Southern Districts Support

Performance Report

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| **Address:** | Unit 8, 122 Forrest Road ARMADALE WA 6112 |
| **Phone:** | 08 9498 4800 |
| **Commission ID:** | 500134 |
| **Provider name:** | Southern Districts Support Association Incorporated |
| **Activity type:** | Quality Audit |
| **Activity date:** | 2 August 2022 to 4 August 2022 |
| **Performance report date:** | 6 September 2022 |

# Performance report prepared by

S Bickerton, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

**Services included in this assessment**

**Home Care Packages (HCP):**

* Southern Districts Home Care Service, 23641, Unit 8, 122 Forrest Road, ARMADALE WA 6112

**Commonwealth Home Support Packages (CHSP):**

* Centre Based Respite - Care Relationships and Carer Support, 4-87K6SJ3, Unit 8, 122 Forrest Road, ARMADALE WA 6112
* Domestic Assistance, 4-87K6STB, Unit 8, 122 Forrest Road, ARMADALE WA 6112
* Flexible Respite - Care Relationships and Carer Support, 4-87KEQLC, Unit 8, 122 Forrest Road, ARMADALE WA 6112
* Home Maintenance, 4-87KEQON, Unit 8, 122 Forrest Road, ARMADALE WA 6112
* Other Food Services, 4-87KEQW5, Unit 8, 122 Forrest Road, ARMADALE WA 6112
* Personal Care, 4-87K6SME, Unit 8, 122 Forrest Road, ARMADALE WA 6112
* Social Support - Group, 4-87KEQZI, Unit 8, 122 Forrest Road, ARMADALE WA 6112
* Social Support - Individual, 4-87KER2C, Unit 8, 122 Forrest Road, ARMADALE WA 6112
* Transport, 4-87K6SPF, Unit 8, 122 Forrest Road, ARMADALE WA 6112

# Overall assessment of Service/s

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

# Detailed assessment

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

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

The following information has been considered in developing this performance report:

* the Assessment Team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Quality Audit report received 26 August 2022

# STANDARD 1 Consumer dignity and choice

# HCP Not Compliant CHSP Not Compliant

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

At the time of quality audit, the service was:

* Demonstrating it is identifying consumer culture and acknowledging diversity
* Demonstrating the application of cultural safety principles
* Ensuring consumer choice and decision making is discussed and recorded.
* Demonstrating the involvement of external agencies and services to support consumers to make choices in line with their preferences.
* Demonstrating that consumers are supported to live their best life and enabled to understand risks.

At the time of quality audit, the service was not:

* Providing accurate and timely communication to consumers to enable them to exercise choice

The service acknowledged the areas of non-compliance identified in this report and provided a thorough plan for continuous improvement in response.

The Quality Standard for HCP is assessed as not-compliant as one of the six specific requirements have been assessed as not-compliant.

The Quality Standard for CHSP is assessed as not-compliant as one of the six specific requirements have been assessed as not-compliant.

**Assessment of Standard 1 Requirements**

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

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

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

*Care and services are culturally safe.*

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

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

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

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

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| --- | --- | --- |
| Requirement 1(3)(e) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

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

Findings

The service did not demonstrate that current, accurate and timely information is provided to consumers and their representatives.

Several consumers and their representatives described in different ways that they felt the service did not provide enough communication to them in a timely way. The services complaints records also evidenced trends in this area.

The assessment team reviewed the services communication processes, and evidenced inefficiencies associated with consumer communication.

For example:

* The services scheduling team make changes without consulting the care coordination team, and changes are not communicated back to consumers or their representatives.

Numerous consumers said there had been many changes to allocated staff and scheduled service times, and they do not always know if staff will arrive as planned. Consumers expressed in different ways dissatisfaction due to regular staff changes, and some explained that they had to repeat their preferences many times to new people.

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

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

# STANDARD 2 Ongoing assessment and planning with consumers

# HCP Not Compliant CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

At the time of quality audit, the service was:

* Demonstrating processes to support consumers in identify specific goals and preferences.
* Providing consumers with opportunities to identify their end of life preferences.
* Encouraging consumers to take part in planning their own care and services.
* Informing consumers of the outcomes of assessments and planning.

At the time of quality audit, the service was not:

* Demonstrating effective assessment and planning, including the consideration of risks to consumer health and well-being.
* Demonstrating enough information is available to support workers in the delivery of safe and effective consumer care.
* Demonstrating that care and services are reviewed regularly for effectiveness

The service acknowledged the areas of non-compliance identified in this report and provided a thorough plan for continuous improvement in response.

The Quality Standard for HCP is assessed as not-compliant as two of the five specific requirements have been assessed as not-compliant.

The Quality Standard for CHSP is assessed as not-compliant as two of the five specific requirements have been assessed as not-compliant.

**Assessment of Standard 2 Requirements**

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

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

Findings

The service did not demonstrate effective assessment and planning processes. Most consumers and representatives expressed satisfaction, however, some representatives advised that consumer needs are not always understood and reflected in care provisions.

Consumer care plans do not provide detailed information to guide staff in the provision of safe and effective care, including consideration of consumer risks.

For example:

* One consumers care plan does not provide staff with information related to pain management, monitoring diabetes, and low mood.
* One consumers care plan identifies several issues however evidences no follow up, review, or strategies to address the issues. These include monitoring and management of poor nutritional intake, consistent refusal to shower and change clothes or the management of pain.

Service staff and training records evidenced that the service does not train staff in the use of specialised clinical assessments.

For example:

* One consumer scored 15 on a falls risk assessment (high risk). No strategies had been identified on the care plan and no further assessment had been sought.

The service policy regarding consumer admission provides processes inconsistent with those described in practise by service staff. The service did not evidence an associated procedure to guide staff practice in this regard.

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

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

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

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

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

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

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

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

Findings

The service did not demonstrate that care and services are reviewed regularly for effectiveness, or when incidents or changes in the consumers care needs impact needs, goals and preferences.

Consumers and their representatives explained in different ways that care plans are not always reviewed and updated to reflect changes in care needs. However, they described being supported by staff until this does occur.

For example:

* One consumer was not receiving service provision to meet their needs, so they cancelled their services. No further review has been undertaken to identify alternative services that may be of benefit to the consumer.
* One consumers representative could no longer provide the consumer with assistance for shopping and social contact. No review of the consumers care plan was undertaken by the service for this emergent care need.

The service did not evidence policies to provide staff with clear guidance regarding when and what to include in reassessment processes for consumers receiving HCP or CHSP, including regular reviews and those required as a response to a change in the consumers condition.

Interviews with service staff and a review of documentation, demonstrated consumers receiving CHSP have not been reviewed or reassessed in some cases for several years.

# STANDARD 3 Personal care and clinical care

# HCP Not Compliant CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

At the time of quality audit, the service was:

* Demonstrating an understanding of consumer needs, goals and preferences, including those nearing end of life
* Providing policies and processes to guide staff in supporting personal and clinical care.

At the time of quality audit, the service was not:

* Demonstrating the delivery of safe and effective clinical care that is best practice.
* Demonstrating effective management of high impact and high prevalence risks associated with the care of consumers.
* Demonstrating effective recognition and response to changes in the consumers’ health or condition in a timely manner.
* Demonstrating information provision by consumers, representatives, staff and others supporting consumer’s with personal and clinical care needs is effectively communicated.
* Demonstrating timely and appropriate referrals to individuals, other organisations and providers of other care and services are consistently completed.

The service acknowledged the areas of non-compliance identified in this report and provided a thorough plan for continuous improvement in response.

The Quality Standard for HCP is assessed as not-compliant as five of the seven specific requirements have been assessed as not-compliant.

The Quality Standard for CHSP is assessed as not-compliant as five of the seven specific requirements have been assessed as not-compliant.

**Assessment of Standard 3 Requirements**

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

Findings

The service did not demonstrate the delivery of safe and effective clinical care that is best practice and does not ensure the optimisation of all consumers’ health and well-being.

Assessments specific to consumers identified risks are not completed and consumers with identified clinical issues are not regularly reviewed to ensure the consumers health and well-being is optimised.

Assessments for complex needs are not completed as they are not identified.

For example:

* One consumers pressure risk score was 8 (severe risk). The consumers care plan does not detail strategies to assist thein maintaining skin integrity or monitoring and report any identified issues.
* One consumer care plan indicates they are regularly confused, can be verbally aggressive, has issues with sleep and toileting, requires support with showering, and frequently refuses to eat. Additional assessments to identify strategies to address these issues have not been undertaken by the service.

Information provided in consumer support plans does not provide staff with strategies to manage high risk issues. Consumer care is not consistently tailored to the individual and is it within best practice guidelines.

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| Requirement 3(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

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

Findings

The service did not demonstrate effective management of high impact and high prevalence risks associated with the care of each consumer. Risks such as falls, weight loss, complex behaviours, and wounds are inconsistently recorded in consumers care plans. The assessment team found that if information was recorded, strategies for staff to use in managing the risks was did not consistently follow.

Service staff demonstrated understanding the needs of consumers who are impacted by high prevalence/high impact risks. However, staff were unable to identify risks related to consumers such as the monitoring and management of consumer weight loss, pain management or changes in cognition or specific behaviours.

Service care coordinators explained the use of validated assessment tools to assist with the identification of risk. However, strategies to mitigate or reduce risks was found not to be discussed with the consumer themselves or their representative and was not documented in care plans or available to support workers.

The service did not evidence or demonstrate the effective use of an incident management system to report, review and identify opportunities for improvement. A review of the incident report register evidenced that staff do not consistently complete incident reporting correctly.

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

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

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| --- | --- | --- |
| Requirement 3(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

Findings

The service did not demonstrate the effective recognition and response to changes in consumers health or condition in a timely manner. The service did not evidence the reassessment of consumers following a change in their physical or mental health or wellbeing. The assessment team found that referrals to health professional are not consistently sought when issues are identified.

Service records of several consumers indicated declines in health and wellbeing had been identified and noted by staff. However, resulted in no demonstrated or timely response including further reviews, reassessments, or referrals.

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

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

Findings

The service did not demonstrate information provided by consumers, representatives, staff and others supporting consumer’s with personal and clinical care needs is effectively communicated.

Support workers explained that the information they provide to care coordinators is not always reflected in consumer care plans.

The service has processes to inform staff of any changes to the consumer condition, needs and preferences. However, the assessment team evidenced that staff do not always follow these processes.

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| --- | --- | --- |
| Requirement 3(3)(f) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

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

Findings

Timely and appropriate referrals to individuals, other organisations and providers of other care and services was not evidenced as being consistently completed by the service.

Clinical referrals and reviews do not consistently occur when a need is identified either through the assessment process or feedback provided by support workers. For example:

* One consumer with advanced Alzheimer’s refuses personal care. Strategies have not been sought to assist the consumer in managing this condition and no referrals had been made by the service.

The service did not evidence policies and procedures regarding referrals to external services.

Support workers gave examples of consumers who go to various medical appointments including specialist services, alternative wellbeing services, dental services and other specialist appointments. However, it was explained that information regarding changes to care resulting from these appointments is not always provided to care coordinators.

Service care coordinators described having access to external consultants and specialists and explained that while information is not always documented in consumer care plans, access to, and use of specific equipment for the consumers comfort and safety is provided.

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

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 Services and supports for daily living

# HCP Compliant CHSP Compliant

### Consumer outcome:

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

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

At the time of quality audit, the service was:

* Demonstrating processes in place to identify and record consumer needs, goals and preferences.
* Demonstrating supports are in place to promote consumers emotional, spiritual and psychological wellbeing.
* Demonstrating the support of consumers to participate in the community
* Demonstrating processes to ensure that information about the consumer’s condition, needs and preferences is communicated internally and externally.
* Demonstrating timely and appropriate referrals relevant to supports for daily living.
* Providing equipment to consumers that is fit for purpose

The Quality Standard for HCP is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

The Quality Standard for CHSP is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

**Assessment of Standard 4 Requirements**

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

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

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

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

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

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

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

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

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

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

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

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

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

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

# STANDARD 5 Organisation’s service environment

# HCP Compliant CHSP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

At the time of quality audit, the service was:

* Providing an environment that is welcoming and optimises consumer’s sense of belonging, independence and interaction.
* Providing an environment that lets consumers freely move around the centre, both indoors and outdoors with no restrictions.
* Providing furniture, fittings and equipment that is safe, clean, well-maintained and suitable for use.

The Quality Standard for HCP is assessed as compliant as three of the three specific requirements have been assessed as compliant.

The Quality Standard for CHSP is assessed as compliant as three of the three specific requirements have been assessed as compliant.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 Feedback and complaints

# HCP Compliant CHSP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

At the time of quality audit, the service was:

* Providing consumers and representatives with information on how they can provide feedback and raise a complaint to the service.
* Providing information to consumers and representatives on advocacy, other external organisations, language and hearing impairment services to support feedback and raise concerns.
* Demonstrating processes to guide staff around feedback and complaints.
* Demonstrating that appropriate action is taken in response to complaints and an open disclosure approach is followed.

The Quality Standard for HCP is assessed as compliant as four of the four specific requirements have been assessed as compliant.

The Quality Standard for CHSP is assessed as compliant as four of the four specific requirements have been assessed as compliant.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 Human resources

# HCP Not Compliant CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

At the time of quality audit, the service was:

* Demonstrating staff interactions with consumers and their representatives are kind, caring and respectful of each consumer’s identity, culture and diversity.
* Demonstrating an effective staff performance management framework

At the time of quality audit, the service was not:

* Demonstrating that the workforce is consistent and has the number and mix of staff to deliver safe and quality care and services.
* Evidencing their workforce is skilled and qualified with skills and knowledge to effectively perform their roles.
* Demonstrating ongoing monitoring of staff training records

The service acknowledged the areas of non-compliance identified in this report and provided a thorough plan for continuous improvement in response.

The Quality Standard for HCP is assessed as not-compliant as three of the five specific requirements have been assessed as not-compliant.

The Quality Standard for CHSP is assessed as not-compliant as three of the five specific requirements have been assessed as not-compliant.

## Assessment of Standard 7 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(a) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

Findings

The service did not demonstrate a consistent workforce and mix of staff to deliver safe and quality care and services. Consumers and representatives explained in different ways they felt at times there are not enough staff and mentioned that staff are not consistent in their attendance. Additionally, consumers indicated that cancellations and service rescheduling occurs without them being informed.

The services complaints records evidenced consistency with consumer comments regarding consistency of staff and lack of communication when services are cancelled or rescheduled.

The services scheduling systems and documentation was reviewed by the assessment team. Scheduling, operations, and support worker teams did not demonstrate a cohesive exchange of information.

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(c) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

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

Findings

The service did not demonstrate embedded processes to ensure members of the workforce have the required skills and knowledge to effectively perform their roles. Consumer representatives raised concerns with the assessment team regarding staff competency.

For example:

* Some consumers and representatives made comments to the assessment team questioning the competency of support worker staff.
* One consumer had a support worker allocated who did not know how to use the hoist required for their care.
* One consumer requires medication prompts and has received care from some support workers that have not completed medication prompt training.
* Service documentation evidenced that of 28 current multi-skilled support staff 10 staff have not completed annual training in medication management and only three staff have completed hoist handling training.

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

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

Findings

The service demonstrated that while its workforce is recruited, and inducted, subsequent training is not consistently monitored and completed.

* One representative complained to the service that a support worker was not trained properly to operate a hoist used by a consumer. Service documentation did not evidence enough staff have competency in the use of hoists.
* The service’s training records evidenced the service has identified and highlighted where training is out of date. There was however no evidence of refresher training being planned or scheduled.
* The services training records evidenced all staff have not retained competencies for first aid.

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

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

# STANDARD 8 Organisational governance

# HCP Not Compliant CHSP Not Compliant

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

At the time of quality audit, the service was:

* Supporting consumers to be engaged in the development of their care and services.
* Embedding a new Executive management team who are reviewing all aspects of the service and developing processes to ensure increased monitoring of staff and each consumer’s care and services.
* Demonstrating there is a Board in place who are provided enough information to understand the challenges the service faces including staffing to meet consumer’s preferences and choices.
* Ensuring there is financial reporting, regulatory compliance and complaints and feedback governance in place and staff are provided education on these systems.

At the time of quality audit, the service was not:

* Demonstrating effective communication processes
* Demonstrating consumer care documentation is up to date and monitored
* Using continuous improvement systems to record and track changes made to improve care and services.
* Identifying on the continuous improvement plan consumer improvements.
* Using human resource systems to monitor staff training and timely follow up where training has not been completed.
* Using human resources systems to record and identify those staff who have the skills and knowledge to be rostered to a consumer.

The service acknowledged the areas of non-compliance identified in this report and provided a thorough plan for continuous improvement in response.

The Quality Standard for HCP is assessed as not-compliant as three of the five specific requirements have been assessed as not-compliant.

The Quality Standard for CHSP is assessed as not-compliant as three of the five specific requirements have been assessed as not-compliant.

## Assessment of Standard 8 Requirements

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

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

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

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

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

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

Findings

The service did not demonstrate effective information management systems embedded at the service. Scheduling and care coordination teams do not inform each other, and as a result staff without training for specific needs are sent to deliver consumer care beyond their training and abilities. Additionally, changes in service times and staff allocations are not being effectively communicated to consumers and representatives.

The service did not demonstrate effective management systems are embedded for reviewing consumers who in receipt of HCP and CHSP.

For example:

* The services assessment and review policy and procedure does not guide staff where consumers receiving CHSP services are to have reviews in line with funding guidelines.
* A CHSP coordinator explained that the service has not been reviewing and updating consumer documentation. However, recent directions at the service have seen a correction in this area.
* Consumer care planning documentation for HCP evidenced there has not been consistency in reviewing existing consumers or assessing new consumers.

The service did not demonstrate it is using the service’s electronic care system effectively to record alerts for staff.

For example:

* Care documents for one consumer do not record alerts to staff to understand there is a dressing in place and how staff should manage this in delivering personal care.
* Care documents for one consumer do not record an alert for the staff to understand existing complex health care needs.

The service did not demonstrate effective systems embedded for continuous improvement. At the time of quality audit, the service was not using the electronic auditing system it has purchased to record and provide monitoring of continuous improvement.

The service did not demonstrate effective human resource systems embedded to identify training needs for a role, and subsequently monitor the competency of appointed staff.

The service is collating data from incidents and using the to improve service delivery.

For example:

* Incident reporting highlighted an increase in medication errors. An investigation found that staff had been educated in two different ways on how to record medication management.
* New framework and training was delivered to staff to improve service delivery.

The service has governance systems in place for financial reporting, regulatory compliance and feedback and complaints.

For example

* HCP statements and care documentation evidenced discussions with consumers about unspent funds. Agreed referrals where completed for allied health assessments or increases in services to meet the consumers needs.

The service has an incident management system which provides monitoring, escalation and action tracking for incidents and hazards.

Service management receives regular updates on regulatory changes and the service is a member of a peak industry body. The service is part of the home advisory committee.

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| --- | --- | --- |
| Requirement 8(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

Findings

The service did not demonstrate effective risk management systems and practices in place to manage high impact, high prevalence risks.

For example:

* While clinical assessments are completed, the service was not using the information to refer consumers for further assessment by specialist services. One consumer with significant dementia was refusing personal care support. The service did not make any referrals for further assessment.
* The service is deficient in comprehensive policies and processes to guide staff practice. Multiple consumers with identified complex health care issues had no guidance provided for staff in managing these conditions and supporting consumers with them.
* The service did not demonstrate consideration of risks related to social impacts and lifestyle choices, for consumers living with dementia. No increased monitoring was noted for these consumers.
* While the service is making referrals to external allied health providers, the service is not using timely referrals where risks have been identified.
* Staff have been scheduled to attend consumers where they do not have the competencies required to support complex care.

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

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

Findings

The service did not demonstrate policies and processes embedded to guide staff on open disclosure and antimicrobial stewardship. While there is policy and process on minimising the use of restraint (restrictive practices) staff have not been recently trained and educated.

For example:

* The service did not demonstrate an embedded policy and process explaining open disclosure and what this means for staff in their role.
* The service did not demonstrate policies or process to guide antimicrobial stewardship at the service. Staff have not been provided education in their role to support consumers living in the community with informed choices when taking antibiotic treatments.
* The service has a policy and process on minimising the use of restraint as part of their National Disability Insurance Scheme funding. The services training records evidenced staff completed education in 2020 when the policy was introduced. This policy was assessed as being relevant for disability care, rather than aged care.

The service has a clinical governance framework that is recently embedded, at the time of quality audit.

# 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) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

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

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

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

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

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

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

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| --- | --- | --- |
| Requirement 3(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

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

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| Requirement 3(3)(f) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

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

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| --- | --- | --- |
| Requirement 7(3)(a) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(c) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

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

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

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

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

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

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

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*