**Performance**

**Report**

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| Name: | Spectrum Community Care |
| Commission ID: | 300965 |
| Address: | Level 5, 61 Riggall Street, DALLAS, Victoria, 3047 |
| Activity type: | Quality Audit |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 2696 Spectrum Migrant Resource Centre Inc  
Service: 26399 Spectrum Migrant Resource Centre Inc  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8602 Spectrum Migrant Resource Centre Inc  
Service: 25457 Spectrum Migrant Resource Centre Inc - Care Relationships and Carer Support  
Service: 25459 Spectrum Migrant Resource Centre Inc - Community and Home Support

**This performance report**

This performance report for Spectrum Community Care (**the service**) has been prepared by J Renna, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report, which 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 24 November 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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **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 | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **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 3 Requirement (3)(f)

* Ensure staff can identify when a referral needs to be initiated and understand the process for completing it in a timely manner.
* Monitor staff compliance with the organisation’s processes for initiating referrals.

# 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

Consumers and representatives confirmed consumers are treated with dignity and respect. Staff provided examples of how dignity and respect is applied in practice. Management said the service supports the preferences of consumers who wish to speak in their own languages. Documentation and observations showed the service supports and encourages consumers with diverse cultures, backgrounds and identities.

Consumers and representatives confirmed consumers receive culturally safe care and services. Staff demonstrated they are familiar with the cultural backgrounds of individual consumers and stated they have participated in cultural diversity training. Management described how the service has linguistic diversity within the organisation to support consumers. Documentation reflects what is important to consumers to ensure they receive culturally safe care and services.

Consumers and representatives confirmed the service makes it easy for consumers to exercise choice and independence and maintain relationships and connections within the consumer’s community. Staff described how they support consumers, including those living with dementia, to make choices. Management described how they encourage consumers to make choices and implement changes based on consumer choice. Documentation showed each consumer’s social supports, relationships of importance and level of involvement of family and friends are recorded in care files.

Consumers and representatives confirmed consumers are supported to take risks. Staff described how they work with consumers to identify what living their best life means to each consumer and document risks and propose strategies to minimise these risks. Management stated they ensure consumers are informed of risks and possible consequences and strategies are explored to minimise risks.

Consumers and representatives confirmed consumers are provided with current, accurate and timely information. Staff advised they communicate information to consumers through the consumer’s preferred communication style. Management explained how they undertake discussions with consumers and/or their representatives to ensure consumers understand their budgets and services. Documentation evidenced information packs provided to consumers provide clear and easy to understand information.

Consumers and representatives confirmed consumer privacy is maintained while consumers receive care and services. Staff explained how consumer information is stored securely in an electronic system and discussions about consumers are undertaken in private. Management advised the service manages consumer privacy when information is shared with multiple parties through obtaining consent from the consumer to share the information. Documentation evidenced the service maintains a privacy and information management policy.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 1 Consumer dignity and choice.

# 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

Requirement (3)(b)

The Assessment Team found the service demonstrated assessment and planning addresses the current needs, goals and preferences, including end of life planning, for HCP consumers. However, the Assessment Team was not satisfied the service demonstrated the same for CHSP consumers. The Assessment Team provided the following evidence relevant to my finding:

* Four of 6 CHSP consumers and/or representatives reported they do not receive the care and services they require.
* Two consumers/representatives raised concerns that they experience extended personal care and respite service cancellations due to staff leave.
* A review of CHSP consumer documentation demonstrated the consumer’s needs, goals and preferences were recorded but, the service does not take action to address CHSP consumers’ current needs that are outside the scope of the approved CHSP service. The Assessment Team provided an example of a CHSP consumer who had experienced significant deterioration with no support or advice from the service regarding accessing the service’s social support group and the consumer’s care plan was not up to date.

The provider’s response detailed information to address the Assessment Team’s assessment:

* The provider explained all CHSP consumers are currently receiving the maximum number of hours funded by the Department of Health and Aged Care.
* The provider explained where consumers meet eligibility criteria, additional support requirements are met through the Support for Carers Program.
* The provider explained a review of unmet service needs (unfilled/cancelled shifts) for a 6-month period was completed and found:
  + 25% of cancelled shifts were at the request of the consumer.
  + 39% of cancelled shifts were due to worker changes and the consumer declined a replacement support worker.
  + 36% of cancelled shifts were where a replacement worker could not be offered. This was an average of 2 shifts per consumer for the 6-month period reviewed.
  + The provider presented a summary of this analysis.
* The provider explained the service has implemented a quarterly review of unmet service needs for CHSP consumers.
* The provider presented information which showed the consumer information as presented by the Assessment Team for this Requirement was incomplete.
  + The provider acknowledged the overall goal directed care plan was not updated when reviews were undertaken. However, the provider presented detailed information about various changes to additional care plans and documentation which were uploaded to the consumer’s records after multiple reviews and contact with the consumer and representative over the past year. This consumer was transitioning from CHSP to HCP.
* The provider explained the service has implemented a new intake and liaison role to support consumers who are transitioning from CHSP to HCP services.
* The provider presented evidence of a new high-risk register for CHSP consumers who are assessed as eligible for a Level 3 or Level 4 HCP.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the provider’s response, which does not demonstrate deficits in relation to this Requirement.

I have considered that while the Assessment Team’s report states 4 of 5 CHSP consumers/representatives reported the consumer does not receive the services required and that 2 consumers/representatives raised concerns about experiencing extended personal care and respite service cancellations due to staff leave, there was no evidence presented to support these claims or to show how they align to deficits in assessment and planning processes. The evidence presented by the provider in response to the Assessment Team’s report shows limited impacts on consumers due to staff leave.

While the provider acknowledges the overall goal directed care plan was not up to date for the consumer as discussed by the Assessment Team, the information presented by the provider in response to the Assessment Team’s report shows the service did undertake multiple reviews and communication with the consumer’s representative over the period concerned. The provider also provided evidence of improved processes implemented to support consumers transitioning from CHSP to HCP. While there is no evidence these actions have been fully implemented or embedded, it is reasonable to accept the provider’s assertion these actions will improve consumer assessment and planning processes.

I have place weight on evidence in the provider’s response demonstrating limited impact on consumers due to staff leave, further information in relation to the sampled consumer and the actions taken since the Quality Audit.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers.

Requirement (3)(c)

The Assessment Team found the service demonstrated assessment and planning is based on ongoing partnership with the consumer, others the consumer wishes to be involved and other organisations, individuals and providers of other care and services for HCP consumers. However, the Assessment Team was not satisfied the service was engaging other organisations and providers of care to support the care needs of CHSP consumers. The Assessment Team provided the following evidence relevant to my finding:

* One CHSP consumer’s representatives stated the consumer is not supported to access other services required. The representative reported confusion on navigating aged care services and requested additional supports but, was advised the current CHSP funding would not cover additional services.
  + Documentation indicated the consumer’s hospitalisation was reported but, no engagement with the consumer or hospital was evidenced.
  + Documentation noted the representative enquired about upgrading to HCP but, no action was evidenced.
  + Documentation noted HCP Level 4 assignment but, no action was evidenced.
* Management acknowledged the service engaged minimally with other organisations or providers of care for CHSP consumers.

The provider’s response detailed information to address the Assessment Team’s assessment:

* The provider explained CHSP services are routinely supported by internal referrals to the Support for Carers Program where the consumer meets the program’s eligibility guidelines.
* The provider explained the service has instituted a process to ensure that where CHSP consumers have additional needs, they will receive an internal referral to the provider’s aged care programs or where required, referrals to external agencies.
* The provider provided an update to the Team Practice Manual to address referrals for CHSP consumers.
* The provider noted a new goal directed care plan for the sampled consumer was not created. However, a respite care plan was created and uploaded to the consumer’s record.
* The provider explained that the service contacting the hospital is not the usual process. However, the service did contact the consumer’s representative. The service was in regular contact with the representative in relation to the transition from CHSP to HCP services for the consumer.
* The provider explained that given the many changes that occur in managing CHSP consumers transitioning to HCP services, the service has introduced the use of a contract variation letter to address this gap.
* The provider explained the service has implemented a new intake and liaison role to support consumers who are transitioning from CHSP to HCP.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the provider’s response, which does not demonstrate deficits in relation to this Requirement.

I have considered that while the Assessment Team’s report states the service is not engaging other organisations and providers of care to support the care needs of CHSP consumers, the evidence presented by the provider in response to the Assessment Team’s report shows evidence of partnership with the consumer and/or their representative. Furthermore, I do not find it proportionate to determine the organisation’s referral system to be ineffective base on one example alone. There was no evidence to demonstrate systemic failure.

I have place weight on evidence in the provider’s response demonstrating further information in relation to the sampled consumer and the actions taken since the Quality Audit.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 2 Ongoing assessment and planning with consumers.

Requirements (3)(a), (3)(d), (3)(e)

Consumers and representatives confirmed consumers receive care and services in line with their assessed care needs. Staff could identify risks for consumers and could describe how they are guided to provide care and services safely and they have access to policies, procedures and training. Management explained assessment and planning results in safe and effective care and services. Documentation showed sufficiently detailed information is provided to staff to guide the delivery of safe care.

Consumers and representatives stated staff explain information about the consumer’s care and services and they have been provided a copy of the consumer’s care plan. Staff explained they have access to relevant information to guide them to provide the care and services for consumers. Management described how consumers are provided with a copy of their assessed care plan. Documentation showed evidence of care plans consistently stored in the electronic consumer management system.

Consumers and representatives reported confidence that if the consumer’s needs or preferences changed, they could change the services the consumer receives. Staff described the review processes for consumers (annually or when needs or circumstances change for HCP consumers and annually for full fee CHSP consumers or 3 to 6 monthly for reduced fee or full fee waiver CHSP consumers). Management described the minimum annual review and reassessment requirements. Documentation evidenced regular care plan reviews and reviews when circumstances change.

Based on this evidence, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# 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 | Not 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

Requirement (3)(b)

The Assessment Team assessed this Requirement not met, as the service did not demonstrate effective management of high-impact or high-prevalence risks associated with the care of each consumer. The Assessment Team provided the following evidence to support its assessment:

* Four of 7 CHSP and HCP consumers/representatives described ineffective management of high-impact or high-prevalence risks including wounds and pressure injuries, falls including head strikes, deterioration, hospitalisation, isolation and decreasing mobility.
* Consumer documentation showed for the four consumers, high-impact and high-prevalence risks are generally identified and documented but, no action was taken by the service to address or mitigate the identified risks.
* Staff described strategies to mitigate identified risks generally include ensuring the provision and use of mobility aids.
* Management acknowledged issues related to effective reporting of incidents by care staff.
* The Assessment Team identified inconsistency in staff understanding of the requirement to document incidents which occurred outside of service delivery.
* While the service maintains a clinical care governance framework which provides guidance about identifying and managing risks proactively, this is not consistently followed.
* The Assessment Team presented discussion on 2 sampled consumers, including staff confusion over whose responsibility it is to respond to recurring falls and lack of additional supports to address identified risks.

The provider’s response detailed information to address the Assessment Team’s assessment:

* The provider acknowledged that the issues identified revolved around lack of some consumer documentation but, other documentation was available in the consumer’s electronic records. The provider completed spot checks of consumer file documentation.
* The provider explained further ongoing contact with one of the sampled consumers to address the identified risks, and the completion of an in-depth case review for the consumer.
* The provider explained the service has commenced individual staff coaching to ensure all progress notes are up to date, especially in relation to information that is attached to the consumer’s health record.
* The provider explained the service has scheduled training for relevant staff on consumer health record documentation and the service is in the process of improving its consumer file audit program to include a review of consumer file documentation practices.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the provider’s response, which does not demonstrate deficits in relation to this Requirement.

I have considered that while 4 of 7 consumers described ineffective management of high-impact or high-prevalence risks, there were no corroborating examples to support these claims. It is unclear whether the 2 named consumers sampled by the Assessment Team were included in this group.

In relation to one of the named consumers who was dissatisfied with the management of their diabetes and wounds, there was no evidence demonstrating that their conditions are worsening or are unmanaged, or that their assessed needs are not being met.

In relation to the other consumer who was experiencing falls, there was no evidence indicating when or how often they occurred, or whether the risk was still current. While the care plan was reviewed by the Assessment Team, the report makes no mention of whether interventions to minimise associated risk were documented. The Assessment Team’s report states ‘Confusion regarding the responsibility to respond to the recurring falls was identified. The confusion over responsibility resulted in no action undertaken in response to the recurring falls.’ There is no corroborating evidence to support this statement, nor is it clear whether this statement was made by staff or management, or whether this was the Assessment Team’s view. The consumer was interviewed by the Assessment Team but management of falls risks were not discussed.

I have place weight on evidence in the provider’s response demonstrating further information in relation to the sampled consumer and the actions taken since the Quality Audit.

While the provider also acknowledged consumer documentation could be improved, the provider’s response included evidence of actions taken to address the issue. While there was no evidence these actions have been fully implemented or embedded, it is reasonable to accept the provider’s assertion the changes will address the identified documentation issues.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

Requirement (3)(d)

The Assessment Team found the service demonstrated deterioration is recognised and responded to for HCP consumers. However, the Assessment Team was not satisfied the service demonstrated the same for CHSP consumers. The Assessment Team provided the following evidence relevant to my finding:

* Three of 4 CHSP consumers/representatives reported that the service has not responded to deterioration or change to mental or physical function or condition.
* Staff supporting CHSP consumers provided examples of consumers whose health deteriorated and required hospitalisation with families notifying the service. Staff expressed uncertainty over their role and responsibilities when deterioration occurs.
* CHSP management stated staff notify of deterioration and change through telephone calls or emails. However, they acknowledged this does not occur consistently.
* The Assessment Team presented one example of a CHSP consumer deteriorating and the representative stating there had been insufficient engagement from the service.

The provider’s response detailed information to address the Assessment Team’s assessment:

* The provider acknowledged that the staff uncertainty may be the experience of the staff interviewed.
* The provider explained and provided evidence of the service commencing a communication campaign immediately after the Quality Audit to ensure staff identify and document any deterioration in a consumer’s health and alert the appropriate team for follow up.
* The provider explained the support worker induction program and support worker team practice manual are being reviewed and updated to include support worker responsibilities for identifying and communicating consumer health deterioration.
* The provider explained in-depth case reviews confirmed the service remained actively engaged with the sampled consumer’s representative and that progress notes and revised service care plans show that services reviews had been completed and changes to services and referrals were made.
* The provider explained that individual staff coaching has commenced to ensure all progress notes are up to date especially in relation to information that is attached to the consumer’s health record.
* The provider explained and evidenced that consumer health record training has been scheduled, for incident reporting and investigation.
* The provider explained the service is in the process of improving its consumer file audit program to include a review of consumer file documentation practices.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the provider’s response, which does not evidence deficits in this Requirement.

I have considered that while the Assessment Team’s report states deterioration is not responded to appropriately, only one example was presented. Furthermore, the evidence presented indicates the consumer’s care plan may have been outdated and does not detail the extent of deterioration experienced, failings in delivery of care or impact to the consumer. The evidence presented by the provider in response to the Assessment Team’s report shows the service did respond to the deterioration appropriately.

There appears to be lack of understanding by some staff as to responsibility for reporting deterioration. The provider has provided explanation and evidence of how the service is addressing this misunderstanding, by conducting additional training for staff and providing individual staff coaching. While there was no evidence these actions have been fully implemented or embedded, it is reasonable to accept the provider’s assertion these actions will increase the staff understanding of how and when to report deterioration.

I have place weight on evidence in the provider’s response demonstrating further information in relation to the sampled consumer and the actions taken since the Quality Audit.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 3 Personal care and clinical care.

Requirement (3)(f)

The Assessment Team found the service demonstrated timely and appropriate referrals for HCP consumers. However, the Assessment Team was not satisfied the service demonstrated the same for CHSP consumers. The Assessment Team provided the following evidence relevant to my finding:

* Three of 4 CHSP consumers/representatives reported that the service would not contact other service or care providers if required.
* Documentation for CHSP consumers demonstrated that the service consistently does not support consumers to access other organisations or providers of care, despite documented evidence of deterioration or unmet clinical needs.
* While CHSP management recognised the process for referral for CHSP consumers, management acknowledged this is not happening consistently.
* The Assessment Team presented discussion about one CHSP consumer and lack of provision of additional supports for assessed needs and that management recognised this gap in service delivery.

The provider’s response detailed information to address the Assessment Team’s assessment:

* The provider explained the CHSP program does not fund case management services and few services provide HCP level clinical care through CHSP funded programs. The provider acknowledges the sector wide challenges of this program.
* The provider explained a home visit assessment was conducted for the sampled consumer and the representative acknowledged the consumer was accessing private care services to meet the consumer’s health needs. The provider will incorporate these services into the HCP when that program is activated for the consumer, to ensure continuity of service.
* The provider explained, and provided evidence of, the introduction of a high-risk/high-prevalence register for CHSP consumers. This will support a new practice the service has introduced to ensure appropriate management of CHSP consumers with identified high-impact/high-prevalence risks. The provider evidenced the team practice manual has been updated to reflect this new practice.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the provider’s response, which demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services does not occur consistently for CHSP consumers.

I acknowledge the CHSP program does not fund case management services. However, I have placed weight on the Assessment Team’s observations that the service does not consistently support CHSP consumer to access other organisations or providers of care, despite documented evidence of deterioration and unmet clinical needs.

I acknowledge the service has taken actions to address deficits identified by the Assessment Team. However, at the time of my finding, there was no evidence they have been effectively implemented or embedded.

In relation to HCP, I therefore find the provider, in relation to the service, compliant with Requirement (3)(f) in Standard 3 Personal care and clinical care.

In relation to CHSP, I therefore find the provider, in relation to the service, non-compliant with Requirement (3)(f) in Standard 3 Personal care and clinical care.

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

Consumers and representatives confirmed consumers are happy with the care provided. Staff described each consumer’s personal or clinical care needs. Management described how the service provides best practice care. The service maintains a clinical care governance framework to guide staff in best practice care delivery.

Staff described how they support consumers nearing end of life. Management described how the service would support consumers nearing the end of life, noting engagement with the consumer and their family, assisting to make the consumer as comfortable as possible and working within the budget to accommodate additional services. Although the service did not have effective policies and procedures in place to guide staff in the provision of tailored and holistic care for consumers nearing end of life, the service does have processes in place to request reviews of consumer packages to meet the changing needs of the consumer.

Consumers and representatives expressed satisfaction with staff knowledge of the consumer’s care needs. Staff described how they have access to up to date information about consumers, with staff documenting information about services delivered and results of assessments. Management described how the service ensures all staff have appropriate access to sufficiently detailed and current information. Documentation showed sufficiently detailed and consistent information recorded to enable staff to deliver care and services.

Consumers and representatives expressed satisfaction with infection minimisation measures used by staff. Staff described the protocols they follow to minimise infection related risks. Management described changes made to the service’s infection control procedures in response to the COVID-19 pandemic.

Based on this evidence, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(c), (3)(e) and (3)(g) in Standard 3 Personal care and clinical care.

# 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 | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Not applicable |

Findings

Consumers and representatives confirmed consumers can undertake activities that optimise their independence, health and well-being. Staff described how they assist consumers to do things they like or want to do. Documentation showed consumer preferences, interests, goals and friendships are recorded in care files.

Consumers and representatives confirmed consumers receive services and supports which promote the consumer’s well-being. Staff described how they support consumers when consumers are feeling low and described how they identify changes in a consumer’s well-being and how they provide emotional support.

Consumers and representatives confirmed consumers are supported to participate in the community. Staff and management provided examples of how consumers are supported to do things of interest to them. Documentation shows each consumer’s interests and goals are recorded.

Consumers and representatives confirmed staff know the consumer’s daily living needs and how to provide individual support. Staff confirmed they have access to information about individual consumer’s needs and preferences. Management stated information is shared through the electronic care planning system. Documentation showed information about daily living supports is shared with those involved in the delivery of care and with others responsible for care of the consumer.

Consumers and representatives provided positive feedback about referral consultation processes. Staff advised external referrals are undertaken and monitored through embedded referral processes. Management stated the service uses a care finder system to track referrals which are actively monitored through the care systems. Documentation showed examples of referrals to a range of services and supports for daily living.

Consumers reported they enjoy meals received through the CHSP support group. Staff confirmed they help consumers at mealtimes. Documentation showed staff assisting with meal preparation have received appropriate training. Management described how consumers can provide feedback or make changes to their dietary needs and preferences. Documentation showed dietary needs including allergies and preferences are documented. The HCP service does not provide meals.

HCP consumers and representatives confirmed equipment supplied is appropriate and is serviced and maintained. Staff confirmed equipment is provided following a specialist assessment to ensure suitability, with maintenance considered in regular reviews of care and services. Documentation showed evidence of a range of aids and equipment implemented following appropriate assessments. The CHSP program does not provide equipment for consumers.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 4 Services and supports for daily living.

# Standard 5

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

Findings

Consumers confirmed the service environment is welcoming and easy to understand and that they feel like they belong. Observations showed the service environment is welcoming and easy to navigate.

Consumers confirmed the service environment is safe, clean and well maintained. Staff described how they encourage consumers to move safely indoors and outdoors and how they maintain the cleanliness of the environment. Staff are aware of how to manage risks and how to report problems, hazards and near misses. Observations showed consumers using a clean environment, with easy accessibility to separate function rooms.

Staff described the cleaning procedure, including cleaning and disinfecting shared equipment before and after each activity. Documentation showed there are processes in place to identify and address cleaning and maintenance issues, with cleaning and maintenance logs used.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 5 Organisation’s service environment.

# 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 confirmed they know how to provide feedback and make complaints. Staff described how they encourage consumer feedback and provided examples of when they have supported consumers to provide feedback. Documentation showed feedback is received from consumers. The service has a complaints policy and maintains a feedback system.

Consumers and representatives stated they feel safe to raise concerns and that there are internal escalation processes as well as access to advocacy services and avenues for external complaints. Staff said they have access to advocacy and language services to support consumers if required. Documentation showed information about various complaint mechanisms and advocacy services is provided to consumers.

Consumers and representatives confirmed the service promptly resolves complaints and they are kept informed of actions taken to address concerns. Staff and management demonstrated an understanding of the open disclosure principles and described how they apply open disclosure. Documentation showed complaints are recorded and addressed within a timely manner in accordance with the organisation’s complaints procedures. Staff are provided open disclosure training.

Management described how the service reviews and uses feedback to improve the quality of care and services. The service trends feedback and complaints through the feedback register and annual surveys.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 6 Feedback and complaints.

# Standard 7

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

Findings

Consumers and representatives confirmed the service communicates and delivers safe and quality care and services. Staff confirmed they have enough time to complete required tasks. Management has workforce planning processes to limit unfilled shifts. Documentation showed evidence of the service backfilling for sick staff and consulting with consumers to provide replacement staff when necessary.

Consumers and representatives confirmed staff and management are kind, caring and respectful of each consumer’s identity, culture and diversity. Staff and management spoke about consumers in a kind and caring manner and knew each consumer’s background and needs. Management and staff could describe strategies used to make consumers feel respected and to provide consumer-focused care.

Consumers and representatives expressed confidence that staff are competent in performing their roles. Management described the expectations for staff to have appropriate background checks, experience and qualifications for each role. Documentation showed the service ensures staff qualifications and employment requirements are current, including police checks, vaccination records and first aid certificates.

Management and staff described the service’s recruitment and orientation process, including mandatory training courses. Staff confirmed they receive training specific to their roles. Staff confirmed they receive enough information about consumers prior to attending for the first time and for their ongoing support. Documentation showed staff complete appropriate training for their roles, including training about the Quality Standards, the Serious Incident Response Scheme, minimising restrictive practices and privacy and confidentiality. Management stated the workforce has access to additional training opportunities if requested or identified.

Staff and management described the staff performance processes in place to monitor and review staff on an ongoing basis and formally through an annual performance appraisal process. Staff confirmed they had completed performance reviews. Documentation evidenced completion of staff performance reviews.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 7 Human resources.

# 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

Requirement (3)(d)

The Assessment Team assessed this Requirement as not met for CHSP, as they were not satisfied the service had oversight of CHSP consumers with personal care needs, receiving no ongoing assessment and planning within a 12-month period. The Assessment Team determined the service is identifying and responding to abuse and neglect, supporting consumers to live their best life and managing and preventing incidents using an incident management system. The Assessment Team provided the following evidence relevant to my finding:

* Four of 5 CHSP consumers or their representatives reported they do not receive the care and services they require, with 2 consumers/representatives raising concerns they experience extended personal care and respite service cancellations due to staff leave.
* Four of 7 CHSP and HCP consumers or their representatives described ineffective management of high-impact or high-prevalence risks including wounds and pressure injuries, falls including head strikes, deterioration, hospitalisation, isolation and decreasing mobility.

The provider’s response detailed information to address the Assessment Team’s assessment:

* Explanation that the issues identified by the Audit related to lack of timely documentation.
* The provider acknowledged that the issues identified revolved around lack of some consumer documentation but, other documentation was available in the consumers’ electronic records. The provider completed spot checks of consumer file documentation.
* Explanation that at times documents were attached to the consumer’s records but progress notes not made, which made it difficult for the Assessment Team to see the evidence of continuity of services.
* Explanation and evidence the service has commenced several strategies, including updated training, to address staff confusion about what happened with identifying deterioration.
* Evidence of a high risk/high prevalence consumer list for CHSP consumers to enable targeted support and referrals for CHSP consumers.
* Evidence of review and assessment of unfilled shifts showing limited impact on consumers due to staff leave.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the provider’s response, which does not demonstrate deficits in relation to this Requirement.

I have considered that while the Assessment Team’s report states 4 of 5 CHSP consumers/representatives reported the consumer does not receive the services required and that 2 consumers/representatives raised concerns about experiencing extended personal care and respite service cancellations due to staff leave, there was no evidence presented to support these claims. The evidence presented by the provider in response to the Assessment Team’s report shows limited impacts on consumers due to staff leave.

I have also considered evidence presented in the Assessment Team’s report does not relate to organisational governance or demonstrate how the organisation’s risk management systems and practices failed.

While the provider acknowledges there was an issue around consumer documentation, the information presented by the provider in response to the Assessment Team’s report shows the service did record risks and strategies to address those risks. The provider also provided evidence of improved processes implemented to support consumers transitioning from CHSP to HCP. While there is no evidence these actions have been fully implemented or embedded, it is reasonable to accept the provider’s assertion these actions will improve the service’s management of high-impact and high-prevalence risks.

I have place weight on evidence in the provider’s response demonstrating limited impact on consumers due to staff leave, further information in relation documentation recording and actions taken since the Quality Audit.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 8 Organisational governance.

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

Consumers and representatives confirmed they can contact the service if there are any concerns. Staff advised they felt the service is well run. Management provided evidence of how consumers are engaged in the development, delivery and evaluation of care and services, including through surveys, forums and feedback and complaints. Management explained trended issues may lead to improvements in care and services delivered.

The organisation’s governing body considers management reports regularly, including discussion about finances, quality, incidents and complaints. The board consists of members with long standing experience in the aged care sector.

The service has effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service has an effective clinical governance framework addressing antimicrobial stewardship, minimising the use of restraint and open disclosure. The service has relevant policies and procedures in place. Staff are provided with relevant training.

Based on the above evidence, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(e) in Standard 8 Organisational governance.

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