like to attend.

Consumers and representatives were satisfied the service has good communication systems in place to ensure support workers knew consumers’ needs and when changes occurred with their care. Case managers advised they communicate with families as required and subcontracted providers, such as occupational therapists, physiotherapists and support workers when needed. This was evidenced in progress notes sighted on consumers’ files. However, some subcontracted providers said they were not well informed they need to give consumer feedback to the service.

Consumers and representatives said referrals are made from time to time, with their permission. Some representatives said they have a choice of providers when referrals are made. Case managers outlined referral processes and noted the importance of timely referrals for consumers. They may also make referrals to other services such as the Dementia Support Australia or to the centre-based services. Support workers advised they may have contact with the Service from time to time, usually by emails or a quick call, but said care plans are usually updated with anything following referrals.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with Requirements 4(3)(b), 4(3)(c), 4(3)(d) and 4(3)(e) in Standard 4 Services and supports for daily living. This finding applies to by CHSP and HCP services.

Requirement 4(3)(g)

The Assessment Team reports that some consumers and representatives advised they had received equipment through their package to assist with their mobility and were satisfied with the quality of the equipment and choice of equipment to choose from. They said they can also claim the costs of maintenance when needed. The Provider ensures that equipment is listed in the consumer’s care plan and any instructions for it’s safe use. They said they check equipment for safety as needed and would report back any issues to the Service.

However, a support worker said some consumers are waiting for their equipment to installed and this has not been actioned which may put consumer into fall risks. For example:

* Consumer A (CHSP) and Consumer B (HCP) are waiting for their bathroom modification.
* Consumer C who lives in a regional area was assessed by an occupational therapist (OT) in 2021 for assistive goods and equipment, including bathroom grab rails, a bed support bar, ceiling heater and a raised toilet. The review and/or purchase of these items were not actioned resulting in a second OT assessment being undertaken in 2022. In 2023, the Service received an invoice from the builder who had undertaken the work, stating the works completed including a concrete path, handrails, and a new toilet door magnetic lock. The Assessment Team noted all works have not been completed, including raised toilet. Management was unaware all the works had not been completed and acknowledged there is some delayed in-home modification due to subcontractor availability in the regional area.
* Staff were unable to describe the process to identify, track and monitor whether consumer assistive equipment has been purchased or home modifications have been carried out.
* Management said consumer equipment is accessed based on individual needs and provided through individual package funds.

The provider did not agree with all of the Assessment Team’s assertions and provides the following commentary:

* Consumer A was under CHSP funding receiving personal care and was not waiting for home modification through SCC. Clinical notes show their condition had changed in that they were unsteady on their feet and needed handrails for the bathroom. Their family member was organising it for them. It was only brought to the attention of the case manager on 8 June 2023 and as of 19 June 2023, they converted over to HCP level 2. The Service has sent a referral to an occupational therapist who will visit them before 7 July 2023.
* Consumer B rejected 2 quotes for bathroom modifications previously. The case manager approached them and their family on 27 June 2023 and they agreed to have another OT review.
* Since Quality Audit, the Service has put a purchase and home modification register in place, which is monitored by the Service’s team leader weekly to ensure timely action is taken to achieve the desired outcome.
* SSC acknowledge that there is a delay in home modification due to uncontrolled factors such as COVID-19, limited number of allied health professionals in remote areas, ceasing of commercial flights in remote areas. For instance Consumer C’s bathroom modification was delayed multiple times for the same reasons. Due to the remote location of some consumers, it should be recognised SSC provides the Service under difficult conditions.

Having regards to information and evidence in the Assessment Team’s report and the Provider’s written response, I find there is no evidence demonstrating the Provider does not comply with this Requirement.

The Assessment Team indicated that Requirement 4(3)(g) is not met, as the Provider has failed to provide ‘equipment’. I have considered the intent of the Requirement, which expects equipment the organisation provides to be fit for purpose. It does not address the need for equipment or home modifications to be provided in the first place. The organisation’s failure to ensure home modifications are carried out is better aligned to the intent of Requirement 4(3)(a), which expects organisations to ensure services and supports for daily living are delivered in line with consumers’ assessed needs, goals and preferences. I have therefore considered this issue in my finding under 4(3)(a).

I have considered that other consumers expressed satisfaction that equipment to support their daily living is of good quality and well maintained.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with Requirement 4(3)(g) in Standard 4 Services and supports for daily living. This finding relates to both CHSP and HCP services.

Requirement 4(3)(a)

To facilitate consumers staying active and maintain their physical independence the Provider refers them to physiotherapists who would recommend an exercise routine. Consumers and representatives also provided positive responses regarding services received from support worker to do the things consumers want to do. Support workers were able to give examples of individual needs and preferences and how they assist consumers in daily living. Care plans are written in a way that is consumer focused and included identification of their individual interests, needs and preferences, including any personal goals.

Information and evidence in the Assessment Team’s report under Requirement 4(3)(g) indicates three consumers did not receive timely home modifications to maintain their independence and support daily living.

Having regards to information and evidence in the Assessment Team’s report and the Provider’s written response, I find I have reasonable grounds to form the view that the Provider complies with this Requirement.

In relation to Consumer C, I accept the Provider’s explanation for the delay in having the home modification complete and I acknowledge that the Provider has now developed and implemented a ‘purchase and home modification register’.

In relation to Consumers A and B, I find there was a lack of corroborating evidence that they had not received home modifications and the impact that has to their daily living. I accept the Provider’s explanation that one of the consumer’s family members was handling the modification and the other rejected a number of quotes.

I am of the opinion that the Provider has taken sufficient steps to now be compliant with this Requirement.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with Requirement 4(3)(a) in Standard 4 Services and supports for daily living. This finding relates to both CHSP and HCP services.

# 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. | Not applicable | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

The Quality Standard for the Commonwealth Home Support Programme services and the Home Care Packages service were not assessed as the Provider does not provide a service environment and therefore Standard 5 is not applicable.

# 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. | Compliant | Compliant |

Findings

Consumers and representatives said the Service provides various opportunities and mechanisms to provide feedback and/or make a complaint.

Consumers and representatives said they were aware of additional support when raising feedback or concerns, in the form of advocacy and external complaints services. The Service was able to demonstrate it is providing consumers and representatives with information to enable them to access advocacy services to assist with raising and resolving potential concerns or complaints.

The Provider has established contact with an interpreter service and has a flow chart of translator and interpreter services. The consumer handbook includes contact details of external support when identifying a concern or complaint, including the Aged Care Quality and Safety Commission, as well as reference to consumer peak bodies.

Consumers and representatives said matters are attended to in a timely manner and an open disclosure approach is undertaken by the Service when things go wrong. Two representatives provided an example of how their complaint was rectified, including that they received an apology and the matter was well handled. The Service has processes and procedures to act in response to feedback or complaints and open disclosure policy. Staff confirmed they have participated in open disclosure training with staff demonstrating an understanding of how to support consumers, should they have a concern or complaint and were able to describe the need to apologise when things go wrong.

Consumers and representatives said they were satisfied their feedback results in improvements to the quality of care and services. The Service was able to demonstrate client feedback and complaints are reviewed and used to improve the quality of care and services.

The Assessment Team noted the complaints and feedback register is regularly reviewed and information is shared with the quality team, with improvements identified, recorded, and actioned, in a timely manner. The complaint management system sends weekly emails to management to alert them of any issues and trends.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with all Requirements in Standard 6 Feedback and complaints. This finding relates to both CHSP and HCP services.

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | 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

Requirements 7(3)(a) and 7(3)(b)

Consumers and representatives said consumers’ care and service needs were being met by staff and that the Service considered their specific needs when providing their care and services. During late 2022, the Service’s newly appointed management team recognised the need to recruit skilled staff to support consumers, particularly those with high care needs. As a result, the Service has appointed a Team Leader and 2 registered nurse/case managers. In addition, the Service is in the process of on-boarding 2 new domestic staff. Staff said they are supported in their role and have sufficient time to do their jobs. The Service has processes to backfill unplanned leave 7-days per week and staff said they have enough time to perform their roles.

Consumers and representatives expressed a high level of satisfaction with the staff providing consumers’ care and services and that interactions were always kind, caring and respectful. Management said the staff screening and recruitment process includes questions specific to kind, caring and respectful interactions with consumers. Staff were observed interacting with consumers in a caring and respectful manner.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with Requirements 7(3)(a) and 7(3)(b) in Standard 7 Human resources. This finding relates to both CHSP and HCP services.

Requirement 7(3)(c)

The Assessment Team was not satisfied the service demonstrated the workforce is competent and members of the workforce have the qualifications and knowledge to effectively perform their roles. The Assessment Team provided the following evidence relevant to my finding:

* One of 8 consumers and representatives said they were dissatisfied with the completion of home modification work undertaken by an external contractor.
* The Service engages a range of sub-contracted/brokered services including gardening and light maintenance, allied health, support workers and community nursing.
* A health care subcontractor said they were not aware of the need to provide the Service with up-to-date police certification, evidence of professional registration/license, business and public liability insurances or a signed contractor agreement.
* The Assessment Team reviewed a gardener, and an allied health sub-contractor/brokered service documentation and noted a similar lack of evidence, including an expired AHPRA registration.
* Management acknowledged a lack of oversight of workers providing services under sub-contractor/brokered service arrangements.
* The plan for continuous improvement notes management awareness of lack of oversight relating to sub-contractors/brokered services. Improvements include the requirement to develop a sub-contractor register, a sub-contractor handbook, and an information pack with incident forms and expectations. These matters are scheduled for completion in July 2023.

It was unclear whether the provider accepted or refuted the Assessment Team’s assertions, however, the provider’s response includes evidence of actions taken and/or planned to address deficits identified by the Assessment Team. These include, but are not limited to, updating policies and procedures, reviewing the contractor handbook, implementing bimonthly meetings between home care and contract/procurement managers, and addition of contractor management within governance systems.

Having regards to information and evidence in the Assessment Team’s report and the Provider’s written response, I have reasonable grounds to form the view that the Provider has not complied with this Requirement.

It is noted that Requirement 7(3)(c) places a requirement on the Provider to ensure its workforce is competent and members of the workforce have qualifications and knowledge to effectively perform their roles. The Requirement does not relate to the need to have documentation in relation to police certification, business registration and public liability insurances. Therefore, I have not considered the lack of that type of documentation in this requirement and instead, considered it under Requirement 7(3)(d).

The intent of Requirement 7(3)(c) is that the workforce has the skills, qualification and knowledge they need for their role to provide care and services. The Requirement covers an organisation’s systems to regularly review the roles, responsibilities and accountabilities of their workforce. I find this did not occur, as there was no evidence of any oversight of workers providing services under sub-contractor/brokered arrangements.

Based on the information summarised above, I find the Provider, in relation to the Service, non-compliant with Requirement 7(3)(c) in Standard 7 Human resources. This finding relates to both CHSP and HCP services.

Requirement 7(3)(d)

The Assessment Team was not satisfied the service demonstrated the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. The Assessment Team provided the following evidence relevant to my finding:

* The Service does not have processes and procedures to ensure sub-contracted/brokered services are aware of, or engaged in industry related training, for example elder abuse and associated reporting, Aged Care Code of Conduct, Aged Care Quality Standards, feedback and complaints, incident management or Serious Incident Reporting (SIRs).
* The Provider does not have oversight of the recruitment, training or performance requirements of sub-contracted/brokered services and was unable to provide evidence that services are being provided to the level required by the Quality Standards.
* One sub-contractor providing health care said they had not participated in an induction/on-boarding process and have not participated in any aged care related training either with the Service or independently. The sub-contractor was not familiar with the requirements under the Aged Care Code of Conduct or SIRs. They said they have not had any correspondence with Southern Cross Care regarding the requirement to deliver consumer outcomes identified by the Quality Standards.
* Management acknowledged the lack of oversight in dealing with sub-contractor/brokered services. The Service’s plan for continuous improvement notes management awareness of the lack of oversight regarding sub-contractor/brokered services. Improvements include the introduction of an on-boarding procedure. Matters are scheduled for completion in July 2023.

It was unclear whether the provider accepted or refuted the Assessment Team’s assertions, however, the provider’s response includes evidence of actions taken and/or planned to address deficits identified by the Assessment Team. These include, but are not limited to, updating policies and procedures, reviewing the contractor handbook, implementing bi-monthly meetings between home care and contract/procurement managers, and addition of contractor management within governance systems.

Having regards to information and evidence in the Assessment Team’s report and the Provider’s written response, I have reasonable grounds to form the view that the Provider has not complied with this Requirement.

I have considered the intent of this Requirement which expects organisations support the workforce to deliver the outcomes for consumers in line with the Standards. When recruiting, organisations should identify the specific requirements of roles and reflect on the outcomes required by the Standards. It is also expected that members of the workforce receive the ongoing support, training, professional development, supervision and feedback they need to carry out their role and responsibilities. I find this did not occur, as subcontractors had not received any induction or on-boarding, and management were unable to provide evidence that subcontractors are supported to deliver safe and effective care.

It is noted that the organisation has amended a number of forms to specifically align with its obligations and that it now has a focus on complying with Requirement 7(3)(d). I am of the opinion that at this point in time the new processes implemented by the Provider have not sufficiently matured to allow me to form a view that deficits have been addressed.

Based on the information summarised above, I find the Provider, in relation to the Service, non-compliant with Requirement 7(3)(d) in Standard 7 Human resources. This finding relates to both CHSP and HCP services.

Requirement 7(3)(e)

The Assessment Team was not satisfied the service demonstrated regular assessment, monitoring and review of the performance of each member of the workforce. The Assessment Team provided the following evidence relevant to my finding:

* The Service does not have oversight of the sub-contracted/brokered workforce to ensure they are competently and effectively performing their roles to the level required by the Quality Standards.
* While the Service recently distributed consumer satisfaction survey which included questions regarding their satisfaction with sub-contracted/brokered services, only 20 responses have been received, to date. The collation of feedback information, data and statistics is expected to be undertaken and completed by Quality personnel in mid-June 2023.
* The Service does not maintain contact or correspondence with sub-contracted/brokered service providers.
* Management acknowledged the lack of oversight in dealing with sub-contractor/brokered services.
* The Service’s plan for continuous improvement notes management awareness of sub-contractor/brokered service oversight. Improvements include the introduction of an annual review of contractors. Matters are scheduled for completion in July 2023.

It was unclear whether the provider accepted or refuted the Assessment Team’s assertions, however, the provider’s response includes evidence of actions taken and/or planned to address deficits identified by the Assessment Team. These include, but are not limited to, updating policies and procedures, reviewing the contractor handbook, implementing bi-monthly meetings between home care and contract/procurement managers, and addition of contractor management within governance systems.

Having regards to information and evidence in the Assessment Team’s report and the Provider’s written response, I have reasonable grounds to form the view that the Provider has not complied with this Requirement.

The intent of this Requirement is that all members of the workforce are expected to have an appropriate person regularly evaluate how they're performing their role and identify, plan for and support any training and development they need. I find this did not occur in relation to subcontractor/brokered service providers as the Service does not maintain contact with them. Management acknowledged the lack of oversight with this part of their workforce.

I acknowledge that the Service has taken action to address deficits identified by the Assessment Team, however, there was no evidence demonstrating that these actions have been fully implemented or embedded.

Based on the information summarised above, I find the Provider, in relation to the Service, non-compliant with Requirement 7(3)(e) in Standard 7 Human resources. This finding relates to both CHSP and HCP services.

# 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. | Compliant | 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. | Compliant | 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. | Compliant | 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. | Compliant | 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. | Compliant | Compliant |

Findings

Requirements 8(3)(a), 8(3)(b), 8(3)(d) and 8(3)(e)

Consumers and representatives spoke of their involvement in the current satisfaction survey. Consumers and representatives are encouraged to provide feedback through the survey, feedback, and complaint forms, and one to one interactions with staff. The Service was able to demonstrate it has processes and procedures to support the engagement of consumers and representatives in the development, delivery, and evaluation of services. Feedback is evaluated and reviewed by senior management and the Board via the clinical governance sub-committee. Information is considered for future planning for the Service, and the wider organisation, where applicable.

Quality and clinical indicators are collected by the organisation’s quality personnel. The Service manager is responsible for reviewing matters and making comment or changes, where applicable. Subsequent information is distributed to the clinical governance sub-committee, who are responsible to provide oversight and/or make recommendations based on the information. The Service’s vision and mission statements are provided to consumers upon commencement and available on the website and is endorsed by the Board and sets out its commitment to consumers to provide safe, inclusive, and quality care.

The organisations governance and risk system facilitates the collation of consumer incidents. A risk matrix, embedded in the system allows for levels of risk to be determined and management plan established, where required. The Service’s risk register records consumers who have experienced an event. The governing body operates a 6-weekly strategic risk meeting where representatives review ‘local’ risk and escalate matters to higher level meetings, where required. In addition, the Service operates a ‘vulnerable client risk register’, aimed at supporting those who are at risk in the community. The Service’s parent organisation operates an ‘overarching risk register’ which deals with high level matters including environmental and workforce risks.

The Service has policies and procedures and an escalation flow chart for the identification and response to allegations of a serious incident (SIRs) event. All staff have access to the Service incident management system. All staff have been provided with SIRs training at induction and on an on-going basis. Although, as noted in requirement 7(3)(d) this training has not been extended to sub-contracted services. A SIRs information pack has been provided to members of the Board.

Antibiotic prescribing and consumer infections are discussed at the Medication Advisory Committee (MAC) meetings. These meetings are chaired by a clinical consultant pharmacist. The Service has anti-microbial, medication management, infection risk, and outbreak management policies and procedures. Consumer infection related information is collected and reported to clinical governance sub-committee. The Service has developed a local home and community response plan, in addition to their COVID-19 plan. The Service retains ample supplies of PPE and hand sanitiser and has additional access to a state-wide PPE storage facility. Where a consumer is identified as having an infection, staff are messaged via their phone App. The Service does not currently have any consumers who are subjected to restraint. Management and staff demonstrated a strong understanding of restrictive practices and action to take should it be identified. The Service has effective feedback and complaint processes and procedures including open disclosure. The Service has policies and procedures that outline action to be taken in the event that something goes wrong.

Requirement 8(3)(c)

While the Assessment Team was satisfied the organisation’s governance systems were effective in relation to information management, continuous improvement, financial governance, workforce governance and feedback and complaints, they were not satisfied the Service was able to demonstrate effective organisation wide governance systems in relation to regulatory compliance. The Assessment Team provided the following evidence relevant to my finding:

* Internal information technology personnel support the Service’s electronic systems and data backup. In addition, the Service has access to external services, should they be required. The Service operates a consumer electronic documentation system with staff have access to consumer information via a telephone App. Electronic documentation was observed to be secure, and password protected.
* The Service maintains a continuous improvement plan. Inputs are identified from consumer feedback and complaints, staff suggestions and changes to legislative requirements. For example, Management identified staff would benefit from enhanced communication skills, in particular to support consumers during periods of grief and loss. Management said there was positive feedback from staff regarding this initiative. The Service is supported by internal organisation quality personnel, including the continuous improvement plan data input, tracking, monitoring and outcomes.
* The Service is supported by internal finance personnel. Consumer statements are generated from the finance department on a monthly basis. Management said there were some anomalies in the past with the electronic consumer statement system, although a new system was introduced in March 2023, which has been successful in managing HCP consumer balances and subsequent unspent funds.
* The Service is supported by internal organisation people and culture personnel, including recruitment, contract, learning and development, work health and safety, workers compensation and compliance officers. All staff have an up-to-date position description, which clearly outlines staff roles and responsibilities. Management said in recognition of the difficulties experienced in the industry regarding attracting and retaining registered nursing staff, the Board has implemented a wage increase of 6%, over and above the base requirement. The organisation has received a proposal from an external consultant to provide guidance regarding broad aged care Services staff scheduling. The consultancy is expected to be expected to be implemented in mid-June 2023.
* The Service’s governing body was unable to demonstrate oversight of regulatory compliance, in particular sub-contractor/brokered Services, and individual provider compliance requirements, qualifications, skills and knowledge and monitoring and review of personnel. The audit and risk committee meeting minutes refer to ‘contracts and procurement’, entries apply to Southern Cross Care (SCC) residential aged care service suppliers, however, the minutes do not reflect discussion or oversight of SCC Home services - North.
* Data and statistics regarding consumer feedback and complaints are provided to clinical governance sub-committee for review and feedback, where required.

In its response the Provider has indicated that since the Quality Audit was undertaken it has reviewed its governance framework, particularly in relation to contract management systems and process within the organisations governance and risk management system. The system allows for improved oversight of all contracts by the contracts and procurement manager and the quality directorate to ensure compliance with all aspects of management of contracts and subcontracts. The contractor management system will allow for automatic notification of expiry of compliance documents prior to expiring. It also assigns contract owners for notification and actions associated with the contract, and allows the incident management to be linked to contract management for improved reporting to the strategic risk management meeting and audit and risk committee.

Having regards to information and evidence in the Assessment Team’s report and the Provider’s written response, I do not consider evidence demonstrates the Provider has not complied with this Requirement.

The intent of Requirement 8(3)(c)(v) is that regulatory compliance involves systems and process to make sure the organisation is complying with all relevant legislation, regulatory requirements, professional standards and guidelines. This requirement doesn’t measure how an organisation complies with other legislative frameworks but provides an understanding of whether the organisation itself undertakes this task. While the Service’s failure to meet its regulatory obligations is indicative of deficits in the organisation’s governance systems, it is not definite. There is no evidence demonstrating how the governance systems failed or what processes are in place so that the organisation can understand, apply and keep up to date with legislation and regulatory requirements. Furthermore, I have considered that it is not proportionate to find the organisation’s governance systems to be ineffective based on one issue.

I have also considered the Service’s failure to have oversight of care and services delivered by subcontractor/brokered services is relevant to workforce governance. On balance, I do not find it to be proportionate to find the organisation’s whole workforce governance systems ineffective due to one failure.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with Requirement 8(3)(c) in Standard 8 Organisational governance. This finding relates to both CHSP and HCP services.

1. The preparation of the performance report is in accordance with section s57 – quality audit, of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)