Performance

Report

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| Name of service or service group: | Performance report date: |
| Supreme Care | 23 September 2022 |
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| Supreme Care Pty Ltd | 2 August 2022 – 4 August 2022 |

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

**This performance report**

This performance report for Supreme Care (**the service**) has been prepared by J Taylor, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Services included in this assessment

**Home Care:**

* Nursing Care, 27370, Level 5, 12 Clark Street, SUNSHINE VIC 3020

# Material relied on

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

* the assessment team’s report for the quality audit; the quality audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 5 September 2022.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-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.

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| 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Non-compliant |
| 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. | **Non-compliant** |
| 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | **Non-compliant** |
| 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. | **Non-compliant** |
| 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. | **Non-compliant** |
| 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. | **Non-compliant** |
| 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. | **Non-compliant** |
| 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. | **Non-compliant** |
| 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. | **Non-compliant** |
| 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. | **Non-compliant** |
| 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Non-compliant** |
| 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. | **Non-compliant** |
| 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. | **Non-compliant** |
| 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Non-compliant** |
| 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. | **Non-compliant** |
| 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. | **Non-compliant** |
| 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | **Non-compliant** |
| 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. | **Non-compliant** |
| 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | **Non-compliant** |
| 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | **Non-compliant** |
| 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | **Non-compliant** |
| 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. | **Non-compliant** |
| 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | **Non-compliant** |
| 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Non-compliant** |
| 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Non-compliant** |
| 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | **Non-compliant** |
| 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. | **Non-compliant** |
| 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. | **Non-compliant** |
| 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. | **Non-compliant** |
| 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. | **Non-compliant** |

# Standard 1

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| Consumer dignity and choice | | HCP |
| 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | **Non-compliant** |
| 1(3)(b) | Care and services are culturally safe | **Compliant** |
| 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. | **Non-compliant** |
| 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | **Non-compliant** |
| 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. | **Non-compliant** |
| 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | **Compliant** |

## Findings

While support workers were able to describe how they treat consumers with dignity and respect during the provision of care and office staff were observed to speak in respectful ways to consumers, consumer representatives interviewed discussed the lack of follow up about complaints to be disrespectful.

Consumer assessment documents reviewed indicated the service does not routinely identify consumers’ cultural backgrounds and any care considerations relating to the consumers’ backgrounds. Care planning documents did not incorporate consumers’ preferences, other than the consumers’ support worker gender preferences.

The Assessment Team reviewed training documentation that identified staff had completed cultural awareness training.

While care managers described talking with consumers and representatives to allow them to make informed choices and communicate decisions, the care managers interviewed did not evidence how choice and independence is supported for consumers. For example:

A consumer with a history of falls and other health concerns had a hospital admission however, no record of the reason for the admission was recorded on the consumer file. There was no record of a review of the services provided to the consumer post discharge from hospital or record of the additional services requested by the representative.

The service has policies and procedures that describe the service’s approach to care and supports, consumer independence and choice, however, on balance, the practical implementation of these policies was not demonstrated through consumer and representative interview or consumer documentation.

The service supports consumers to take risks however, not all risks are identified during assessment processes and known by the service staff. There was no evidence of consumer risk assessments occurring to enable mitigation of identified risk to consumers. For example:

Risks present to consumers following hospitalisation and consumer deterioration are not identified and actioned.

Risk management strategies for consumers living with dementia and/or mental health concerns are not included in documentation.

Representatives interviewed advised information from the service is not communicated in a way that consumers and representatives can understand and does not enable them to exercise choice. For example:

A representative interviewed stated they were not sure what services could be provided to support a consumer.

* The service agreement specifies a minimum of 2 hours service for consumers. The consumer handbook however, includes ‘we provide complete flexibility with your services and can visit for as little as one hour at a time.’

The service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential.

Management interviewed stated the expected an additional care manager will address the concerns raised across this Standard.

In response to the Assessment Report, the service provided the following response to each of the requirements assessed as Non-compliant, detailed below:

**Requirement 1(3)(a)** –Comments provided by consumers and representatives indicate they do not feel consumers are treated with dignity and respect and that individual culture and diversity are valued. While the service provided further information regarding specific examples cited in the Assessment Report which included support worker notes, did not effectively evidence compliance with this requirement. I therefore find this requirement as Non-compliant.

**Requirement 1(3)(b)** – The service provided evidence detailing how information relating to individual consumer profiles, including cultural information, is captured and recorded in care plan documentation. Job advertisement samples demonstrating how the service is attempting to address all requirements of consumers were also evidenced. Based on the further information provided by the service, I find this requirement to be Compliant and therefore change the recommendation of the Assessment Report.

**Requirement 1(3)(c)** – The service provided examples of care plans reviewed since the Quality Audit which include information for support worker to enable consumer independence and choice and an example of a care plan reviewed prior to the audit detailing how an individual consumer is supported. In relation to the example above relating to a recent discharge from hospital, the service did not provide comment on a review of the services provided to the consumer post discharge from hospital or record of the additional services requested by the representative. On balance considering the information provided by the service and the Assessment Team, I find this requirement to be Non-compliant.

**Requirement 1(3)(d)** – The service provided examples of care plans however it was not consistently demonstrated how the service manages referrals to other services to manage risks to consumers nor that risks and management strategies were consistently documented. The service acknowledged formal risk assessments had not been completed, advised the service will implement a formal risk assessment system and provided a template of the proposed detailed Client Risk Assessment form. While acknowledging the work undertaken by the service in relation to managing risk for consumers, it will take time to embedded this into business as usual. I therefore find this requirement to be Non-compliant.

**Requirement 1(3)(e)** – The service acknowledged that communication with consumers could be improved and committed to reviewing various documents to ensure information is easy to understand and communicated in a way best suited to the consumer. I therefore find this requirement to be Non-compliant.

In considering the evidence sighted by the Assessment Team and further information provided by the service, the Quality Standard for the Home Care Package (HCP) service is assessed as Non-Compliant as four of the six specific requirements has been assessed as Non-Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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. | **Non-compliant** |
| 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. | **Non-compliant** |
| 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. | **Non-compliant** |
| 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. | **Non-compliant** |
| 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. | **Non-compliant** |

## Findings

The service did 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. Assessment and planning processes reviewed were inadequate and did not occur for all consumers. While the service has access to complex care plan templates, continence assessments and pain assessments are not used

The service did not demonstrate assessment and planning identifies and addresses the consumer’s current needs, goals and preferences including advance care planning and end of life planning. Documents reviewed, and representatives interviewed confirmed advanced care planning and end of life planning are not discussed with consumers or representatives. Goals across all consumers’ care plans reviewed were not individualised. All consumer files reviewed had the same goal, to remain living independently at home.

Assessment and planning documents reviewed did not include other organisations involved in the consumer’s care. The Assessment Team noted that the service had not recognised or investigated cognitive decline in a consumer nor had contact been made with the consumers general practitioner. Documents reviewed for two consumers did not include other services or practitioners involved in their care, specifically the name and contact number for their general practitioner.

The outcomes of assessment and planning, while available to support workers, did not include relevant health and care information to support safe care and services for the consumer. For example:

A handover letter was provided to the service for a consumer recently discharged from hospital. Review of the letter in the consumer file detailed the consumers medical conditions however, the assessment completed by the service identified the consumers health issues as ‘age related issues’ and a ‘falls hazard’ and did not include other components of the medical history or food allergies.

The service did not demonstrate care and services are regularly reviewed for effectiveness as demonstrated through intermittent communication with consumers and representatives, post hospital and incident reviews not completed, or documentation updated.

Management interviewed stated the recruitment of additional staff should improve the recording of information.

In response to the Assessment Report, the service provided the following response to each of the requirements assessed as Non-compliant, detailed below:

**Requirement 2(3)(a)** – While the service provided evidence of care plans and identification of some risk to consumers, the service also acknowledged that formal risk assessments had not been undertaken. The service acknowledged that while care plans contain a general alert for staff to contact the service should they not be able to gain a response from a consumer on a scheduled appointment, there is limited information on individual consumer requirements instead a note for staff to call 000 in an emergency. I therefore find this requirement to be Non-compliant.

**Requirement 2(3)(b)** – While the service evidenced discussion points in the assessment process relating to advanced care planning and end of life planning, the information contained in the assessment was minimal. The service advised further information will be provided to consumers at the initial assessment and information will be updated in the Client Handbook, also provided to consumers. In addition, selected staff will complete further training through Advance Care Planning Australia. The service provided a number of care plans that while there were similarities in consumer goals, I am satisfied that consumer goals were generally not individualised. In considering all of the points in this requirement, I find the requirement to be Non-compliant due to the further work identified by the service relating to advanced care planning and end of life planning.

**Requirement 2(3)(c)** – The service acknowledged improvements could be made in relation to consultation with consumers, representatives and others involved in the care of consumers, including improved record keeping. Review of the further information provided did not evidence consistent contact details recorded on care plan and/or assessment documentation, for example; general practitioner contact information. While considering the further information provided by the service, I find this requirement to be Non-compliant.

**Requirement 2(3)(d)** – The service provided further information in relation to the example above relating to ongoing care after a discharge from hospital. While acknowledging the service recorded the incident in their electronic system and a date noted for the Care Support Coordinator to meet with the consumer post discharge to reassess and update the Care Plan, no updated Care Plan was provided to evidence this meeting occurred and subsequent updates made to the Care Plan. I therefore find this requirement as Non-compliant.

**Requirement 2(3)(e)** – The service acknowledged documentation regarding communication with consumers could be improved, the recording of who is involved in the development of assessment and care plans and details of where information is sourced would be beneficial and have included this in the services Continuous Improvement Plan. While the service evidenced scheduled follow up meetings with consumers post hospital discharge and incidents, the service did not provide evidence of the outcome of these meetings or demonstrate where care plans were updated. I therefore find this requirement to be Non-compliant.

Based on the evidence sighted by the Assessment Team, further information provided by the service and acknowledging the work commenced by the service since the quality audit, the Quality Standard for the Home Care Package (HCP) service is assessed as Non-Compliant as five of the five specific requirements have been assessed as Non-Compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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. | **Non-compliant** |
| 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Non-compliant** |
| 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** |
| 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. | **Non-compliant** |
| 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. | **Non-compliant** |
| 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Non-compliant** |
| 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. | **Non-compliant** |

## Findings

The service did not demonstrate all consumers receive care that is best practice and tailored to the needs of the consumer. For example:

Documents reviewed for a consumer detailed how pain contributes to mobility issues however, no further review had been completed nor had strategies been identified to enable management of the consumers pain which was appropriate, best practice and tailored to their individual needs.

A representative interviewed stated no contact from the service had occurred since the consumers discharge from hospital despite numerous attempts by the representative to contact the service.

Review of documentation and interview with a representative of a consumer experiencing loneliness and grief following the death of a partner did not evidence provision of counselling support through the service.

Consumers with high impact, high prevalent risks to their health and wellbeing are not identified and responded to. While a care manager and management interviewed indicated the service effectively manages high impact or high prevalent risks to consumers, consumer interviews and documentation did not evidence risks are identified and investigated to prevent further harm to consumers.

The service could not demonstrate that consumers nearing the end of life would have their needs recognised, addressed, comfort maximised, and dignity preserved. Not all consumers and representatives sampled expressed confidence the service would identify, respond to and provide extra supports if required. Staff and management interviewed did not demonstrate an understanding of the clinical needs of consumers.

The service did not demonstrate that deterioration or change in a consumer’s mental health, cognition or physical function, capacity or condition is recognised and responded to in a timely manner. While care managers and management interviewed indicated there is regular contact and review of consumers following hospitalisations, change and deterioration, this was not evidenced by the service or through consumers and representatives sampled.

The service did not demonstrate information about the consumer’s condition is shared within the organisation and where others are responsible for care. For example, documents reviewed did not consistently contain background information, interests, health conditions, allergies or strategies to assist support workers providing services and care to consumers.

While a care manager interviewed described an informal referral process, the service did not demonstrate timely and appropriate referrals occur. The Assessment Team noted interviews with representatives and review of consumer documentation also confirmed timely and appropriate referrals did not occur.

The service could not evidence infection related risks to consumers are minimised and effective to prevent transmission of infections. For example:

As the service does not consistently ask why a consumer has been admitted to hospital or follow up on hospital admissions, the service potentially placed consumers and staff at risk of contracting COVID on one occasion.

Consumers are encouraged to take their own temperatures and advise the service if they are unwell. To do this, the service provided consumers with a thermometer. There was no assessment done into whether consumers are able to complete this task and some consumers did not know what was required of them.

The service did not evidence a system to monitor staff and consumer infections. However, management are confident staff knowledge and infection control is well managed at the service. The Assessment Team noted not all staff confirmed completion of infection control training, with some staff having had no training at the service.

Management interviewed did not demonstrate an awareness of consumers’ complex health care needs and said “90% of their consumers’ mainly want home care”. Management indicated any gaps in their service will be resolved with recently employed additional staff.

In response to the Assessment Report, the service provided the following response to each of the requirements assessed as Non-compliant, detailed below:

**Requirement 3(3)(a)** – The service provided further information relating to the example above regarding pain management for a consumer specifically that this consumers General Practitioner is managing the consumers pain. The service stated that the care plan for this consumer provided general statements regarding support however, there is no reference to conversations with the consumer or contact made by the service to the General Practitioner to ensure the support provided are suitable for the consumer. The service acknowledged documentation improvements are currently underway. I therefore find this requirement as Non-compliant.

**Requirement 3(3)(b)** – The service stated that risks to consumers are managed by the service with various actions noted for support workers across consumer care plans however, acknowledge that formal risk assessments will occur for all consumers to better inform the service of individual consumer requirements with improved risk records. I therefore find this requirement as Non-compliant.

**Requirement 3(3)(c)** – The service provided evidence that end of life arrangements are raised with consumers during the assessment process but that the service had not had a requirement to provide palliative care to consumers at this point. However, while information collected was not detailed, staff were able to describe how the service would work with others involved where a consumer required palliative care. Considering the further information provided by the service, I find this requirement to be Compliant and change the recommendation from the Assessment Report.

**Requirement 3(3)(d)** – While the service provided evidence of contact with consumers regarding general contact and physical deterioration, the service did not demonstrate that deterioration or change of a consumer’s mental health or cognitive function are managed in a timely manner. For example, review of two consumer records indicated that while consumers or representatives advised the service of instances of confusion were not followed up. I therefore find this requirement as Non-compliant.

**Requirement 3(3)(e)** – The service advised that notes and information is shared internally via an electronic system and noted that paper records were in progress to be transitioned into the electronic system. A care plan provided by the service as additional information indicated a consumer with potential mental health concerns could exhibit challenging behaviours when unwell however, the plan did not provide any strategies for support workers to use should these behaviours occur. I therefore find this requirement to be Non-compliant.

**Requirement 3(3)(f)** – The service evidence through consumer documentation, including care plans and client notes, that referrals occur to mainly for review by Occupational Therapists and Physiotherapists. In further evidence provided by the service, it was not clear that timely referrals occurred to support consumers for other health and allied health services, such as dietitians and mental health supports. The service acknowledged improvement could be made to ensure referrals are appropriately recorded in consumer documentation. I therefore find this requirement to be Non-compliant.

**Requirement 3(3)(g)** – The service advised that all consumers were contacted in relation to the use of thermometers to use during COVID and support workers advised how and when thermometers should be used to support consumers. While the service advised of the information provided to both consumers and staff regarding the use of thermometers, this was not reflected in comments provided by consumers and representatives. The service acknowledged that further work on identification of appropriate infection control modules against positions and monitoring of completion of training could be improved and have included this in the services Continuous Improvement Plan. The service stated client infection concerns will be monitored and included in individual care plans and is also included in the services Continuous Improvement Plan. On balance, I find this requirement to be Non-compliant.

Based on the evidence sighted by the Assessment Team, further information provided by the service and acknowledging the work commenced by the service since the quality audit, the Quality Standard for the Home Care Package (HCP) service is assessed as Non-Compliant as six of the seven specific requirements has been assessed as Non-Compliant.

# Standard 4

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

## Findings

The service did not demonstrate 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, wellbeing and quality of life. Consumer needs, goals and preferences in relation to activities of daily living is not sought by the service to optimise consumers’ independence, wellbeing and quality of life. For example, representatives for a number of consumers stated they were not aware of services available.

The service did not demonstrate they actively promote and explore each consumer’s emotional, spiritual and psychological wellbeing. Consumer files reviewed did not capture cultural and spiritual needs of consumers even though cultural, spiritual and religious needs are available on the service assessment templates.

The service demonstrated services and supports for daily living assist each consumer to participate in the community and have social and personal relationships important to them. For example, a number of care plans reviewed detailed how the service supports consumers to participate in their community and maintain relationships.

The service did not demonstrate information about the consumers condition, needs and preferences is communicated within the service and with others where responsibility of care is shared. Information about the consumer’s condition, needs and preferences is not sought and shared with others where responsibility of care is shared. Care planning documents did not consistently include risks to the consumer such as dietary and other allergies nor did they contain medical practitioner information or demonstrate sharing of information to enable appropriate support for consumers.

While the service could evidence occasions when consumers have received allied health supports such as physiotherapy and occupational therapy for equipment and safety reviews, not all consumers have timely referrals. For example,

A representative advised a consumer continues to wait for home maintenance recommendations to be supplied. While they wait, the consumer lives with bare flooring in their bedroom and has suboptimal personal care affecting their health and wellbeing.

Counselling support was not offered to a consumer when their partner passed away even though it was identified they were having issues with their mental health.

The service evidenced where equipment is provided, it is safe, suitable, clean and well maintained. The majority of consumers were satisfied with equipment provided to support them usually following occupational therapy recommendations.

In response to the Assessment Report, the service provided the following response to each of the requirements assessed as Non-compliant, detailed below:

**Requirement 4(3)(a)** – The service evidenced care plans contained information relating to individual consumer needs and preferences however, representative comments did not reflect this nor demonstrate that consumers and representatives are receiving services the enhance and optimise consumer independence, health, wellbeing and quality of life. The service acknowledged that further work could be undertaken to determine the appropriate supports for consumers demonstrating challenging behaviours. Considering the information provided, I therefore find this requirement as Non-compliant.

**Requirement 4(3)(b)** – The service evidenced via care plan information that services and supports for daily living however, the care plans reviewed did not identify how the service supports consumers should they be feeling low nor how consumers are supported emotionally and psychologically. I therefore find this requirement to be Non-compliant.

**Requirement 4(3)(d)** – The service evidenced advised that information regarding individual consumers is available to support staff via the services electronic system and demonstrated that food allergy information and risks are recorded on consumer documentation and available to support workers. While care plans provided listed medical conditions, such as schizophrenia diagnosis or dementia as examples, the care plans did not contain strategies for support workers to use to best support consumers. In considering the information provided, I therefore find this requirement to be Non-compliant.

**Requirement 4(3)(e)** – The service provided consumer documentation, including care plans and client notes, in relation to the two the examples provided above. The service evidenced the contact and progress regarding the concern about home maintenance recommendations in dot point one however, the service offered the option of respite care only to address the concern in dot point two and does not appear to have considered counselling as an option.

On balance after reviewing the Assessment Report and further information provided by the service, I find this requirement to be Compliant.

Based on the evidence sighted by the Assessment Team, further information provided by the service and acknowledging the work commenced by the service since the quality audit, the Quality Standard for the Home Care Package (HCP) service is assessed as Non-Compliant as three of the six specific requirements have been assessed as Non-Compliant. One requirement is deemed to be Not Applicable.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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** |
| 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** |
| 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | **Not applicable** |

## Findings

The service does not provide a centre-based program; therefore, this standard is deemed Not Applicable.

**Standard 6**

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| Feedback and complaints | | HCP |
| 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | **Non-compliant** |
| 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | **Compliant** |
| 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | **Non-compliant** |
| 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | **Non-compliant** |

## Findings

The service was unable to demonstrate that consumers and representatives are encouraged and supported to provide feedback and make complaints. Consumers and representatives demonstrated an overall frustration related to raising concerns with the service. While some consumers and representatives stated they feel confident raising concerns, others did not feel they were encouraged to provide feedback and complaints. For example:

A representative felt disrespected by the service and does not feel supported to provide feedback due to information in relation to an in-home occupational therapy assessment conducted over 12 months ago not being provided to the consumer and representative in a timely manner.

Consumers and representatives generally demonstrated an awareness of external avenues available for them to raise concerns and resolve complaints. Consumers and representatives said if they had any concerns, they would raise them directly with the service. Consumers and representatives did not specifically comment on the use of advocates or interpreters stating they normally have their families or representatives to assist them.

The service could not demonstrate that appropriate action is taken, and open disclosure is used, appropriate action is not taken in response to complaints and feedback from consumers and representatives. An open disclosure approach is not consistently used when things go wrong.

Complaints are not consistently recorded; therefore, the service did not evidence appropriate action is taken in response to complaints and an open disclosure process is used. For example

A review of the complaints register did not identify complaints discussed from the consumers and representatives sampled.

The service was unable to demonstrate that feedback and complaints are used to improve the quality of care and services. Management stated they do not receive many complaints and are currently not actively trending complaints data.

In response to the Assessment Report, the service provided the following response to each of the requirements assessed as Non-compliant, detailed below:

**Requirement 6(3)(a)** – The service provided a response to the example provided above and evidenced ongoing contact with the representative in this example however, indicate the service was not aware of the concerns raised by the representative to the Assessment Team. In considering the information provided to the Assessment Team and response from the service, I note that some representatives interviewed expressed frustration regarding raising concerns with the service. While the service provided a response to a number of specific examples in the Assessment Report, it is not clear the information provided by the service clearly guides consumers and representatives to raise concerns or complaints. On balance I therefore find this requirement to be Non-compliant.

**Requirement 6(3)(c)** – The service advised they are investigating systems to better enable consumers and representatives to lodge complaints and the service to analyse and report on complaints data. While acknowledging the service is working toward better management of complaints, I find this requirement to be Non-compliant.

**Requirement 6(3)(d)** – As per the information provided to address requirement 6(3)(c), the systems currently under investigation by the service will enable the service to analyse complaints data to improve service delivery. I therefore find this requirement to be Non-compliant.

Based on the evidence sighted by the Assessment Team, further information provided by the service and acknowledging the work commenced by the service since the quality audit, the Quality Standard for the Home Care Package (HCP) service is assessed as Non-Compliant as three of the four specific requirements has been assessed as Non-Compliant.

**Standard 7**

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| Human resources | | HCP |
| 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. | **Non-compliant** |
| 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **Compliant** |
| 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | **Non-compliant** |
| 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Non-compliant** |
| 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Non-compliant** |

## Findings

The service could not demonstrate the workforce is planned to enable, and the number and mix of the workforce enables the delivery and management of safe care and services. While consumers and representatives reported support workers have adequate time to complete care and support workers confirmed enough time for services, a care manager and management indicated high workloads have resulted in care and service deficits.

Support workers involved in the care of consumers were able to provide examples to demonstrate how they treat each consumer respectfully and are aware of their individual preferences, including cultural needs. However, this information is learnt from consumers not the service.

The workforce is not equipped to comprehensively assess the care and support needs of consumers to ensure consumers get safe and effective personal and clinical care. Support workers and care managers provided inconsistent knowledge in relation to medication support for consumers. Some staff said they can give medications to consumers, others could not. Management said no staff are to provide medications to consumers and will reaffirm the services policy with staff. Management provided an email copy of the services employee handbook that show nurses or staff with a certificate IV in medication administration can administer medications.

Management described difficulties recruiting and retaining staff during COVID and acknowledged the high workload for care managers. Management also said they are committed to ensuring consumer files including assessments and care plans are updated, accurate, and feel confident they now have the enough numbers and skills mix to improve the provision of quality care and services. Management were unable to evidence a consolidated staff training record and how they provide oversight that staff have completed training requirements. While most staff confirmed completing training, another said they had completed no training.

Management said performance and monitoring of staff is undertaken at 6 monthly intervals and involves review of mandatory and other assigned training completion and performance notes however, four of five support workers interviewed said they have not had a recent performance review. Two other staff had completed no training. Management were unable to provide evidence of recent completed staff performance reviews at time of audit and said completed performance reviews are not saved in the staff file.

In response to the Assessment Report, the service provided the following response to each of the requirements assessed as Non-compliant, detailed below:

**Requirement 7(3)(a)** – The service provided responses to the specific examples highlighted in the Assessment Report however, did not address the comment from a care manager and management relating to deficits in care and services due to high workloads for staff. I therefore find this requirement as Non-compliant.

**Requirement 7(3)(b)** – The service provided evidence of information relating to consumer individual needs in care planning documentation and through additional information against specific examples identified in the Assessment Report. Comments provided by representatives were consistently reflected in the service’s response. In considering the information provided in the Assessment Team report and additional information from the service, I find this requirement to be Compliant and overturn the initial recommendation in the Assessment Report.

**Requirement 7(3)(c)** – The service advised support workers can remind consumers to take their medication however, the service does not provide medication support or administration. A review of the service training plan is included in the service’s continuous improvement plan to formalize mandatory training and ensure staff have the training required to undertake their role. The service advised a review of the staff handbook will occur to ensure clarity and accuracy of information for all staff. I therefore determine this requirement as Non-compliant as evidence of completion of these activities has not been provided.

**Requirement 7(3)(d)** – The service provided a copy of the training place which detailed training undertaken, number of staff allocated to undertake the training and the number of staff completing the training. I note that no further information was provided on reasons why or further scheduling for staff who had not completed the training. As part of the training plan provided, the service also included additional modules for staff to complete and the target audience. This additional training included training in complaints management, effective communication with clients, assessment and care planning and strategies to deal with aggressive clients. While the service advised of future training, these sessions are yet to occur, and I therefore find this requirement to be Non-compliant.

**Requirement 7(3)(e)** – While the service provided evidence of several performance reviews undertaken and recorded, four of five support workers interviewed by the Assessment Team stated they had not had a recent Performance Review. The response from the service evidence five examples of staff performance reviews however did not include the role of the staff member. In the response from the service I note a reference was made to disciplinary action taken against staff who contacted consumers outside of working hours however, no reference was made in the supplied performance information provided. On balance, I find this requirement to be Non-compliant.

Based on the evidence sighted by the Assessment Team, further information provided by the service and acknowledging the work commenced by the service since the quality audit, the Quality Standard for the Home Care Package (HCP) service is assessed as Non-Compliant as four of the five specific requirements have been assessed as Non-Compliant.

**Standard 8**

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| Organisational governance | | HCP |
| 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | **Non-compliant** |
| 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. | **Non-compliant** |
| 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. | **Non-compliant** |
| 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. | **Non-compliant** |
| 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. | **Non-compliant** |

## Findings

The service did not demonstrate consumers and representatives are actively engaged in the development, delivery and evaluation of care and services in consultation with the service. Management interviewed said consumers engage through surveys and by providing feedback directly to care managers. However, consumers and representatives sampled complained the service does not always respond when they did provide feedback.

Feedback and complaints information reviewed did not evidence it is used to identify trends and the current continuous improvement plan does not include feedback from consumers and representatives.

While the Assessment Team noted varied responses from consumers and representatives as to the effectiveness of their feedback and engagement, the service has demonstrated some improvement by employing another care manager and an administration officer and have verbalised a commitment to service improvement.

The service demonstrated governance systems and processes to set the strategic direction of the service however, management did not demonstrate effective oversight and, therefore unable to evidence safe care and services for consumers.

**Information Management**

While the service demonstrated a range of information systems for document management, contract management, consumer information, feedback and risk management, the use of the systems by staff and management was inconsistently applied. Care documentation reviewed did not evidence consistent recording of progress notes with some consumers not having assessments or care planning documentation at all. The service did evidence when information is recorded, the file system supports the privacy of consumers and staff information.

**Continuous Improvement**

While the service has a continuous improvement plan, there was no input, ideas or feedback from consumers and representatives evidenced.

**Financial Governance**

Management interviewed advised home care package underspends and overspends are monitored by care managers and management. Management explained that consumers with large amounts of unspent funds were saving for equipment and anticipated need for increased service at a later date, however sample of a consumer file and feedback from a representative highlighted an instance where a consumer, with funds in their budget, has waited an extended period for Occupational Therapist recommended home modifications.

Management provided a spreadsheet detailing funding however, were unable to distinguish between NDIS and HCP funding.

**Workforce Governance**

The Assessment Team found oversight by management could be improved as per the findings in Standard 7.

**Regulatory Compliance**

Management detailed to the Assessment Team how the electronic management system used by the service sends prompts to staff to renew licenses and police checks however, on review the system had not sent prompts to all staff. While the service subscribes to the Aged Care Quality and Safety Commission bulletin, staff and management did not evidence training in the Quality Standards or evidence familiarity with the requirements.

**Feedback and Complaints**

Feedback and complaints received by phone are not captured and consistently recorded and used to improve care and services.

The service did not demonstrate effective risk management systems and practices for managing high impact, high prevalent risks and identifying and responding to abuse and neglect of consumers. While the service has an electronic risk management and feedback system, the system is not effectively used to ensure the timely follow up of incidents. Not all incidents (such as unwitnessed falls) are entered into the incident reporting system or consumers’ notes, potentially resulting in the lack of oversight and missed opportunities for analysis of incidents and response times.

The service did not demonstrate where clinical care is provided, there is a clinical governance framework for antimicrobial stewardship, minimising the use of restraint and open disclosure. An open disclosure approach could not be evidenced by the service.

Clinical care needs of consumers were not identified and monitored through assessment processes and not reported or discussed at meetings. The service does not obtain feedback or clinical reports about consumers’ clinical needs, other than intermittent occupational therapy reports.

In response to the Assessment Report, the service provided the following response to each of the requirements assessed as Non-compliant, detailed below:

**Requirement 8(3)(a)** – As per the service response for Standard 6, the service is investigating an electronic system to capture, monitor and report on feedback and complaints. The service states they were not aware of the complaint’s representatives raised with the Assessment Team however have stated that further work will be done to improve communication with consumers and representatives. While acknowledging the work committed to by the service, I find this requirement to be Non-compliant as it will take time to embed this into general practice.

**Requirement 8(3)(b)** – The service advised a Governance Committee Meeting Agenda has been developed and will ensure all relevant points are discussed relating to the provision and promotion of a culture of safe, inclusive and quality care and services and demonstrate the service is accountable for their delivery. While acknowledging the work committed to by the service, I find this requirement to be Non-compliant as it will take time to embed this into general practice.

**Requirement 8(3)(c)** – The service advised that while a new electronic file system is being implemented, there are paper records yet to be uploaded. As stated previously in this report, the improved assessment, risk planning and improved documentation regarding consumer contact stated by the service, will contribute to broader consumer records.

As stated in Standard 6, the service is investigating an electronic system that will enable analysis of complaints and feedback to inform service improvement. The service did provide a continuous improvement plan detailing planned actions and expected completion dates.

The service advised all consumer funding is allocated to individuals and the service is able to clearly define what funding is allocated to all aged care consumers with budget statements provided monthly. While acknowledging the work the service has done to review the training plan and staff handbook, there are still area for improvement as indicated in the response to Standard 7.

The service response evidence the system regarding monitoring of licenses and police checks is accurate and up-to-date. As indicated in the service response to Standard 7, the service demonstrated training regarding the Aged Care Quality Standards is included in the training plan however the training documentation provided did not clearly indicate that all staff had completed the modules.

The service has advised investigation is underway for a system to better capture, monitor and analyse complaints and feedback from consumers and representatives.

While acknowledging the work scheduled by the service, I find this requirement to be Non-compliant as the service is yet to complete a number of actions identified above in relation to this requirement. I therefore find this requirement to be Non-compliant.

**Requirement 8(3)(d)** – While the service evidenced falls risk identification occurs for consumers, broader risks and strategies where not evidenced specifically for challenging behaviours. The continuous improvement plan includes an action to review policies and procedures and ensure staff access current information, in addition to the implementation of a formal risk assessment system for consumers. While considering the planned actions identified by the service, I find this requirement to be Non-compliant.

**Requirement 8(3)(e)** – The service stated they have a clinical governance framework which has not been fully implemented and will be strengthened through the new agenda for governance meetings and will cover both organisational and clinical governance. I therefore find this requirement to be Non-compliant.

Based on the evidence sighted by the Assessment Team, further information provided by the service and acknowledging the work commenced by the service since the quality audit, the Quality Standard for the Home Care Package (HCP) service is assessed as Non-Compliant as five of the five specific requirements has been assessed as Non-Compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)