**Performance**

**Report**

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| Name: | TAC Home Care Packages |
| Commission ID: | 301066 |
| Address: | 198 Elizabeth Street, HOBART, Tasmania, 7000 |
| Activity type: | Quality Audit |
| Activity date: | 22 September 2023 to 27 September 2023 |
| Performance report date: | 15 November 2023 |

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: 2004 Tasmanian Aboriginal Corporation

Service: 27371 TAC Home Care Packages

**This performance report**

This performance report for TAC Home Care Packages (**the service**) has been prepared by N Eastwood, 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 10 November 2023.

# Assessment summary for Home Care Packages (HCP)

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

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 2**

* Requirement 2(3)(a) ensure assessments accurately reflect individual care needs, reflect clinical input and assessment by the Aboriginal Health Service and implement standardised assessment tools.
* Requirement 2(3)(b) include interventions for care needs and identified issues, as well as advance care planning discussion in assessment process.
* Requirement 2(3)(c) reflect partnership with the Aboriginal Health Service and other organisations in assessment and planning for consumers.
* Requirement 2(3)(e) ensure assessments are reviewed documented and updated as changes occur.

**Standard 3**

* Requirement 3(3)(b) implement adequate processes to identify, document and assist consumers at risk.
* Requirement 3(3)(e) ensure information is shared and received from the Aboriginal Health Service to reflect accurate consumer condition.

**Standard 5**

* Requirement 5(3)(a) ensure accessibility for consumers with mobility aids.
* Requirement 5(3)(b) implement preventative and reactive maintenance processes.
* Requirement 5(3)(c) ensure appropriate maintenance of service environment furniture and fittings.

**Standard 6**

* Requirement 6(3)(c) implement and sustain feedback and complaints process including relevant consideration to principles of open disclosure.
* Requirement 6(3)(d) demonstrate monitoring, analysis and use of feedback and complaints data to improve the quality of care services

**Standard 7**

* Requirement 7(3)(a) implement strategies to address unfilled shifts and address workforce planning.
* Requirement 7(3)(d) ensure mandatory training and induction/orientation is established as well as access to training identified through consumer and staff needs and with consideration to areas identified for improvement.
* Requirement 7(3)(e) imbed a performance review process to support performance improvement and management.

**Standard 8**

* Requirement 8(3)(a) seek input from consumers about their experiences and the quality of care and services.
* Requirement 8(3)(b) ensure Board oversight and involvement in the monitoring and analysis of incident and safety related data.
* Requirement 8(3)(c) implement processes to ensure Board:
* review and consideration of unspent funds and associated actions
* awareness of mandatory training compliance,
* strategies to address workforce planning,
* oversight and analysis of Serious Incident Response Scheme incident reporting, feedback and complaints the Board.
* Requirement 8(3)(d) implement a risk management framework.
* Requirement 8(3)(e) implement a clinical governance framework.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | 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 and representatives confirmed support workers treat them with dignity and respect and acknowledged the service attempts, where possible, to provide support workers who share their indigenous background and culture.

The service provides culturally specific services to the Aboriginal community of Tasmania. Consumers and their representatives confirmed staff understand their individual cultural needs as the staff also identify as Aboriginal. Staff demonstrated they are familiar with the cultural needs of individual consumers and a review of care documentation showed consumer preferences that support cultural safety. The Assessment Team noted a specific consumer account which supported the individual strategies in place to protect consumer privacy around certain aspects of care and the trust existing between consumer and support workers.

Staff confirmed they encourage and support consumers and their chosen representatives to discuss their choices and decisions during support services, via telephone conversations and at regular reviews. This approach was supported by a consumer account confirming changes to care arrangements due to temporary location were accommodated by the service.

Consumers and representatives generally described their confidence that the service would continue to work with them to manage any risks identified and respect their decisions when choosing to continue living with risk. Staff discussed that potential risks are discussed with the consumer and ensure aspects of the risk and strategies to manage the risk is explored. Management confirmed this as an area for improvement and have recently implemented a dignity of risk process and updates to the electronic management system to include a home risk assessment.

Consumers and representatives generally confirmed information regarding the supports and services they receive is current, accurate, timely and easily understood. An updated information pack for new consumers included advocacy information, charter of aged care rights booklet and fee schedule. The Assessment Team reviewed examples of monthly consumer statements which included services billed and the relevant date and cost.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with this standard.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Not Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Not 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. | Not Compliant |

Findings

I am satisfied based on the Assessment Team’s report and the approved provider’s response that the service does not comply with Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(e) and as a result does not comply with Standard 2. I am satisfied the service complies with Requirement 2(3)(d).

Requirement 2(3)(a):

While consumers and representatives indicated they receive the care and services they require, staff confirmed they are generally not aware of consumer medical or clinical needs, as information is not routinely shared by the neighbouring Aboriginal Health Service (AHS) relied on for clinical care needs. Validated clinical tools are not currently used to aid in consumer assessment. Consumer ‘support plans’ were noted to contain conflicting information and lacked detail regarding risks related to clinical issues and treatments. There was evidence of staff understanding of consumer personal circumstances, however support plans lacked information regarding identified high risk issues, associated interventions and existing support mechanisms.

Management acknowledged that standardised assessment tools were not utilised, indicating that clinical issues were left to the management of the AHS. Management identified the lack of routine information sharing and assessment processes as areas for improvement. The Assessment Team sighted a newly developed ‘wellness and reablement assessment’ which will incorporate information on clinical issues, key risks, and the outcomes of standardised assessments.

Requirement 2(3)(b):

Consumers and representatives confirmed their current needs are met or services are in the process of being organised. However, support plans did not always capture current needs nor interventions for identified issues. Staff indicated advance care planning is discussed with consumers, however evidence of discussion and supporting documentation could not be located in consumer files. The Assessment Team noted a specific consumer example where direct care planning information was inconsistent with current care needs and failed to consider clinical, social and nutritional aspects required or in place to support the delivery of care. The service confirmed that where external services were engaged to provide care these considerations were not included in the assessment and planning process.

The Assessment Team noted the development of a welcome pack which includes advance care planning information; however, confirmation was obtained from a consumer demonstrating the existence of end-of-life planning which had not been requested.

While I note the provision of clinical care through an external health service, assessment and care planning conducted by the service requires reference to the services in place to support adequate consideration to the current needs, goals and preferences.

Requirement 2(3)(c):

The service demonstrated partnership with consumers in assessment and planning, although the Assessment Team noted it did not demonstrate partnership with other organisations and programs involved in consumer care. Most significantly, it was evident to the Assessment Team that there was a lack of regular communication and planning with the Aboriginal Health Service (AHS), responsible for clinical assessment and care for most HCP consumers. Staff at the service identified this as a significant issue and management outlined relevant continuous improvement plans to address this including a standing agenda item regarding high-risk consumers which has been introduced to the weekly care coordination meetings. The Assessment Team noted the absence of active engagement with other organisations or providers in care planning, nor the incorporation of assessments or service provision by others into care planning documents.

Requirement 2(3)(e):

Staff outlined regular review of consumer support plans but were uncertain of whether they should review care plans following events such as hospital admissions. A review of 16 support plans demonstrated 5 had not been reviewed within the required 12-month time frame, and a significant number were found to contain outdated information. Examples of changes to consumer circumstances which had not prompted review included death of a spouse, hospitalisation, new medical issues with planned hospitalisation, the commencement of palliative care, and changes to service delivery.

The Approved Provider submitted a response (the response) indicating the service has developed and implemented a comprehensive Assessment tool known as Wellness and Reablement Assessment, including supplementary assessment tools such as falls risk (FROP) and Caregiver Strain Index, Medication, Psychogeriatric Assessment Scale, Skin Integrity and Pain Management. They have also developed a New Wellness and Reablement Care Plan which includes any clinical care requirements as well as Supplementary assessment tools.

I acknowledge the response provided by the Approved Provider and the initial steps to address some of the deficits identified by the Assessment Team. The response provides an overview of the steps commenced to establish an improvement in practise, however, does not individually address the non-compliance with the requirements or timeframes to ensure the actions are implemented, imbedded and evaluated.

In relation to compliance with Requirement 2(3)(d)

Consumers were aware of their current services, when they are provided, and which support worker attends. While support planning documentation requires improvement related to the level of detail available, all consumers had a support plan on file. Most consumers could not recall whether they have a support plan or had been offered a copy, but a review documentation demonstrated most consumers had signed the document. Staff advised consumers are offered a copy, and that consumer support plans, and other documentation are accessible via the electronic devices.

# 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. | Not Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Not 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. | Not Compliant |

Findings

I am satisfied based on the Assessment Team’s report and the approved provider’s response that the service does not comply with Requirements 3(3)(b) and 3(3)(e) and as a result does not comply with Standard 3. The Assessment Team recommended I am satisfied the service complies with Requirements 3(3)(a), 3(3)(c), 3(3)(d), 3(3)(f) and 3(3)(g).

Requirement 3(3)(b):

A number of consumers were identified as at increased risk of social, physical and mental health contributors. Staff demonstrated knowledge of those at risk however interventions and risk management strategies such as offering to connect consumers with appropriate support services were not always evident in consumer files. Safety planning with consumers with consideration to identified risks were not evident. Information related to key risks and associated management strategies was generally not available under the ‘important information for staff’ section of consumer files although support staff could outline interventions, they provide within consumer homes to reduce certain risks such as falls. The Assessment Team noted there are no clinical policies at the service, an incident, accident and near miss policy and procedure was provided, but does not provide guidance for staff in relation to falls or falls risk management.

Requirement 3(3)(e):

The service did not demonstrate effective documentation of consumer conditions and needs within the organisation, nor adequate communication of information with others where responsibility for care is shared. While consumers did not express concern regarding the adequacy of information sharing, staff in the south of the state said they do not always have current information regarding consumer needs and services, and that the service operates quite separately to the Aboriginal Health Service (AHS) which also provides significant care to their consumers. Significant clinical and risk information was absent from some consumer files. The Assessment Team noted a specific example of recent alterations to care provision incorporating an external additional service which was not documented or communicated to all staff.

The Approved Provider submitted a response (the response) indicating the Aboriginal Health Service (AHS) has provided Psychogeriatric Assessment Scale (PAS) training for Registered nurses to enable completion of PAS assessments within the Aboriginal community.

I acknowledge the response provided by the Approved Provider and the initial steps to address some of the deficits identified by the Assessment Team. The response provides an overview of the steps commenced to establish an improvement in practise, however, does not individually address the non-compliance with the requirements or timeframes to ensure the actions are implemented, imbedded and evaluated.

In relation to compliance with the remaining Requirements:

Limited clinical care is currently provided to consumers of the service. All other clinical care for consumers is provided by the Aboriginal Health Service or other external medical professionals and services. While there are no consumers receiving personal care, consumers expressed confidence that personal care could be accessed if needed.

The Assessment Team noted the inconsistencies available in the evaluation of the provision of care provided by external services, however overall, the consumer feedback supported the care provided is adequate to support their needs.

While management and other staff expressed a view that with current staffing levels, skills, and training, the service is not currently equipped to meet the needs of consumers nearing the end of life, there was evidence to support adequate referrals and support is provided to ensure consumer comfort and dignity. The Assessment Team noted positive feedback from a consumer related to the identification of palliative care and services received. Care plan documentation was not always current, although there was supporting progress note entries available to reflect the involvement of external medical and clinical care. Staff provided examples of previous interactions with a palliative consumer to support emotional wellbeing.

Most consumers expressed confidence that staff would notice changes or deterioration in their condition. Staff described potential indicators of deterioration which was supported by records which reflected changes in consumer presentations, escalation to care coordinators, or the AHS. The Assessment Team noted an example of recent change to a consumer condition with relevant reporting and escalation evident which resulted in medical review.

A number of consumers reported having been assessed by occupational therapists for assistance with mobility and equipment needs. Staff described frequent and easy referral to the AHS by telephone, in response to changes in consumer condition which was reflected in consumer file documentation.

While all consumers sampled for this requirement expressed satisfaction with the infection control measures utilised by support workers visiting their homes, the Assessment Team noted the absence of consideration to actively demonstrate an awareness of antimicrobial stewardship. Consumers provided examples of infection control practices performed by staff and their use of personal protective equipment at the time of attendance.

Management advised that the service currently has no practices in place to promote appropriate antibiotic prescribing and use as these services are provided by the AHS. I note that absence of a clinical governance framework which would further identify this as an area for improvement and training. Notwithstanding this, given the current responsibility falls to the AHS to provide all aspects of clinical care, antibiotic related prescribing and infection screening is considered under the control of the AHS and their relevant protocol.

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

Findings

Consumers described receiving social support, domestic assistance, occupational therapy assessment, and equipment which supports them to remain living in their own homes. Consumers spoke of staff waiting with them at medical appointments and travelling significant distances to facilitate contact with family. They provided examples of support workers delivering services in ways that support independence, and support workers outlined how they do this. Support plans recorded service needs and consumer personal histories, but not always preferences in relation to service delivery. The Assessment Team noted specific examples where preferences for gender specific care was made as well as additional equipment provision and access to social supports.

Staff demonstrated awareness of consumer emotional and psychological vulnerabilities and spoke of listening to consumers, talking with them, and respecting their needs for privacy as a way of protecting their emotional well-being. A review of care documentation demonstrated the provision of this support, although care coordinators advised that sometimes sensitive information is not recorded in accordance with personal preference.

Consumers confirmed the service supports them in their social and personal relationships, maintaining connection with community, and engaging in activities they enjoy. Staff outlined support for consumers to travel to see family, spend time with family, and engage with social opportunities. Staff confirmed they can access information regarding services to be delivered via the online clinical system which includes care plans and rosters outlining scheduled visits. Staff also confirmed verbal updates are provided by care coordinators when necessary. Consumer needs were generally captured in care plans, including important social connections and activities.

Care coordinators explained that based on consumer needs, the service makes referrals to an indigenous legal service, occupational therapists, and another local aboriginal organisation which offers an elders group, men’s shed, and exercise group.

Consumers were satisfied with the equipment the service has assisted them to access. While staff and management confirmed there is no policy in relation to cleaning or maintenance of equipment, support workers outlined cleaning, basic checks, and action taken if maintenance needs become apparent. Occupational therapy referrals were evident for a number of consumers, leading to recommendations regarding suitable equipment.

Service management advised during the Quality Audit that a social support group is conducted at the TAC’s North West office. They advised food is served during these gatherings but that the group has been set up informally, as a result this requirement was not applicable.

# 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 Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Compliant |

Findings

I am satisfied based on the Assessment Team’s report and the approved provider’s response that the service does not comply with Requirements 5(3)(a), 5(3)(b) and 5(3)(c) and as a result does not comply with Standard 5.

Requirement 5(3)(a):

The Assessment Team noted that an informally organised social support group was provided by the service in the North West of the state. The Assessment Team requested further information including photographs of the service environment, however no further information was received. Management acknowledged they do not have complete oversite of the group social supports and the informal program is currently suspended while gaining a complete understanding of this group and how it operates. While the social group service environment could not be observed by the Assessment Team, management advised they have identified access and egress issues for consumers requiring mobility aids.

Requirement 5(3)(b):

Management advised the Assessment Team they do not yet understand how maintenance is managed at the site of the social support group and did not demonstrate a test and tag register, advising there is currently no maintenance register for the site. The Assessment Team also observed a fleet vehicle, staff demonstrated the vehicle log and maintenance application used to log the use of and report maintenance and damage, however there was no first aid kit available.

Requirement 5(3)(c):

The Assessment Team noted managements confirmation of the suspension of the social support program as a result of concerns about the service environment, lack of maintenance records and documented maintenance processes to guide staff.

The Approved Provider submitted a response addressing a number of the Assessment Teams observations, however, did not include information related to this standard for consideration, as a result this standard is not met.

# 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. | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

I am satisfied based on the Assessment Team’s report and the approved provider’s response that the service does not comply with Requirements 6(3)(c) and 6(3)(d) and as a result does not comply with Standard 6.

Requirement 6(3)(c):

The service did not demonstrate appropriate action was taken in response to complaints or that an open disclosure process is used when things go wrong. Four of 6 consumers said they were confident the service would effectively follow up and take appropriate action when they made a complaint, however 2 consumers were not confident that appropriate actions were taken when they provide feedback. Staff were not sure where to record a complaint in the electronic management system but did indicate it would be recorded in the progress notes. Management confirmed the service does not have a complaint register or other systems in place to accurately capture and record consumer complaints. While the service has a procedure to guide staff to manage feedback and complaints the document does not describe open disclosure and staff were not aware of this principle.

Requirement 6(3)(d):

The service did not demonstrate that it monitors, analyses and uses feedback and complaints data to improve the quality of its care services. Consumers were not confident that the service reviews their feedback to improve the quality of care and services. Management confirmed the feedback and complaints process is under development and there is not a current system to analyse and identify trends to contribute to service improvements. The service also did not identify, or report incidents categorised as Serious Incident Response Scheme (SIRS) incidents to the Aged Care Quality and Safety Commission.

The Approved Provider submitted a response (the response) to the deficits identified by the Assessment Team indicating that training had been provided related to SIRS reporting and incident management, a new incident management system has been implemented to better assist with trending and analysis, a compliments and complaints register has been created and regular meetings commenced to discuss incidents and SIRS reporting.

I acknowledge the response provided by the Approved Provider and the initial steps to address some of the deficits identified by the Assessment Team. The response provides an overview of the steps commenced to establish an improvement in practise, however, does not individually address the non-compliance with the requirements or timeframes to ensure the actions are implemented, imbedded and evaluated.

In relation to compliance with the remaining Requirements:

The organisation has a complaints and feedback policy and procedure to guide and support staff. Feedback and complaints are listed on the organisation’s continuous improvement plan. The organisation conducted a ‘consumer survey’ in July 2023. Consumers in the southern region were interviewed with areas suggested for improvement related to communication from the service, both formal and informal.

Care coordinators discussed how they have connected consumers to external advocacy groups and dispute resolution services. Support workers and Care coordinators described their knowledge of consumers who experience difficulties with reading and writing, and the methods they use to support these consumers, such as scribing when required. There is a consumer handbook which contains information and brochures for consumers and staff of their rights to an advocate and assists them with feedback and complaints through external agencies such as the Department of Health and the Aged Care Quality and Safety Commission.

# 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. | Not 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. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant |

Findings

I am satisfied based on the Assessment Team’s report and the approved provider’s response that the service does not comply with Requirements 7(3)(a), 7(3)(d) and 7(3)(e) and as a result does not comply with Standard 7.

Requirement 7(3)(a):

The service did not demonstrate it has effective systems in place to fill unexpected staff absences and ensure there is sufficient staff allocated to each shift to delivery safe and quality care and services. Staff reported most of the support workers are casually employed which impacts on the mix and number of support workers available on any given day. Management confirmed the ongoing staffing challenges and the Assessment Team noted 100 unfilled shifts in on the previous roster. A review of consumer satisfaction survey results demonstrated impact to service provision and noted the unreliability of the services available.

Requirement 7(3)(d):

Staff confirmed they do not have an opportunity to engage in performance discussions to raise training needs or role challenges and formal supervision and/or coaching of staff and support workers does not occur. Management explained that the service has a licence with an online training platform for all mandatory training but stated staff have not completed training using this platform for over 2 years. There is a subcontractor register to track subcontractor agreements and the service is in the process of developing an orientation package for new employees. The service did not provide evidence that staff participate in induction and training relevant to their role or participated in ongoing formal staff training.

Requirement 7(3)(e):

Management described the review process for staff performance has not been occurring for the past 2 years. Three of 4 consumers said their feedback about staff performance is only sought during care review. Staff described a level of informal contact with management in regard to their day-to-day performance, however said they have not participated in any formal performance appraisals for some time. Management confirmed they do not currently conduct annual performance appraisals or reviews; they rely on staff feedback identifying their training needs.

The Approved Provider submitted a response (the response) to the deficits identified by the Assessment Team indicating the development of induction/orientation for new staff with a greater focus on the aged care program, training related to Serious Incident Response Scheme reporting and the implementation of annual performance reviews and performance management processes.

I acknowledge the response provided by the Approved Provider and the initial steps to address some of the deficits identified by the Assessment Team. The response provides an overview of the steps commenced to establish an improvement in practise. It is unclear to which cohort of staff training has been provided and the response does not individually address the non-compliance with the requirements or timeframes to ensure the actions are implemented, imbedded and evaluated.

In relation to compliance with the remaining Requirements:

The service demonstrated workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Four of 4 consumers confirmed that staff including subcontracted staff, are gentle, kind and caring when providing care and services. This was supported by the Assessment Teams observations and specific consumer account.

Most consumers confirmed they are satisfied that staff including subcontracted staff, know how to do their job when providing care and services. Management described the service’s processes to determine staff competency and capability at recruitment and ongoing. The service has also recently developed and implemented a process to record and monitor probity, insurance, staff qualifications and vaccinations including a service agreement for regarding subcontracted services.

# 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. | Not 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. | Not 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. | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Not Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not Compliant |

Findings

I am satisfied based on the Assessment Team’s report and the approved provider’s response that the service does not comply with Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) and as a result does not comply with Standard 8.

Requirement 8(3)(a):

Consumers confirmed they participated in a recent survey, however prior to this they had not been involved in any other formal evaluation of services. Whilst survey results demonstrated that consumers were not satisfied with service methods of communication and low staffing levels, the service did not demonstrate how this information was analysed and whether any results informed service development and improvements. Management described avenues for individual consumer feedback such as during care planning and assessment processes, however the service has no formal avenue to actively seek broad input from consumers about their experiences and about the quality of care and services.

Requirement 8(3)(b):

While the service provides culturally specific home services to consumers from a culturally specific background, it did not demonstrate that the governing body promotes and is accountable for the delivery of a culture of safe, inclusive, quality care. The service systems are not effective in capturing information to demonstrate how the service is accountable for the delivery of safe, inclusive quality services. Whilst incident data is collected, the service did not demonstrate they analyse and use this to understand safety related issues and how the Board is informed. Management indicated that whilst weekly meetings with care coordinators are occurring regularly, the service does not have guidance from the board on how to report formally on performance data.

Requirement 8(3)(c):

The service did not demonstrate it has effective organisation wide governance systems in place for managing and governing all aspects of care and services in relation to information management, continuous improvement, workforce governance, regulatory requirements and feedback and complaints.

Information about consumer clinical condition, advanced care and end of life preferences, is not documented and communicated within the organisation and with others. Assessment and care planning information is not always documented, including where risk to consumers was identified. The service has a suite of existing policies and procedures, however care coordinators reported they were unaware of where to access them. Feedback and complaints analysis and trending is not captured in the Plan for Continuous.

There is no Board reporting of unspent funds and actions to address this. Mandatory training is not in place for existing staff, there were no strategies to address extensive staffing shortages and vacant shifts, and there was inadequate knowledge to support appropriate Serious Incident Response Scheme incident reporting. Although consumers reported they feel supported to provide feedback and make complaints, the service does not have a feedback and complaints register or mechanisms to analyse, trend or report data to the Board.

The Assessment Team noted the effective systems in place to support regulatory compliance and financial governance.

Requirement 8(3)(d):

The service does not have a risk management framework or current risk management policies and processes for managing high-impact or high-prevalence risks associated with the care of consumers Management described the organisation’s process for identifying risks associated with the care of consumers and putting strategies in place to manage is informed through their risk and vulnerability assessment, which is completed at intake and determines the time frame for review based on consumer risk. Management and staff described current strategies to assist with the identified increased falls risks.

Requirement 8(3)(e):

The organisation did not demonstrate a clinical governance framework is in place which includes antimicrobial stewardship, restrictive practices, and open disclosure. Although clinical care is provided through the Aboriginal Health Service (AHS), the organisation did not demonstrate how the service monitors the clinical care provided by the AHS. The service does not have policies for antimicrobial stewardship, restrictive practices and open disclosure.

There is no current system to support information sharing between the AHS and the service, restraint does not form part of the services initial or on-going assessments and there is no formal process for identifying deterioration and responding appropriately when clinical issues occur. There are policies and procedures related to COVID outbreak management, however there are no processes to manage other infectious conditions.

The Approved Provider submitted a response (the response) to the deficits identified by the Assessment Team indicating implementation of weekly meetings to discuss at risk consumers with the AHS, formalisation of monthly meetings to discuss training, incident management, SIRS, any new policies and procedures and any concerns. Development of a clinical governance framework and plan for continuous improvement and commencement of a monthly newsletter to consumer. A review of policies and procedures is taking place to ensure compliance with current legislation and the development of a Quality Care Advisory Board as part of organisational compliance.

I acknowledge the response provided by the Approved Provider and the initial steps to address some of the deficits identified by the Assessment Team. The response provides an overview of the steps commenced to establish an improvement in practise, however, does not individually address the non-compliance with the requirements or timeframes to ensure the actions are implemented, imbedded and evaluated.

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)