**Performance**

**Report**

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| Name: | St Mary's Home Service |
| Commission ID: | 700217 |
| Address: | 31 Verdon Street, PELICAN WATERS, Queensland, 4551 |
| Activity type: | Quality Audit |
| Activity date: | 29 January 2024 to 31 January 2024 |
| Performance report date: | 21 March 2024 |

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: 2546 Gilbert Care (Sunshine Coast) Pty. Ltd.  
Service: 18201 St Mary's Home Service  
Service: 25106 St Mary's Home Service - Level 4

**This performance report**

This performance report for St Mary's Home Service (**the service**) has been prepared by M Abjorensen, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Team’s report received 3 March 2024.

# 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 | **Not 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** |

# 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 2 Requirement (3)(a)

* Implement assessment and planning processes that consider the risks to the health and wellbeing of consumers, to inform care and service delivery.

# 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. | 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

Consumers/representatives reported consumers are always treated respectfully and with dignity by staff. Staff interviewed spoke respectfully about consumers, demonstrated an awareness of the consumer’s personal experiences and described listening to and acknowledging their preferences. Documentation reviewed evidenced the organisation has a consumer-centred approach to delivering services.

Consumers/representatives confirmed staff understand consumers’ needs and preferences and services are delivered in a way that makes them feel safe and respected. Staff provided examples of inclusive care and support to meet the needs and preferences of consumers.

Consumers/representatives advised consumers are supported to maintain relationships with people who are important to them and are supported to make their own decisions about the services they receive. Staff and management demonstrated knowledge, awareness and understanding of consumer choices and preferences and described how tasks are undertaken in accordance with individual identified consumer priorities. Care documentation reviewed records consumer choices and decisions about care and services, including those whom consumers would like involved in their care and services.

Management discussed their willingness to support consumers to take risks and live a life of their choosing, including involving consumers/representatives and clinical/allied health staff in appropriate discussions to ensure consumers fully understand their choices and the associated risks.

Consumers/representatives confirmed they received timely and clear information. Consumers advised staff were happy to explain any issues with comprehension if required. Staff confirmed the organisation of face-to-face meetings to communicate information for consumers with hearing/vision impairment.

Consumer information is stored in an electronic database that is password protected. Staff demonstrated an understanding of their responsibility to maintain consumer confidentiality and are provided a privacy and confidentiality policy to read and sign upon commencement of employment. Consumers are provided with information about the collection, uses and disclosure of their personal information in their welcome pack.

Based on the information summarised above, 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 |
| 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. | 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. | 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 2(3)(a)

The Assessment Team was not satisfied relevant risks to consumers safety and well-being were adequately assessed, discussed with consumers nor consistently documented. The Assessment Team provided the following evidence relevant to my finding:

* Management showed staff have access to validated assessment tools, however staff interviewed, and documentation showed, validated assessment tools are not consistently used. Instead, assessment and planning relies on a template where assessments for risks occur via questions, rather than validated tools.
* Where consumers had a falls history, were living with dementia or experience swallowing difficulties, care documentation did not contain relevant validated assessments or strategies to guide staff during care and service delivery.
* Information and evidence under Requirement (3)(d) in Standard 7 shows subcontracted staff do not have guidance on actions to take for a non-response to a scheduled visit. Staff described they will attempt to contact the consumer by telephone or come back another day, advising they have not been provided with a clear escalation process.
* In response to the feedback, management commenced corrective actions to revise the care planning template to include a section which clearly identifies consumer risks and mitigating strategies.

In response to the Assessment Team’s report, the provider’s response included the following:

* Explanation policy and procedures are in the process of being updated to ensure appropriate assessments are completed by registered nurses.
* Evidence of validated clinical assessments completed for one consumer that was not sampled by the Assessment Team.
* Explanation, without evidence provided, outcomes of assessments will be documented in consumer care plans.

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

I have considered the intent of this Requirement expects integrated care and services require arrangements in place to share and combine relevant information regarding any risks to the consumer’s safety, health and well-being. I find this has not occurred as validated assessment tools are not consistently used, care directives not developed for staff and subcontracted staff were unclear on processes for a non-response to a scheduled visit.

I acknowledge the service has provided evidence of validated assessment tools recently used and described planned actions to use validated assessment tools and document the outcomes in care planning. However, these actions remain in their infancy and further time is required to demonstrate the practice is consistently implemented in assessment and planning processes to determine the sustainable effectiveness of these actions.

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.

Requirements 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e)

Consumers/representatives reported services consumers currently receive meets their needs, goals and preferences. Staff confirmed advanced care and end of life planning discussions occur during initial assessment and subsequent review processes. Care planning documentation reviewed included individualised consumer goals and advanced care/end of life planning preferences.

Consumers/representatives advised consumers can choose who they wish to be involved in their care. Documentation reviewed showed consumers and those consumers wish to be involved are included in care planning discussions.

Consumers/representatives confirmed they are provided an electronic or hard copy version of the consumer care plan and advised staff explained information about the care and services to be provided prior to commencement. Staff said they have access to the care plans which contain sufficient information to provide services in-line with consumers’ needs and preferences.

Staff demonstrated informal structures and processes, such as regular welfare checks are in place to ensure each consumer’s needs and preferences are being met whilst overdue formal reassessment of services is occurring. Documentation reviewed confirmed consumers who had been discharged from hospital or had a significant change in circumstance have received formal reviews.

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

# 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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(3)(b)

The Assessment Team was not satisfied high impact/high prevalence consumer risks are effectively managed for consumers. The Assessment Team provided the following evidence relevant to my finding:

* Care staff advised they often rely on their own knowledge and/or feedback from consumers/representatives to minimise consumer’s risks.

Care planning documentation reviewed for four consumers either did not have identified risks clearly documented and/or clear mitigating strategies to guide staff practice. In response to the Assessment Team’s report, the provider’s response included the following:

* Explanation, with evidence provided, key consumer risk information now appears as an alert on staff’s mobile phone application.
* Explanation, with evidence provided, full updated care plan describing identified risks and mitigating strategies are available to staff on their mobile phone application.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and provider’s response, which does not demonstrate a failure in the effective management of high impact/high prevalence consumer risks.

I have considered information relating to lack of clearly identified risks and mitigating strategies more aligned with deficits in assessment and planning processes. I have therefore considered this evidence under Requirement (3)(a) in Standard 2, and I do not deem it necessary, or proportionate, to consider again, in relation to this Requirement.

I acknowledge there were improvements to be made in relation to documentation of consumer risk mitigation strategies, however, information and evidence does not demonstrate a failure to adapt care and services in response to consumer risks. I am satisfied the service has taken proportionate actions to address the issues identified in relation to ensuring risk mitigation strategies are now clearly and easily accessible to all staff.

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

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

Consumers/representatives reported that clinical and personal care received is safe and effective and optimises the health and wellbeing consumers. Staff demonstrated an understanding of best practice care and described how services are tailored to meet individualised consumer needs. Documentation reviewed showed policies and procedures are in place to guide staff practice.

Staff described how care and services are adjusted for consumers nearing end of life including incorporating clinical and non-clinical services to maximise the comfort and preserve the dignity of consumers. Documentation reviewed confirmed the service has appropriate processes in place to recognise and support consumers nearing end of life.

Staff interviews and documentation reviewed confirmed consumer deterioration is identified, reported and appropriately followed up. The service has policies and procedures in place to support staff to identify and notify others of changes in consumers’ condition.

Consumers/representatives reported staff know consumers’ needs. Staff discussed the use of electronic exception reporting to ensure information outside the norm is communicated effectively within the organisation. Staff confirmed only required information relating to consumer assessment and risks are shared with other organisations as required.

Consumers/representatives said they are satisfied with the care and services delivered by those the consumer has been referred to. Staff confirmed referrals are completed in consultation with the consumer/representative and processes are in place to ensure referrals are received and actioned. Documentation reviewed confirmed referrals are made to relevant specialists in a timely manner.

Consumers/representatives reported they have choice relating to staff wearing personal protective equipment in their homes. Staff and management demonstrated an understanding of practical ways to minimise the transmission of infections and understood what signs may indicate an infection. The service discusses infection control policies and procedures with staff and has sufficient supplies of personal protective equipment available for staff use.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (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. | 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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers/representatives expressed satisfaction with how services and supports consumers received help maintain their independence and quality of life. Staff had a good understanding of what is important to individual consumers and described how they help the consumer to do as much as they can for themselves. Documentation reviewed showed consumers services and supports are tailored to their individual interests, needs and preferences.

Consumers/representatives expressed satisfaction that consumer’s emotional, spiritual and psychological well-being needs are identified and responded to in a timely manner. Staff advised and provided examples of how the implementation of wellness checks provided an opportunity to monitor and respond appropriately to consumers emotional/psychological needs.

Consumers/representatives confirmed flexibility in the delivery of services, which enabled consumers to participate in the community and do things of interest to them. Staff were aware of important consumer relationships and could describe individualised social activities enjoyed by consumers. Care planning documentation reviewed contained information on important people and relationships in the consumers’ lives as well as their activities of interest.

Consumers/representatives advised they are satisfied information about consumers care and services is shared within the service and with others involved in their care. Staff confirmed there is sufficient information available in care plans to ensure they are informed of supports required to meet consumer needs and preferences. Management interviews, and documentation reviewed, confirmed relevant consumer information is shared with subcontractors as required.

Consumers/representatives said they are satisfied with the services and supports delivered by those the consumer has been referred to. Staff confirmed referrals are completed in consultation with the consumer/representative and described actioning referrals as a result of needs identified from assessment and care planning processes. Documentation reviewed confirmed referrals to other services have been completed for consumers.

Consumers/representatives advised staff discuss dietary requirements and preferences and are provided choices of meal delivery providers. Staff have been educated to discretely monitor consumer food intake and report any concerns. Documentation reviewed shows nutritional needs are included in assessment and care planning discussions.

Consumers/representatives confirmed suitability of equipment purchased is assessed by allied health professionals prior to purchase. Staff advised they have received training where required for operating equipment and were able to describe the process for identifying and reporting risks to the safe use of equipment. Staff interviews, and documentation reviewed confirmed maintenance/replacement of faulty equipment is monitored and actioned appropriately.

Based on the information summarised above, 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 |
| 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 Standard was not applicable 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/representatives advised they are encouraged and supported to provide feedback and make complaints and would do so by speaking directly to staff. Staff reported they regularly seek feedback during wellness calls with consumers. Documentation reviewed confirmed consumers are provided with a copy of the complaints policy in welcome packs.

Consumers/representatives interviewed, and documentation reviewed, confirmed consumers are provided information on advocacy services and external complaint avenues available. Consumers/representatives confirmed the use of advocacy services to assist to resolve a complaint that could not be resolved internally to their satisfaction. Management advised staff have access to interpreter services as required.

Consumers/representatives confirmed staff and management are responsive to concerns raised. Staff and management understood the concept of open disclosure and provided documented practical examples of open disclosure used in resolving consumer feedback/complaints. Policies and procedures are in place to guide staff practice when responding to complaints/feedback provided.

Consumers/representatives advised they were satisfied improvements to consumer care and services were actioned from feedback made. Management described how feedback trends are identified and used to improve the quality of services provided. Documentation reviewed showed continuous improvements to the quality of services are based on reviews of consumer feedback and complaints data.

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

Requirement 7(3)(c)

The Assessment Team were not satisfied care staff understood their scope of practice and operated effectively within their scope of practice. The Assessment Team provided the following evidence relevant to my finding:

* Incident documentation showed a care worker provided wound care outside of the scope of their role as a care worker. Management explained the staff member is an enrolled nurse, however the scope of their role was as a care staff member.
* Position descriptions, qualifications, knowledge and experience are established for each care staff, care coordinators, and home care clinical staff in accordance with service delivery duties.
* Consumers/representatives advised the workforce is competent and can perform their roles effectively.
* The service has processes in place to monitor currency of staff qualifications, health practitioner registrations, vaccination records, police checks, and driver’s licences.
* Information and evidence under Requirement (3)(d) of this Standard, shows staff have access to policies and procedures and an employee handbook.

In response to the Assessment Team’s report, the provider’s response included the following:

* Clarification identified staff member working outside of scope of practice was within care staff scope of practice to provide basic first aid.
* Explanation, and evidence provided, of policy in place that care staff are to apply basic wound care first aid in addition to reporting and documenting incidents for appropriate follow up by the clinical team.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and provider’s response, which demonstrates the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

I am satisfied with the explanation and evidence provided to confirm staff member initially identified by the Assessment Team as working outside of their scope of practice was in fact within scope of practice to provide basic wound care first aid.

Overall, information and evidence demonstrates effective systems and processes are in place to ensure the workforce is competent to effectively perform their roles through role requirements, monitoring of probity checks and qualifications and consumer feedback describing a competent workforce.

I acknowledge the issue identified in the Assessment Team report did not contain contextual information to differentiate wound care from first-aid duties that is in scope of the role requirements for the staff member.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 7 Human resources.

Requirement 7(3)(d)

The Assessment Team was not satisfied the workforce are trained and supported to deliver safe and effective services. The Assessment Team provided the following evidence relevant to my finding:

* Management did not demonstrate ongoing training was provided to staff in the previous 12 months, however, staff meeting minutes showed training delivered related to effective communication, disaster management, incident reporting, professional boundaries and manual handling within the previous six months.
* Information, and evidence, under Requirement (3)(d) in Standard 6, shows the service had identified and provided additional staff training as a result of consumer feedback.
* A training calendar was not able to be provided at time of Quality Audit and a training register sighted showed staff training was outdated.
* Subcontracted staff did not have clear guidance on the service’s consumer nonresponse procedures, nor were provided information on their consumer complaints or incident reporting responsibilities.

In response to the Assessment Team’s report, the provider’s response included the following:

* Explanation staff training sighted between October 2023 and January 2024 contradicts statement ongoing training was not provided in the past 12 months.
* Clarification a training analysis form was presented to the Assessment Team, which was explained to be used to identify the upcoming training plan, however, acknowledgement provided that the training plan had yet to be finalised.
* Explanation, without evidence provided, further training on medication competency, restrictive practices, dementia and the online training platform has now been delivered.
* Explanation, without evidence provided, subcontractors have now been provided updated information on consumer nonresponse procedures, complaints and incident reporting responsibilities.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and provider’s response, which does not demonstrate a failure in training and supporting the workforce to deliver safe and effective care and services.

I have considered information relating to lack of clearly defined subcontractor consumer nonresponse procedures under Requirement (3)(a) in Standard 2, as this relates to how risks informed assessment and planning guide safe and effective care delivery. I have considered information that processes relating to complaints and incident reporting are not communicated to subcontracted staff under is more aligned with potential deficits in governing body oversight of service delivery by external parties. I have therefore considered this evidence under Standard 8, Requirement (3)(b), and I do not deem it necessary, or proportionate, to consider again, in relation to this Requirement.

I agree evidence of staff training in meeting minutes contradicts information that ongoing training was not provided to staff in the previous 12 months.

I acknowledge documented records of training completed provided to the Assessment Team were outdated, however, I am satisfied staff have received training, albeit not currently in a planned structured way. I encourage the provider to complete the planned training analysis to inform and implement a training plan to ensure members of the workforce can continue to be adequately trained, equipped and supported to perform their roles. I am, however, encouraged by the fact the new online training platform is now live and training on its use has been delivered.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 7 Human resources.

Requirement 7(3)(e)

The Assessment Team was not satisfied appropriate processes are in place to assess, monitor and review staff performance. The Assessment Team provided the following evidence relevant to my finding:

* Staff interviewed were not able to identify learning outcomes from previous performance reviews or when their last performance review occurred.
* The Assessment Team could not identify any documents pertaining to employee reviews/appraisals for the last year.
* In response to the Assessment Team’s feedback, management reviewed the employee appraisal/review register and agreed staff reviews have not occurred since July 2022.
* Management interviewed, and documentation reviewed, confirmed policies and procedures are in place to monitor and review staff performance.

In response to the Assessment Team’s report, the provider’s response included the following:

* Explanation staff appraisals were not conducted in 2023 due to decision to await commencement of new human resource software.
* Evidence of staff appraisals to have been completed since Quality Audit conducted with remainder of staff appraisals scheduled to be completed by March 2024.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and provider’s response, which does not demonstrate a failure to regularly monitor and review the performance of each member of the workforce.

While formal staff appraisals have not occurred due to incoming human resources software, I acknowledge this is only one approach to monitoring workforce performance. I find there is more evidence to shows performance monitoring occurs through consumer feedback and staff meetings. I am satisfied the service has processes in place, including the commencement of formal appraisals, to continue the monitoring and review of staff performance.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 7 Human resources.

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

Consumers/representatives advised consumers generally have the same staff complete their care and services and staff always arrive according to scheduled time. Management described the implementation of workforce planning strategies, such as the hiring of new staff, promoting overtime opportunities and use of external contract workers as required. Systems and processes are in place to ensure high impact/high risk consumer services can continue to be provided even as a result of unplanned leave. This included offering to reschedule services to another time/day or offering an alternate staff member to complete services.

Consumers/representatives described staff as kind, caring and respectful. Staff interviewed spoke respectfully about consumers. Documentation reviewed confirmed no current complaint trends of rude or disrespectful staff behaviour.

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

Findings

Requirement 8(3)(a)

The Assessment Team found the service was unable to demonstrate consumers are engaged in the development, delivery, and evaluation of care and services and are supported in that engagement. The Assessment Team provided the following evidence relevant to my finding:

* Consumers/representatives advised they have not been asked to provide feedback on the delivery of care and services.
* Consumers/representatives stated the service does not provide opportunities for them to provide input into how the service is run nor seeks feedback through mechanisms such as satisfaction surveys in relation to their experience of the quality of care and services they receive.
* Management advised a survey or similar tool to engage consumers has not been sent in the last 12 months. However, a new templated feedback and satisfaction form was to be implemented effective 1 February 2024 and added to staff mobile phone applications to provide another avenue for consumers to provide feedback.
* Staff and management advised proactive calls are conducted to gather feedback. However, the Assessment Team noted feedback from these discussions did not appear on the complaints register nor consumer file dated notes.
* Management discussed how consumers will call office staff if they have any feedback. However, the Assessment Team noted feedback from these discussions did not appear on the complaints register nor consumer file dated notes.

In response to the Assessment Team’s report, the provider’s response included the following:

* Explanation whilst consumers had not received an annual survey, they had been able to provide feedback via other means, such as email or post.
* Explanation and evidence that the proactive calls to consumers do include feedback questions and provide an opportunity for consumers to provide feedback or make a complaint.
* Explanation by the end of April 2024 consumers will have access to a client electronic application as another option to provide feedback.
* Explanation an annual survey had since been conducted and evidence of survey results provided.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and the provider’s response, which does not demonstrate a failure to engage consumers in the development, delivery and evaluation of their care and services.

I have considered that whilst consumers/representatives could not recall being provided opportunities to provide formal feedback about service delivery, such as through a survey, there is evidence to show consumers have been provided other means to engage in the development, delivery, and evaluation of their care and services. Rather, this indicates that consumers are not informed of how their feedback is used to inform the evaluation, design and delivery of their services.

Overall, I am satisfied the provider has taken corrective action of recently conducting an annual survey and will implement additional methods, such as the client electronic application to ensure consumers continue to be engaged in the development, delivery and evaluation of their care and services.

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

Requirement 8(3)(c)

The Assessment Team found the service was able to demonstrate effective governance systems for information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints. However, the Assessment Team were not satisfied effective workforce governance systems are in place. The Assessment Team provided the following evidence relevant to my finding:

Information management

* Consumers confirmed they receive information that is timely, clear and accurate and are satisfied that their personal information is kept private and respected by staff delivering care and services.
* Staff advised they have access to sufficient password protected consumer information relevant to their role.

Continuous improvement

* The service demonstrated numerous continuous improvement processes in place, which were sought from staff and consumer feedback and incidents. Documentation reviewed showed a continuous improvement register in place that identifies who is responsible to complete improvement action and by when.

Financial governance

* Home Care Package budgets and ongoing balances are monitored and managed in partnership with each consumer, including the accumulation of unspent funds or the depletion of funds available to provide ongoing care and services.
* Financial governance systems and processes are in place to manage the finances and resources that the service needs to deliver care and services.

Workforce governance

* The service could not consistently demonstrate how they support, develop and monitor the workforce, including subcontracted staff to deliver safe and quality care and services.
* Management did not have appropriate oversight of a staff members scope of practice.

Regulatory compliance

* The organisation receives updates regarding regulatory and legislative changes through subscriptions to relevant industry or government notifications which are appropriately distributed to staff and consumers through various communication channels.

Feedback and complaints

* The service has systems and processes in place to document feedback and complaints. Feedback and complaint data is discussed in relevant management meetings and findings reported to the governing body.

In response to the Assessment Team’s report, the provider’s response included the following:

* Clarification identified staff member working outside of scope of practice was within care staff scope of practice to provide first aid.
* Explanation, and evidence provided, of policy in place that care staff are to apply basic wound care first aid in addition to reporting and documenting incidents for appropriate follow up by the clinical team.
* Staff meeting minutes sighted confirmed training on effective communication, disaster management, incident reporting, professional boundaries and manual handling had occurred in October 2023 and January 2024.
* Clarification a training analysis form was presented to the Assessment Team, which was explained to be used to identify the upcoming training plan, however, acknowledgement provided that the training plan had yet to be finalised.
* Explanation, without evidence provided, further training on medication competency, restrictive practices, dementia and the online training platform has been delivered.
* Explanation, without evidence provided, subcontractors have now been provided updated information on consumer nonresponse procedures, complaints and incident reporting responsibilities.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and the provider’s response, which does not demonstrate a failure in effective organisation wide workforce governance systems.

I find evidence of workforce governance systems has been demonstrated in relation to documented roles and responsibilities for each staff, in addition to relevant training and improvements to the information that is shared with subcontracted staff.

Overall, I find the provider has ensured there are enough skilled and qualified workforce members employed who have a clear understanding of their responsibilities and accountability for delivering safe and quality care and services.

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

Requirement 8(3)(d)

The Assessment Team was not satisfied the organisation’s has effective risk management system and practices in place. The Assessment Team provided the following evidence relevant to my finding:

* Management demonstrated how incidents are used to inform continuous improvement practices and prevent reoccurrence, providing examples of updated systems being implemented to improve information management and change of staff to better support consumers.
* Vulnerable consumers are identified including consumers who live alone, live with little or no support from others, experience social isolation, or those who have limited mobility or are at high risk of falls.
* Staff were aware of incident reporting processes, including how to identify and respond to abuse and neglect in consumers, supported through training delivered.
* Care directives, including strategies to manage consumer risks, were not consistently documented in care plans.

In response to the Assessment Team’s report, the provider’s response included the following:

* Explanation, with evidence provided, key consumer risk information now appears as an alert on staff’s mobile phone application.
* Explanation, with evidence provided, full updated care plan describing identified risks and mitigating strategies are available to staff on their mobile phone application.
* Explanation, without evidence provided, subcontractors have now been provided updated information on consumer nonresponse procedures, complaints and incident reporting responsibilities.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and the provider’s response, which does not demonstrate effective risk management systems and practices are not in place.

I have considered intent of the Requirement expects organisations are expected to have systems and processes that help them identify and assess risks to the health, safety and well-being of consumers. If risks are found, organisations are expected to find ways to reduce or remove the risks in a timeframe that matches the level of risk and how it’s affecting consumers. I find this does occur through incident management systems, vulnerable consumer registers and workforce training.

Overall, I find that risk management system and practices are effective with improvement areas relating to assessment and planning identified under Requirement (3)(a) of Standard 2. I do not deem it applicable, or proportionate, to consider these deficits again in relation to this Requirement. I am satisfied the service has taken steps to ensure consumer risks and risk mitigation strategies are now clearly and easily accessible to all staff, which in turn enhances the management of high impact/high prevalence consumer risks.

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.

Requirement 8(3)(e)

The Assessment Team found the service was not satisfied there was an effective clinical governance framework in place. The Assessment Team provided the following evidence relevant to my finding:

* The clinical governance framework does not define roles and responsibilities of staff and management
* Management explained position descriptions identify roles and responsibilities
* Validated assessment tools are not consistently used in assessment and planning processes.
* Clinical staff had an understanding of antimicrobial stewardship, open disclosure and restrictive practice; however, care staff were not familiar with what restrictive practice was or how it applied to the home care setting.
* In response to the Assessment Team feedback management provided a restrictive practice policy and information sheet to staff prior to conclusion of Quality Audit.

In response to the Assessment Team’s report, the provider’s response included the following:

* Explanation, and evidence provided, the clinical governance framework has since been revised following conclusion of the Quality Audit.
* Explanation, without evidence provided, plan in place to review all clinical care policies.
* Evidence of restrictive practices training provided to staff 14 February 2024.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and the provider’s response, which does not demonstrate a failure to establish a clinical governance framework.

I find the roles and responsibilities of clinical governance are established, and provided to staff, via position descriptions. I have considered information relating to the absence of the use of validated assessment tools to identify risk in Requirement 2(a) in Standard 2 and do not deem it necessary, or proportionate, to consider again, in relation to this Requirement.

I am satisfied the provider has taken steps to revise and enhance their clinical governance framework.

I find, although care staff were not familiar with how restrictive practices apply in a home care setting, evidence throughout the Assessment Team report show staff know consumers well and, would and are, reporting concerns for appropriate follow up. In addition, I place weight on the fact corrective actions to inform staff of restrictive practices policies occurred prior to the conclusion of the Quality Audit and further training on restrictive practices has since been provided.

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

Requirement 8(3)(b)

Management interviews, and documentation reviewed confirmed the governing body receives reports from the service level through to management, including consumer incidents, regulatory compliance, staffing levels, complaints and feedback.

* The provider’s response to the Assessment Team report showed completed corrective actions which include improvements to subcontractor agreements. These improvements ensure consumer nonresponse procedures, complaints and incident reporting responsibilities have been shared with subcontracted providers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(b) 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)