**Performance**

**Report**

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| Name: | St Jude's Home Care Services |
| Commission ID: | 500293 |
| Address: | 165 Wright Street, KEWDALE, Western Australia, 6105 |
| 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: 1120 Pu-Fam Pty Ltd  
Service: 27050 St Judes Home Care Services

**This performance report**

This performance report for St Jude's Home Care Services (**the service**) has been prepared by K Jarvie, 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 16 February 2024.

**Assessment summary for Home Care Packages (HCP)**

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

* Ensure effective processes are used to discuss, record and agree how risks can be managed where a consumer wishes to take a risk.

Standard 2 Requirements (3)(a), (3)(b) and (3)(d)

* Ensure care plans are sufficiently detailed to provide staff with information to guide the delivery of care while ensuring staff are aware of the risks associated with each consumer’s care.
* Ensure validated tools are used to assess and plan consumer care to deliver safe and effective care and services.
* Ensure effective processes are used to identify each consumer’s needs, goals and preferences and the individualised outcomes are documented in a care plan.
* Ensure outcomes of assessment and planning are effectively communicated to the consumer and documented in the consumer’s care plan to guide staff in providing safe and effective care.

Standard 3 Requirements (3)(a) and (3)(b)

* Ensure all recommendations from clinical assessments are followed up to optimise each consumer’s individual health and well-being.
* Ensure processes are in place to identify and manage high impact or high prevalence risks associated with the care of consumers, including ensuring staff are provided with additional education on incident reporting and policies and procedures relate to in-home care and services.

Standard 4 Requirement (3)(a)

* Ensure processes are in place to identify and document individualised goals, needs and preferences for consumers receiving services and supports for daily living.

Standard 8 Requirements (3)(d) and (3)(e)

* Ensure the incident management system is used to record and respond to incidents, near misses and unobserved incidents in line with the policy and procedure for managing risk and incidents, to ensure analysis and monitoring of incidents is available.
* Ensure all staff are provided with relevant training to guide them in the reporting of incidents and near misses.
* Ensure a clinical governance framework is in place, including details of roles and responsibilities of the governing body, management and staff and implementation of relevant policies and procedures to support the clinical governance framework.

**Standard 1**

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | 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 |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Not 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 |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

**Findings**

Requirement (3)(d)

The Assessment Team assessed this Requirement not met, as they were not satisfied the service supports consumers to take risks to enable them to live their best life, with the service not recognising, documenting and addressing consumer risks. The Assessment Team provided the following evidence relevant to my finding:

* Although consumers stated they are encouraged to do things independently and staff can provide support to them if needed, documentation showed the service is not recording risks identified and how they will be managed.
* Although staff stated they ensure any equipment used by the consumer is available and consumers are encouraged to use it, risks and strategies to manage the risks are not recorded in care plans to guide staff.
* Management stated there is a process for staff to follow if they identify risks, including the need to complete a dignity of risk form. However, documentation showed staff are not using this process and dignity of risk forms have not been used and management was unable to provide an example of where the dignity of risk form had been used.

The provider’s response includes the following additional information and/or evidence relevant to my finding:

* evidence that following the Quality Audit, the service developed a Dignity of Risk form and has commenced using the new form
* explanation the Dignity of Risk form and Risk Assessment forms are being used to conduct consumer assessments and completion of this process is anticipated by 10 March 2024
* explanation the Dignity of Risk form and Risk Assessment forms will be completed as part of the consumer onboarding process, with staff ensuring the risks for consumers and how staff will support them in that risk are discussed
* explanation that the service has initiated training sessions for all current and new staff on the principles of Dignity of Risk.

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 each consumer receiving HCP subsidised services is not supported to take risks to enable them to live the best life they can.

I have considered the intent of the Requirement which expects organisations to help the consumer understand risk associated with activities of choice and involve them in developing solutions that are the least restrictive of their choice and independence. I find this did not occur, as the service was not identifying risks and how they would be managed.

I acknowledge actions taken by the provider to address the identified deficits. However, at the time of my finding, there was no evidence the actions have been fully implemented, embedded and are effective. I have placed weight on the Assessment Team’s evidence of risk and mitigation strategies not being recorded to guide staff.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(d) in Standard 1, Consumer dignity and choice.

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

Consumers and representatives stated consumers are treated with respect and valued as individuals. Staff spoke about consumers respectfully and described what it means to treat consumers with dignity and respect. Management described how the service provides training for staff to ensure they treat consumers with dignity and respect. Documentation showed inclusive and respectful language is used in care plans, with each consumer’s goals, needs and preferences recorded to guide staff when providing care.

Consumers and representatives stated staff know the consumers well and provide culturally safe services. Staff provided examples of culturally safe care and services and how it is applied in practice. Management advised staff are provided with cultural safety training. Although documentation showed cultural needs and preferences were not recorded for all consumers, management advised the change to the current electronic management system resulted in cultural needs not included in all care plans. Management advised the service would ensure each consumer’s cultural needs and preferences are updated in the current system.

Consumers and representatives confirmed consumers are involved in making decisions and can communicate those decisions easily. Staff described how they encourage consumers to have choice and promote independence. Management described how consumers are supported when they wish to involve others in making decisions about their care. Care documentation evidenced consumers are supported to make connections with others. Policies and procedures are available to guide staff in how consumers can be supported to exercise choice and independence.

Consumers and representatives stated the service provides timely information, and consumers are supported to understand the information provided. Management stated the service is continually reviewing documentation to ensure its currency and accuracy. Documentation showed the service provides itemised statements to consumers and information is provided to consumers based on how the consumer likes to receive information.

Consumers stated they have no concerns about privacy or confidentiality and staff consider the consumer’s privacy to ensure the consumer feels comfortable while receiving care and services. Staff described how they ensure the consumer’s privacy is maintained while providing care and services. Management described systems in place to protect consumer information, with password protection and only authorised staff having access to certain information. Documentation showed the service has privacy and confidentiality policies and procedures to guide staff, with consent protocols for consumers or their representatives to agree for the consumer’s information to be shared outside the service.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(e) and (3)(f) in Standard 1, Consumer dignity and choice.

**Standard 2**

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| Ongoing assessment and planning with consumers | | HCP |
| 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. | Not 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. | Not 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 |
| 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. | Not 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 |

**Findings**

Requirement (3)(a)

The Assessment Team assessed this Requirement not met, as they were not satisfied the service is ensuring a comprehensive assessment process is used to develop care plans to guide staff in the delivery of safe care and services. The Assessment Team provided the following evidence relevant to my finding:

* Although consumers and representatives were satisfied with the assessment and planning process, documentation showed care plans are not sufficiently detailed to provide staff with information about risks associated with each consumer’s care.
* Documentation showed the assessment process includes a series of questions to identify risks. However, the care plan is not completed with information about any identified risks or strategies to mitigate those risks.
* Documentation showed the initial consumer risk assessment does not include information to identify personal care needs, continence or skin care needs, mobility issues or domestic assistance requirements or home and garden maintenance needs.
* Although the registered nurse completes comprehensive assessments for HCP level 3 or 4 consumers, documentation showed the results of the assessments are not included in the consumer’s care plan to guide staff in how to provide suitable care and services to meet the consumer’s assessed needs.
* Although the service has policy relating to the assessment and care planning for a consumer, documentation showed this policy is centred around practice of staff within the organisation’s residential care facility.
* Management stated they will review the tools used and the information provided in care plans to ensure the delivery of safe and effective care and services.

The provider’s response includes the following additional information and/or evidence relevant to my finding:

* explanation and evidence the service updated the Risk Assessment and Management Plan to ensure closer alignment with areas designated for comments and integrated the Dignity of Risk framework into the admission process, enhancing the provider’s commitment to holistic care
* explanation staff are informed about specific care requirements through roster notes, which encompass detailed instructions about the tasks needed for each consumer and the service is updating care plans to include more detailed information
* explanation the information recorded in the nursing assessment will be included in the care plan going forward, with opportunities to enhance the software program identified and implemented to record early detection of risks
* evidence the risk assessment template has been updated to include information to identify personal care needs, continence or skin care needs, mobility issues as well as domestic assistance requirements or home and garden maintenance needs.

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 effective assessment and planning processes were not in place.

I have considered the intent of the Requirement which expects assessment and planning processes to be effective and support organisations to deliver safe and effective care and services, with relevant risks to a consumer’s safety, health and well-being assessed, discussed with the consumer and included in planning a consumer’s care. I find this did not occur, as the service was not identifying, discussing and recording risks with consumers and developing strategies to mitigate the risks.

I acknowledge actions taken by the provider to address the identified deficits. However, at the time of my finding, there was no evidence the actions have been fully implemented, embedded and are effective. I have placed weight on the Assessment Team’s evidence of risk and mitigation strategies not being recorded to guide staff.

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

Requirement (3)(b)

The Assessment Team assessed this Requirement not met, as they were not satisfied the service is identifying and addresses each consumer’s current needs, goals and preferences, with advance care planning and end of life planning not discussed with consumers and care plans not presenting individualised needs, goals and preferences. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives stated they had not had a discussion with staff about consumer end of life wishes.
* Management confirmed the service does not seek end of life wishes information from a consumer as part of the initial or ongoing assessment process.
* Although management advised goals are discussed with consumers or their representatives and outlined in the care plan, documentation showed goals in care plans are generic and not related to each specific service type for each consumer.
* Management advised the service will review the current process including the assessment and care planning documentation to ensure this information is individualised and can be clearly identified.

The provider’s response includes the following additional information and/or evidence relevant to my finding:

* explanation an end of life wishes form has been developed and is now a standard component of the admission process for all new consumers
* explanation a team of staff is presently engaged in close collaboration with the families of existing consumers to ensure the prompt completion of the end of life wishes form with this process expected to be completed by 31 March 2024
* explanation the service is currently reviewing goals for current consumers and integrating them into the consumer care plans, ensuring alignment with the consumer’s evolving needs and preferences
* evidence of an updated care plan for one consumer.

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 the service has not discussed end of life wishes with all consumers and care plans include generic consumer goals.

I have considered the intent of the Requirement which expects organisations to do everything they reasonably can to plan care and services that centre on the consumer’s needs and goals and reflect their personal preferences, and expects organisations include advance care directives and end of life planning in line with the consumer’s preferences. I find this did not occur, as the service was not having end of life discussions with consumers and/or their representatives.

I acknowledge actions taken by the provider to address the identified deficits. However, at the time of my finding, there was no evidence the actions have been fully implemented, embedded and are effective. I have placed weight on consumers and representatives stating these discussions have not been held and management confirming at the Quality Audit the service did not seek end of life wishes information.

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

Requirement (3)(d)

The Assessment Team assessed this Requirement not met, as they were not satisfied the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care plan which is readily available to the consumer and where care and services are provided. The Assessment Team provided the following evidence relevant to my finding:

* While consumers and representatives stated care plans are discussed with them prior to the commencement of services and following every review, documentation showed insufficient information is recorded in care plans to show that outcomes of assessment and planning are effectively communicated to the consumer.
* Five consumers and representatives advised they could not remember receiving a copy of the care plan. However, they stated the care provided is consistent with the care discussed.
* Support workers stated prior to the commencement of services, the scheduler will discuss specific requirements for a consumer with the support worker. The support workers stated they use the electronic progress notes to provide ongoing information and feedback to the home care coordinator or scheduler.
* Documentation showed assessments do not clearly identify risks to the consumer and as a result the documented care plans do not always provide detailed information regarding the specific tasks to be completed for each consumer.

The provider’s response includes the following additional information and/or evidence relevant to my finding:

* explanation the service reviewed its documentation and introduced enhancements to the Risk Assessment form to better correspond with designated comment areas
* explanation the service has integrated the Dignity of Risk framework into its consumer intake process
* explanation all risks documented in the consumer assessment are transferred to the early detection section of the care plan
* explanation each care plan undergoes a review by the consumer and their representative, and upon agreement, is signed and dated by the consumer to confirm receipt and understanding of the outlined information, affirming its relevance to the consumer’s specific needs and preferences
* explanation the home care team will ensure there is sufficient information documented in the care plan and ensure care planning and assessment is communicated to the consumer, with an updated care plan provided as evidence of the changed process.

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 the service has not communicated outcomes of assessment and planning to the consumer effectively.

I have considered the intent of the Requirement which expects a care and services plan is documented and reflects the outcomes of assessment and planning for each consumer and is available to the consumer in a way they can understand. I find this did not occur, as 5 consumers and representatives advised they could not remember receiving a copy of their care plan and care plans reviewed did not always provide detailed information about the specific tasks to be completed for each consumer.

I acknowledge actions taken by the provider to address the identified deficits. However, at the time of my finding, there was no evidence the actions have been fully implemented, embedded and are effective. I have placed weight on consumers and representatives stating they could not remember receiving a copy of their care plan.

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

Requirements (3)(c) and (3)(e)

Consumers and representatives confirmed consumers are involved in care and service planning with service staff, including how services are delivered for the consumer. Staff stated care plans are available and they are encouraged to discuss specific preferences with the consumer when attending for care. Management advised the service receives regular reports and feedback from external providers providing services for consumers. Documentation showed consumers are involved in assessment and planning processes, along with others the consumer wishes to be involved.

Consumers and representatives confirmed the consumer’s services are reviewed regularly. Staff stated when they identify a change to a consumer’s condition, they will speak with the home care coordinator. The home care coordinator stated, and documentation confirmed, the service has a regular review process and care plans are reviewed if changes in a consumer are identified or if a consumer requests a change to their care plan.

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

**Standard 3**

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| Personal care and clinical care | | HCP |
| 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. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not 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 |
| 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 |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

**Findings**

Requirement (3)(a)

The Assessment Team assessed this Requirement not met, as they were not satisfied each consumer gets safe and effective care which is best practice, tailored to the consumer’s needs or optimises the consumer’s health and well-being. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives confirmed personal and clinical care provided is tailored to the consumer’s needs and optimises the consumers well-being, with the Assessment Team providing examples of where staff assist specific consumers based on their identified needs.
* While all consumers expressed satisfaction with the care they receive, the Assessment Team found the assessment and planning process did not lead to the inclusion of needs and preferences in all care plans to guide staff to optimise a consumer’s individual health and well-being.
* The Assessment Team found the initial assessment form does not prompt staff to identify the need for additional clinical assessments including continence assessment, pain assessment or behavioural assessments. Management stated if a consumer is identified as a HCP level 3 or 4 consumer, the consumer will be referred to the service’s registered nurse who will complete a nursing assessment.
* The Assessment Team found information regarding consumer preferences is recorded in care plans. However, they found consumer needs are not always evident in the care plan and strategies to meet the consumer’s needs are not always in line with best practice guidelines or using the skill of external providers with expert knowledge. For example, one consumer was assessed by the registered nurse and several recommendations were identified to address the needs of the consumer. However, the care plan and available progress notes indicated the recommendations are not followed or included in the care plan or database of consumer service provision.

The provider’s response includes the following additional information and/or evidence relevant to my finding:

* explanation that all consumers have an established care plan
* explanation that in response to the Quality Audit, the service is reviewing each care plan against corresponding nursing assessments to enhance the care plans by incorporating detailed information with the completion of this process anticipated to be 10 March 2024.

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 shows personal and clinical care is not always tailored to the needs of the consumer and based on an assessment of a consumer’s needs, goals and preferences. I acknowledge nursing assessments occur. However, the results from these assessments are not always implemented to provide safe and effective care tailored to the consumer’s needs.

I have considered the intent of the Requirement which expects organisations do everything they can to provide safe and effective personal and clinical care, which is best practice, tailored to the consumer’s needs and optimises the consumer’s health and well-being. I find this did not occur, as the assessment and planning process did not lead to the inclusion of needs and preferences in all care plans to guide staff to optimise a consumer’s individual health and well-being, with outcomes from nursing assessments not consistently included in care plans and addressed by the service.

I acknowledge actions taken by the provider to address the identified deficits. However, at the time of my finding, there was no evidence the actions have been fully implemented, embedded and are effective. I have placed weight on the evidence that nursing assessments do not always lead to recommendations recorded in care plans to ensure tailored care to optimise the consumer’s health and well-being.

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

Requirement (3)(b)

The Assessment Team assessed this Requirement not met, as they were not satisfied the service effectively manages high impact or high prevalence risks associated with the care of each consumer, with identification of risk and strategies to mitigate or reduce the risk to each consumer not discussed with the consumer and/or their representative at the time of admission or during the ongoing review process. The Assessment Team provided the following evidence relevant to my finding:

* Management advised the identification of risk and strategies to mitigate or reduce the risk to each consumer is not discussed with the consumer and/or their representative at the time of admission or during the ongoing review process.
* Although the service has an incident reporting system, the Assessment Team identified not all incidents are reported in this system, resulting in the management team missing the opportunity to identify improvements when collating and trending incidents monthly.
* Documentation showed risks including falls, weight loss and wounds are not consistently recorded on the consumer’s care plan and strategies to guide staff in addressing the issues are not documented. The Assessment Team provided an example of a consumer whose care plan does not provide guidance to staff regarding the type of dressing to be applied to a consumer’s wound.
* Staff demonstrated they understand the needs of consumers who are impacted by high prevalence or high impact risks. However, staff stated this information is not always recorded on the care plan to guide staff in managing individual consumer’s risks.

The provider’s response includes the following additional information and/or evidence relevant to my finding:

* explanation that all staff have received comprehensive training on incident management and recognising early signs of deterioration
* explanation that staff have been re-educated to report any incidents to the home care coordinator
* explanation that the home care scheduler conducts weekly calls with families to gather information about any events that may have occurred during the week to ensure timely reporting
* explanation that staff are educated to conduct thorough inspections of the consumer’s home and perform visual assessments to identify any abnormalities that could potentially be indicative of an incident
* explanation the service has an incident management policy and system in place to report and analyse incident information.

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 shows staff are not provided with specific guidance to manage identified high impact or high prevalence risks.

I have considered the intent of the Requirement which expects organisations to do all they can to manage risks related to the personal and clinical care of each consumer, following best practice guidance and applying measures to make sure the risk is as low as possible while supporting a consumer’s independence and self-determination to make their own choices, including to take some risks in life. I find this did not occur as documentation showed high impact or high prevalence risks are not consistently recorded on each consumer’s care plan and strategies to guide staff in addressing any risks are not documented.

I acknowledge the service has provided additional training to staff, has regular contact with consumers to identify incidents and there is an incident management policy and system in place. However, at the time of my decision, there was no evidence provided to show these activities have led to effective management of high impact and high prevalence risks associated with the care of each consumer.

I have placed weight on the Assessment Team’s evidence of care plans not providing specific guidance for staff providing personal and clinical care for consumers with identified high impact or high prevalence risks and staff stating information is not always recorded on care plans to guide them in managing individual consumer risks.

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

Requirements (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g)

Staff described how they would support consumers nearing end of life under the guidance of the registered nursing staff or working with an external palliative care service. Management advised if a consumer is identified in the palliative phase of their illness, the service would work with other health care organisations to ensure consistency of service provision. Although the service does not have a home care end of life care planning policy or procedure to guide staff practices in supporting consumers nearing end of life, management advised the service will continue to review the policies and procedures available to staff to ensure they include references and guidance to home care staff and services.

Representatives expressed satisfaction with how staff recognise and respond to consumer deterioration. Consumers stated staff encourage them to discuss any changes in care and service needs or preferences. Staff described how they would identify and respond to changes in a consumer’s condition, including reporting the change to the consumer’s representative, document the change in the consumer’s care plan and report the change to office staff or the registered nurse immediately. Documentation showed staff recognise and respond to changes in consumers’ mental or physical function or condition in a timely manner.

Consumers stated they feel their needs and preferences are effectively communicated between staff. Staff stated prior to their first visit to a new consumer, the consumer’s care needs and preferences are discussed with the staff member and the care coordinator or scheduler. Documentation showed information about care and services provided by external consultants is communicated to the case coordinator following a referral to provide ongoing updates regarding treatment programs implemented. However, this information is not accessible to the staff providing direct care to the consumers. The service has policies and procedures regarding consent and the sharing of information.

Consumers described how they have been referred to other services and organisations to meet their needs and preferences. The home care coordinator advised they work with consumers to identify individuals, organisations or providers to deliver care, services and supports to meet the consumer needs such as allied health or specialised therapy services on an ongoing basis.

Staff stated training on infection prevention and control is part of their education program, with additional training, online sessions and individual education provided for all staff about COVID‑19 and use of personal protective equipment. The service has an infection control policy which provides information about standard infection precautions and the use of personal protective equipment. The policy is in the process of being updated to include information about antimicrobial stewardship and the overuse of antibiotics.

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

**Standard 4**

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| Services and supports for daily living | | HCP |
| 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. | Not Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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 |
| 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 |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

**Findings**

Requirement (3)(a)

The Assessment Team assessed this Requirement not met, as, although the service demonstrated each consumer gets safe and effective services and supports to meet their needs and preferences, the Assessment Team was not satisfied the services provided are aligned with each consumer’s individualised goals, with goals being generic and consumers not provided with an opportunity to develop measurable individualised goals. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives stated the consumer is well supported to maintain/optimise their independence and health and the consumers do things they wish to do.
* Staff demonstrated an understanding of the consumer needs, describing individual consumer’s interests and how the consumer engages with others in and around the community. However, documentation showed consumer risk assessments about consumer social skills are not specific for each consumer.
* Documentation showed risk assessments are used to develop individualised care plans. However, the Assessment Team noted the planned services goals are a repeat of generic overarching goals or are a list of services to be provided.
* Management stated the service will continue to review the information gathered in the consumer risk assessment form and the information recorded in the care plan to guide staff.

The provider’s response includes the following additional information and/or evidence relevant to my finding:

* explanation the service has implemented updates to the Risk Assessment and Management Plan to ensure close alignment with designated areas for comments
* explanation the Dignity of Risk framework has been integrated into the admission process, further enhancing the service’s approach to consumer care
* explanation the home care team is updating care plans and refining the goals for each consumer’s individual needs and circumstances with planned service goals to be further elaborated to ensure the consumers are given the opportunity to develop measurable personal goals and so staff are provided access to more comprehensive information that focuses on the consumer’s needs, goals and preferences
* evidence of a care plan with updated information included.

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 show a deficit in providing services and supports for daily living based on individual consumer goals.

I have considered the intent of the Requirement which expects services and supports for daily living are safe and effective and delivered in line with the consumer’s assessed needs, goals and preferences. I find this did not occur, as goals are generic and do not guide staff in providing services and supports for daily living in line with the consumer’s goals.

I acknowledge the service has implemented actions to address the identified deficits. However, at the time of my finding, there was no evidence the actions have been fully implemented, embedded and effective. I have placed weight on the Assessment Team’s evidence that care plans do not provide guidance for staff to ensure services are provided in line with the consumer’s goals.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(a) in Standard 4, Services and supports for daily living.

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

Consumers and representatives confirmed the consumers are engaged in meaningful activities which are satisfying to the consumer. Staff described how they encourage and support consumers to keep involved in activities of interest to the consumer which help to meet the consumer’s emotional, spiritual and psychological well-being. Although the consumer risk assessment contains questions to help the service identify the consumer’s unique emotional, spiritual and psychological needs, these questions are not used. Management stated as care plans are reviewed, this information will be gathered and recorded with input from the consumer’s main support worker.

Consumers and representatives expressed satisfaction with the consumer’s access to social and community activities of interest to the consumer. Staff described how they get to know the consumer and assist the consumer to continue to participate in their interests and to maintain their social connections. Although staff know the consumers and their interests, management stated care plans will be improved to include more details about each consumer’s interests.

Consumers and representatives stated staff are approachable when changes to services are required and the consumer has consistent services and supports. Staff described how they have access to consumer needs and preferences in care plans which are accessible through the electronic care management system available on their mobile telephones. Documentation showed the service discusses sharing consumer information and consent with consumers and their representatives, to ensure relevant information is shared with other organisations when necessary.

Consumers and representatives expressed satisfaction with services and supports where the consumer has been referred to other organisations. Staff described the processes to refer consumers both internally for additional services and externally to other organisations to support the consumer’s needs, goals and preferences. Documentation showed the service uses processes to refer consumers to other services and organisations.

Consumers and representatives described how the service supports consumers with assessments and provision of suitable equipment, including rails and other equipment assessed as suitable by an occupational therapist. Staff stated they have access to equipment to support safe care, including the use of wheelchairs and electric lounge chairs. Management stated the equipment supplied is maintained during domestic assistance services if the consumer is unable to clean the equipment themselves.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(b), (3)(c), (3)(d), (3)(e) and (3)(g) in Standard 4, Services and supports for daily living.

Requirement (3)(f)

This Requirement was not assessed as the service is not funded to provide meals.

**Standard 5**

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| --- | --- | --- |
| Organisation’s service environment | | HCP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not Applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not Applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable |

**Findings**

This Quality Standard was not assessed as the organisation does not provide a physical service environment.

**Standard 6**

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| --- | --- | --- |
| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | 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 |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

**Findings**

Consumers and representatives confirmed they are aware of how to provide feedback and make a complaint, with information available in the consumer’s home agreement and welcome pack. Staff described how they support consumers to raise issues or concerns. Management stated the service encourages feedback and complaints, with information about how to provide feedback or make a complaint included in the consumer welcome packs. The service also gathers feedback through monthly surveys and regular meetings. Documentation showed feedback and complaints information is included in consumer welcome packs, the service maintains a register of complaints and feedback which is monitored by management and the service conducts monthly surveys and consumer meetings.

Consumers and representatives confirmed they are aware of external mechanisms for raising feedback and complaints, with information about how to contact the Commission or an advocacy service contained in the welcome pack. Staff described how they would support consumers to access advocacy services or other methods for raising and resolving complaints if they could not assist the consumer with their concern. Management described processes to ensure consumers have access to advocates, language services and other methods for raising and resolving complaints. Documentation showed evidence of the service supporting consumers to access advocacy services, with information provided to consumers about advocates, language services and how to make an external complaint.

Consumers and representatives expressed satisfaction with how the service responds to and resolves complaints. Staff described how they will try to resolve concerns raised as soon as possible and demonstrated an understanding of the open disclosure process in providing an apology, investigating the matter, making changes and keeping the consumer or representative informed throughout the process. Management described how the service responds to complaints and uses open disclosure processes and explained information will be improved to further guide staff on the open disclosure process.

Consumers and representatives expressed satisfaction with changes made following feedback and complaints submitted. Management described how feedback and complaints are analysed and trended and how the information is used to make service improvements. Documentation showed the service has a continuous improvement plan which includes actions based on feedback and complaints received and addressed.

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

**Standard 7**

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| --- | --- | --- |
| Human resources | | HCP |
| 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | 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 |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

**Findings**

Consumers and representatives confirmed staff are on time and the consumers have regular staff supporting them. Staff confirmed they have enough time to provide services as requested by the consumer and if they need more time thing can be arranged. Staff are rostered to allow them to become familiar with the care needs and preferences of the consumer. Procedures and systems are in place to ensure the service has capacity to meet the care needs of individual consumers, with staff matched to individual consumers to ensure consistent and safe services and weekly reviews and analyses of staffing levels.

Consumers and representatives confirmed staff are kind, caring, supportive and respectful and treat consumers well. Staff demonstrated care, kindness and respect when they spoke about consumers. Management stated if there is any negative feedback about staff or subcontractors, the service acts immediately to address the concern. Documentation showed evidence of the service replacing a staff member in response to a complaint about the staff member.

Consumers and representatives confirmed they feel confident the workforce is trained, competent and skilled to provider the services required. Staff confirmed they are well supported by the service, and they are assessed routinely to ensure they are competent in their roles. Management described the processes used to determine staff competency and capability. Documentation showed the service has position descriptions for each role and the service maintains and monitors an electronic system which includes details about staff qualifications, competencies, police checks, vaccination status and mandatory training records.

Staff confirmed they completed mandatory training at induction, and they are supported to complete additional online training modules to improve their skills. Management described the recruitment processes and training requirements for staff, with additional training arranged if identified as needed or requested. Documentation showed the service maintains policies, procedures and training records and a training matrix to ensure training covers all requirements and reflects best practice.

Staff confirmed they take part in a regular performance appraisal process. Management described the performance appraisal process for assessing and monitoring workforce performance. Documentation showed the workforce is assessed and monitored, with policies and systems in place to ensure this occurs regularly.

Based on the information summarised above, 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 |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | 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 |
| 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 |
| 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. | Not 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. | Not Compliant |

**Findings**

Requirement (3)(d)

The Assessment Team assessed this Requirement not met, as they were not satisfied the service is using an incident management system effectively, with staff not using the service’s incident management system and procedures to ensure all incidents, near misses and unobserved incidents are recorded and addressed. The Assessment Team provided the following evidence relevant to my finding:

* Staff stated they are aware of the incident reporting procedure but, stated they have not used it. If staff identify any issues with a consumer, staff said they will record the information in the progress notes completed at the end of the service provision or if more urgent will contact the office by telephone to seek further advice.
* Documentation showed examples of incidents not recorded in the service’s incident management system. However, the Assessment Team noted incidents were followed up and actioned by the service.
* Management stated the service will provide additional education to staff and work with the care management team to ensure incident forms are completed where incidents have occurred and ensure all incidents are investigated and actioned and outcomes are monitored where incidents have occurred, in line with the service’s policy and procedure for managing risk and incidents.

The provider’s response includes the following additional information and/or evidence relevant to my finding:

* explanation that all staff undergo extensive onboarding training emphasising the critical importance of promptly reporting incidents and near misses
* explanation the home care scheduler and coordinator conduct regular weekly consumer check-ins to ensure the effectiveness of service delivery and promptly address any incidents that may arise
* explanation staff are required to complete consumer documentation before the end of their shift and the schedule and home care coordinator conduct daily reviews of consumer notes
* explanation the home care team will ensure staff formally complete incident reports for any instances which are considered an incident or risk to initiate the incident management process, with the home care coordinator following through the procedures of managing the incident to ensure appropriate action plans are implemented to prevent similar incidents in the future
* explanation that to further enhance the incident reporting practices and build a culture of staff capturing incidents, near misses and unobserved incidents, the service is conducting personalised one-on-one education with staff to reinforce the importance of reporting all incidents promptly with completion of these sessions anticipated by 28 April 2024.

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 the service does not have effective risk management systems and practices to manage and prevent incidents.

I have considered the intent of the Requirement which expects organisations to have systems and processes to help them identify and assess risks to the health, safety and well-being of consumers, including a risk management system which is used to identify and evaluate incidents and near misses to drive continuous improvement to improve the quality of the care and services and prevent similar incidents from occurring. I find this did not occur, as although incidents were followed up and actioned by the service, the service was not ensuring all incidents were recorded and analysed and staff were not following the service’s policy and procedure for managing risks and incidents.

I acknowledge the service has implemented actions to address the identified deficits. However, at the time of my finding, there was no evidence the actions have been fully implemented, embedded and effective.

I have placed weight on evidence that all incidents and near misses are not recorded in the service’s incident management system, leading to the potential for missed opportunities to improve care and services for consumers.

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

Requirement (3)(e)

The Assessment Team assessed this Requirement not met, as they were not satisfied the service has a clinical governance framework in place which sets out the roles and responsibilities of the governing body, management and staff and information on how risks will be managed. The Assessment Team provided the following evidence relevant to my finding:

* The Assessment Team noted policies and procedures for individual tasks are available. However, this information is more in line with the organisation’s residential care setting with limited reference to the community setting.
* The Assessment Team noted the organisation has a policy on antimicrobial stewardship. However, this policy is centred around the practice of the organisation’s staff in the residential care setting. The service was unable to evidence it has policy or processes to guide antimicrobial stewardship to support consumers living in the community to make informed choices in their medications including when taking antibiotics.
* The Assessment Team noted the organisation’s policy relating to minimising restrictive practices references the National Disability Insurance Scheme rather than all the service’s consumers living in the community.
* Although staff demonstrated they use an open disclosure approach to resolve complaints and incidents, there is no clinical governance framework to link the organisation’s open disclosure policy set out in the complaints management policy.
* Management acknowledged the gaps identified by the Assessment Team and stated the service would review the information available and develop a clinical governance framework.

The provider’s response includes the following additional information and/or evidence relevant to my finding:

* explanation the service maintains policies addressing critical areas such as clinical care, antimicrobial stewardship and restraint minimisation and the service is actively engaged in reviewing these policies with the aim to develop a clinical governance policy that integrates and enhances the existing policies to ensure alignment with best practices and industry standards (expected completion date is 31 March 2024)
* explanation the clinical governance policy will include the overall organisational approach to maintain and improve the well-being and quality of life of consumers by providing high quality and safe clinical care, including detailing the roles and responsibilities of the board, management and support staff with emphasis on how to manage clinical risks
* explanation the current antimicrobial policy will be reviewed to incorporate how the consumers are supported in the community to make informed choices for their medications including antibiotics
* explanation the policy in relation to minimising restraint will be reviewed to cover consumers living in the community
* explanation the clinical governance framework will be developed to connect to the open disclosure elements of the feedback management policy.

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 the service does not have a clinical governance framework in place to address HCP services.

I have considered the intent of the Requirement which expects organisations have clinical governance and safety and quality systems to maintain and improve the reliability, safety and quality of clinical care and to improve outcomes for consumers where organisations provide clinical care. This includes antimicrobial stewardship, minimising the use of restrictive practices and practising open disclosure. I find this did not occur as the service does not have a clinical governance framework in place setting out the roles and responsibilities of the governing body, management and staff and information on how risks will be managed.

I acknowledge the service has implemented actions to address the identified deficits. However, at the time of my finding, there was no evidence the actions have been fully implemented, embedded and are effective.

I have placed weight on the Assessment Team’s evidence of deficits in the clinical governance framework and management’s acknowledging the gaps in the current framework.

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

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

Consumers and representatives said they feel they can provide input into how things are run or feed into broader service improvements. Management discussed the various ways the service encourages and involves consumers in designing and improving care and services, including monthly surveys, regular meetings and the establishment of a consumer advisory body. Documentation showed the service has a plan for continuous improvement which includes actions developed based on feedback from consumers and representatives.

Staff stated they work in a supportive environment that requires them to follow safe practices when providing care and services. The service has an established governing body with relevant backgrounds and experience. Documentation showed the governing body considers a range of reporting mechanisms to ensure it is aware and accountable for the delivery of safe care and services. The governing body considers a quality report including feedback and complaints, serious incidents, continuous improvement, incidents and staffing information.

Interviews with consumers, representatives, staff and management and documentation reviewed showed there are effective organisation wide governance systems in place to support information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff have access to policies, procedures and other electronic documentation relevant to their role. The service uses a continuous improvement plan which clearly lists areas for improvement and actions to be taken to implement the improvements. The service has processes in place to monitor unspent funds. The service demonstrated effective workforce planning, recruitment, induction and performance management processes. Management advised the service subscribes to various services and a peak body to remain up to date with aged care regulatory reform. The service analyses feedback and complaints to identify continuous improvement opportunities.

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

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