**Performance**

**Report**

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| Name: | The Carers Home Care Service |
| Commission ID: | 500251 |
| Address: | 4 Milson Place, O'CONNOR, Western Australia, 6163 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9337 Westend Management Australia Pty Ltd  
Service: 27042 The Carers Home Care Service

**This performance report**

This performance report for The Carers Home Care Service (**the service**) has been prepared by M Glenn, 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 consumers, representatives, staff and management; and
* the provider’s response to the assessment team’s report received 4 December 2023;
  + the response included commentary directly relating to deficits identified in the assessment team’s report, as well as supporting documentation. The response also included a plan for continuous improvement (PCI) which included identified issues, planned actions, completion dates and outcomes.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **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 1 requirement (3)(c)**

* Review processes relating to supporting consumers to exercise choice and make decisions about how and when their care and services are delivered and ensure their choices and decisions are respected.

**Standard 2 requirements (3)(a) and (3)(e)**

* Ensure consumer care plans are reflective of consumers’ current and assessed needs and preferences and risks to consumers’ health and well-being are identified and management strategies developed to enable staff to provide quality care and services.
* Ensure consumer care plans are reviewed for effectiveness and/or updated, including in response to incidents and change in consumers’ circumstances, to ensure they are reflective of consumers’ current and assessed needs and preferences to enable staff to provide quality care and services.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.

**Standard 3 requirement (3)(e)**

* Ensure information relating to consumers’ personal and clinical care needs is documented and effectively communicated to others where responsibility for care is shared, including contracted service providers.

**Standard 6 requirement (3)(d)**

* Review processes to ensure all feedback and complaints monitored, reviewed and analysed to enable emerging trends and improvement opportunities to be identified.

**Standard 7 requirement (3)(e)**

* Ensure regular assessment, monitoring and review of the performance of each staff member is undertaken to enable any training and development needs to be promptly identified, planned for and supported.

**Standard 8 requirements (3)(a), (3)(c), (3)(d) and (3)(e)**

* Review processes relating to how consumers are supported and engaged in the development, delivery and evaluation of care and services more broadly and ensure feedback gathered through current avenues is considered in the development, delivery and evaluation of care and services overall.
* Review the organisation’s governance systems in relation to information management.
* Review the organisation’s risk management processes in relation to managing high impact or high prevalence risks, managing and preventing incidents, and supporting consumers to live the best life they can.
* Review the organisation’s clinical governance framework in relation to minimising use of restrictive practices.

**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. | Non-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**

The Quality Standard is assessed as non-compliant as one of the six requirements assessed has been found non-compliant. The assessment team recommended requirements (3)(c) and (3)(e) not met.

**Requirement (3)(c)**

The assessment team were not satisfied each consumer is supported to exercise choice and independence. Several consumers and representatives stated the service’s communication processes sometimes make them feel their choices and preferences are not being respected. When times of care calls or staff are changed, they are not consulted or informed, reducing their sense of control over care planning. Management stated consumer decisions about how they want their care to be delivered are considered in the context of organisational priorities. Consumers’ preferences for specific times for service delivery are not routinely documented in care plans as the service does not commit to uphold these. Management stated as personal care visits have to take preference in a morning, consumers are not supported to have domestic assistance early morning, and stated they would always discuss what they consider to be unreasonable expectations directly with consumers and their representatives. Management said many consumers have cognitive impairment and the service always liaises with the family and does not speak directly to the consumer about making decisions about care and service delivery.

The provider’s response indicates they do not agree with the assessment team’s findings. The response included supporting documentation to demonstrate involvement of consumers with cognitive impairment in decisions relating to their care and services, information gathered through admission processes relating to persons consumers wish to be involved in planning of their care needs; and a Charter of Aged Care Rights signed by a consumer. The provider states clinical and personal care services are priorities over domestic assistance when there are limited resources, however, this will be communicated to consumers and alternate service times offered.

I acknowledge the provider’s response. However, I find while consumers are able to make decisions about their own care, their choices relating to how care and services are delivered are not routinely respected. The provider’s response indicates clinical and personal care services are prioritised over domestic assistance when there are limited resources. However, I have placed weight on feedback from management highlighted in the assessment team’s report indicating consumers’ decisions about how they want their care to be delivered are considered in the context of organisational priorities, and information indicating consumers’ preferences for specific times for service delivery are not routinely documented in the care plan as the service does not commit to uphold these. This does not demonstrate consumers’ choices and decisions are respected or that the service takes reasonable steps to find alternative options to assist consumers’ needs and preferences to be met.

For the reasons detailed above, I find requirement (3)(c) in Standard 1 Consumer dignity and choice non-compliant.

**Requirement (3)(e)**

The assessment team were not satisfied information provided to each consumer is communicated in a way that is clear, timely and inclusive of their partners in care. Two representatives said delays in scheduling communication or cancellations has directly impacted them or the consumer, and two representatives said requests for a copy of their families roster/schedules for services was declined, with the service directing them to the consumer’s home to access the roster. The HCP agreement contains conflicting information, stating the service manages sub-contractor services, when the service maintains it is the responsibility of the consumer to manage these services. One representative reported their family member did not have the cognitive capacity to manage a sub-contractor service, and multiple requests for them to be included in communication were unsuccessful. One consumer has been charged for an allied health service that attended whilst they were in hospital.

I have come to a different view from the assessment team’s recommendation of not met and find the service compliant with this requirement. While I acknowledge feedback provided by four representatives, I do not consider this demonstrates systemic issues with the provision of information overall. Fifteen consumers and/or representatives provided feedback during the quality audit. In coming to my finding, I have placed weight on the provider’s response which included actions taken in response to deficits highlighted in the assessment team’s report subsequent to the quality audit. Consumers and/or representatives have been informed of the introduction of a recently introduced online client portal where they can access to client schedules, and the HCP agreement has been reviewed. The provider has also acknowledged it is their responsibility to manage sub-contractor services and to notify them when a consumer is unavailable for these services. Additionally, the provider’s response indicates where possible, consumers are informed of changes to services as early as possible.

For the reasons detailed above, I find requirement (3)(e) in Standard 1 Consumer dignity and choice compliant.

**In relation to all other requirements in this Standard**, consumers felt staff delivering care and support services treat them with respect, take time to get to know them and provide care in a culturally appropriate and safe manner. Recruitment processes and training assist staff to understand how to deliver care that is respectful of consumers’ identity, culture and diversity. There is an emphasis on ensuring staff build rapport and trust with consumers. If consumers express a preference for specific staff, this is identified, recorded and used to influence rostering. Where appropriate, staff are matched to consumers from similar cultural backgrounds. Staff were familiar with consumers’ backgrounds, diversity and culture, and described how they assess a consumer’s needs, wants and preferences when they first meet them to ensure they provide care that is culturally safe.

Consumers have choice to undertake activities which involve risk to enable them to live their best lives. Management and staff said discussions are held with consumers relating to risks and strategies to mitigate risks. However, whilst consumers are supported to make independent choices around activities which involve risk, there are currently no processes to record if and when conversations occur with consumers, supports and any risk mitigation strategies to support consumers in safely navigating risk and informing staff of supports in place. This has been further considered in my finding for requirement (3)(a) in Standard 2. There are processes to ensure consumers’ privacy is respected, and personal information is kept confidential.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b), (3)(d) and (3)(f) in Standard 1 Consumer dignity and choice compliant.

**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. | Non-compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant |

**Findings**

The Quality Standard is assessed as non-compliant as two of the five requirements assessed have been found non-compliant. The assessment team recommended requirements (3)(a), (3)(b), (3)(d) and (3)(e) not met.

**Requirement (3)(a)**

The assessment team were not satisfied care plans included personalised strategies to minimise risk of harm to consumers. Risks relating to changed behaviours and falls were not clearly identified or documented in care files sampled, and strategies to support staff to deliver safe and effective care when risks were identified were not evident. While some staff described strategies that had been effective in managing a consumer’s changed behaviours, this was not communicated to all staff. Management stated as they are a small organisation, all staff know consumers, are aware of any potential risks, and staff call the office if they need any information or advice about how to manage any risks to consumers’ health or well-being.

In coming to my finding, I have also considered evidence presented in requirement (3)(b) in Standard 3 and the provider’s response relating to a consumer at risk of choking. The response included a client information sheet, as well as a speech pathology report.

The provider accepted the assessment team’s recommendations. The provider’s response states the service is currently transitioning to an electronic system and acknowledge some information, such as risk mitigation strategies are currently limited on the new care plan. An action has been added to the PCI in response, including the addition of a new behaviour support plan component to care plans for consumers with identified behaviours.

I acknowledge the provider’s response. However, I find care plans do not provide sufficient information to guide staff in the management of consumers’ identified risks. While assessments were found to identify risks to consumers’ health and well-being, strategies to minimise risk had not been identified or documented in care plans to assist staff in the provision of safe and effective care. I have also considered while a client information sheet for a consumer identified at risk of choking has been updated subsequent to the quality audit and includes requirement for meal assistance, the sheet does not include all of the speech pathologist’s recommendations to ensure the consumer’s safety during meals is maintained. As such, I find the inconsistencies care planning have the potential to impact on the effective delivery of care and services, particularly where staff delivering care are not familiar with consumers’ care and service needs.

I acknowledge the provider has submitted a PCI to remedy the deficits identified, and planned completion dates have been set. However, I consider time will be required to establish efficacy, staff competency and improved consumer outcomes with the planned actions related to this requirement.

For the reasons detailed above, I find requirement (3)(a) in Standard 2 ongoing assessment and planning with consumers non-compliant.

**Requirement (3)(b)**

The assessment team were not satisfied care plans consistently captured consumers’ preferences, there was sufficient information to inform the way in which care and services were to be delivered, and key information in relation to advance care planning was routinely captured. Several representatives stated preferences for time of service and specific staff did not always seem to be captured, communicated or honoured by the service. Care files did not consistently include the time of care and gender of care staff for personal care. Care plans included limited information relating to how care and services should be delivered, and consumer preferences for advance care planning were not clearly documented in the care plan or routinely known to staff at the point of care.

I have come to a different view from the assessment team’s recommendation of not met and find the service compliant with this requirement. I do not consider the evidence presented demonstrates systemic deficits in relation to this requirement. The provider’s response indicated all consumers are asked about their preferences and advance care planning information is provided and discussed with consumers on assessment. Documentation included in the response demonstrated consumers’ preferences for care and information relating to advance care planning had been captured. I have also considered evidence included in the assessment team’s report indicating all consumers and representatives interviewed stated staff discuss consumers’ needs with them and explain the options for service delivery. Care plans identified consumers’ current area of concern, goals, and wishes, and what services could be provided to address the concern. The provider’s response also states staff are not guided by time preferences recorded in care plans, but rostered according to consumers’ specific time preferences. While I acknowledge the provider’s response relating to consumers’ specific time and staff preferences for care, I have considered this evidence in my finding for requirement (3)(c) in Standard 1.

For the reasons detailed above, I find requirement (3)(b) in Standard 2 ongoing assessment and planning with consumers compliant.

**Requirement (3)(d)**

The assessment team were not satisfied outcomes of assessment and planning are effectively communicated to consumers and documented in a care plan that is readily available to the consumer. While consumers described involvement in ongoing discussions and care plan reviews, several reported not getting a physical copy of their care plan. Management stated with the introduction of the new electronic system, consumers have not been routinely provided with a copy of the care plan, however, a copy can be provided if requested. There was no evidence to show if changes are made to care plans following a consumer review, consumers and their representatives are advised in writing.

I have come to a different view from the assessment team’s recommendation of not met and find the service compliant with this requirement. In coming to my finding, I have placed weight on information included in the provider’s response demonstrating that subsequent to the quality audit, all consumers have been provided with a copy of their current care plan and goals. Evidence was also provided to demonstrate care plan documents had been emailed to consumers/representatives prior to the quality audit. I have also considered that while the assessment team assert there was no evidence to demonstrate consumers and representatives are advised in writing of changes to care plans, there was limited evidence to support this assertion and to demonstrate this is a systemic issue.

For the reasons detailed above, I find requirement (3)(d) in Standard 2 ongoing assessment and planning with consumers compliant.

**Requirement (3)(e)**

The assessment team were not satisfied processes ensure care and service plans are up-to-date and meet consumers’ current needs when there are changes in a behaviour. The following evidence has been considered in my finding:

* For a consumer experiencing increased changed behaviours and pain, there was no evidence a holistic assessment was offered or conducted by the service to identify the impact these changes may have on the consumer’s overall well-being and on the ability of staff to deliver safe and effective care. The care plan lacked detail in relation to recognising and managing changed behaviours, resulting in social support being ceased as behaviours increased.
* A care plan for a consumer experiencing increasing changed behaviours did not include strategies to support staff to manage this behaviour or to consider action if the behaviour escalated. A comprehensive assessment had not been conducted to evaluate the care being provided and to assess the impact of changed behaviours on the ability of staff to continue to deliver safe and effective care.

The provider’s response states there is evidence changes in behaviour resulted in care plan changes, and included client information sheets for the two consumers highlighted, both dated subsequent to the quality audit. The response acknowledges there is opportunity for improvement to ensure there is better information on the care plan to mitigate risk after a change in consumers’ status.

I acknowledge the provider’s response. However, I find the service did not ensure care and services were regularly reviewed for effectiveness in response to changes in consumers’ condition. While both consumers highlighted experienced increased changed behaviours and/or pain, assessment processes were not undertaken to identify changes to care and service needs and to inform updates to care plans to guide staff in provision of care. As such, I find this has not ensured care plans are current, that care and services are being delivered in line with consumers’ current needs and preferences or that risks to consumers are minimised.

For the reasons detailed above, I find requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**In relation to requirement (3)(c)**, consumers and, as appropriate, representatives were found to be involved in the planning of the care and services. Consumers are supported to access external service providers by sharing their goals and preferences in accordance with the service’s obligations relating to privacy of information. All consumers and representatives interviewed said they initially met with a care manager to discuss consumers’ specific needs in order to set up the care and services plan together. All stated they can easily contact the care manager or someone in the office on an ongoing basis to discuss changes to consumers’ needs.

Based on the assessment team’s report, I find requirement (3)(c) in Standard 2 Ongoing assessment and planning with consumers compliant.

**Standard 3**

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

**Findings**

The Quality Standard is assessed as non-compliant as one of the seven requirements assessed has been found non-compliant. The assessment team recommended requirements (3)(a), (3)(b) and (3)(e) not met.

**Requirement (3)(a)**

The assessment team were not satisfied safe, effective, tailored clinical care is provided to each consumer. A care file for one consumer highlighted an allergy to a product which caused swelling. In October 2023, the service brokered out twice weekly wound care to an external nursing agency. A report received by the service from the brokered service in late October 2023 showed dressings containing the product were being used. Three days post the report, service staff documented the consumer had related swelling. The next day, the consumer notified the brokered service they were allergic to the product. Management stated as they were not providing the actual wound management, this was an issue for the brokered nursing team and oversight was not the responsibility of the service.

The provider did not agree with the assessment team’s findings indicating the service has clearly stated that based on assessment of the consumer’s needs, wound care is currently provided by a contracted service. The response indicates it was acceptable, despite oversight by the provider’s registered nurse through nursing reports, that the contractor used a clinical reasoning process to determine the suitability of the product after concern was raised. Despite the consumer having a history of an allergic reaction to the product, there was no prior indication that these types of dressings were contraindicated. The provider also states previous case notes identify recommendation from a wound specialist to continue using the product based wound dressings.

I have come to a different view from the assessment team’s recommendation of not met and find the service compliant with this requirement. For the consumer highlighted, the evidence presented demonstrates wound care is being undertaken and wound progression monitored. I have considered, however, information exchange processes, specifically relating to the consumer’s allergies were not effective and have considered this evidence in my finding for requirement (3)(e) in this Standard. In coming to my finding, I have considered evidence included in the assessment team’s report indicating consumers and representatives interviewed felt consumers get the personal care they need and provided examples of where it is tailored to their needs and optimises their well-being. Additionally, care staff described how they provide safe personal care, tailored to the needs and preferences of consumers.

For the reasons detailed above, I find requirement (3)(a) in Standard 3 Personal care and clinical care compliant.

**Requirement (3)(b)**

The assessment team were not satisfied high impact or high prevalence risks, such as falls, swallowing deficits, and changed behaviours are effectively managed as strategies to support staff to mitigate risks and direct safe in effective care were not identified or documented. Staff described how they support a consumer with impaired swallowing and what to do if a consumer has a fall.

The provider did not agree with aspects of the assessment team’s report stating risks are clearly identified, and in most cases, mitigation strategies identified. The provider also indicated staff training to support staff in an area of risk for one highlighted consumer has occurred.

I have come to a different view from the assessment team’s recommendation of not met and find the service compliant with this requirement. I have considered the evidence presented highlights deficits in documentation and not provision of care, and does not demonstrate high impact or high prevalence risks relating to consumers’ care are not effectively managed. The evidence does, however, indicate deficits in assessment and planning process as they relate to areas of risk and, as such, I have considered the evidence and the provider’s response in my finding for requirement (3)(a) in Standard 2. In coming to my finding for this requirement, I have considered evidence in the assessment team’s report demonstrating consumers and representatives were satisfied with the care consumers receive. Staff were able to describe the main risks for sampled consumers and documentation showed validated risk assessment tools are used and consumers are referred allied health and specialist service providers for assessment.

For the reasons detailed above, I find requirement (3)(b) in Standard 3 Personal care and clinical care compliant.

**Requirement (3)(e)**

The assessment team were not satisfied communication systems were effective to assist the workforce to provide and coordinate care that respects consumer choices and ensures safe, effective, and consistent care is provided. The service mainly relies on verbal communication which is not always documented in the care plan. Management stated all staff know to phone the office if they need any information or advice about a consumer’s care. One consumer experienced an increase in changed behaviours and pain. Following a behaviour incident in August 2023 while the consumer was travelling in a car, actions implemented were not clearly documented for all carers. This resulted in another carer taking the consumer out in the car in September 2023 where their behaviour again escalated.

In coming to my finding, I have also considered evidence presented in requirement (3)(a) of this Standard and the provider’s response relating to a consumer’s allergy not being effectively communicated with a contracted service.

The provider did not agree with the assessment team’s recommendations. The response indicated actions taken in response to the incident involving the consumer in August 2023 were communicated to staff, however, despite this a carer mistakenly proceeded to take the consumer out in the car against the direction of clinical staff. A clinical assessment dated August 2023 included in the response indicates ‘carers informed in regard to not taking (the consumer) out in the car until further notice’.

I acknowledge the provider’s response, however, I find information about consumers’ condition, needs and preferences was not effectively communicated and documented. While the provider’s response included messaging provided to care staff in response to a consumer’s initial incident, the messaging was dated eight days later and one day after the second incident. There was no evidence included in the provider’s response to demonstrate the directive was documented in the consumer’s care plan used by staff to guide provision of care and services at the time of the incident or of the messaging. I have also considered while management stated they were well aware of a consumer’s sensitivities/allergies to a product, use of the product for wound care by a contracted service was not identified through the regular reports received. The consumer was later identified with a possible related reaction and they informed the contracted service of the allergy. While I am unable to comment on the assessment processes of the contracted service, I do not agree with service management’s comment that this was an issue for the contracted nursing team and oversight was not the responsibility of the service. I find the service’s information exchange processes with other providers of care have not been effective in this instance. As such, I have considered the workforce does not consistently have access to accurate information to enable coordination and delivery of safe and effective personal and/or clinical care or to reduce risk of harm to consumers.

For the reasons detailed above, I find requirement (3)(e) in Standard 3 Personal care and clinical care non-compliant.

**In relation to all other requirements in this Standard**,the service demonstrated an understanding of the importance of recognising the needs, goals and preferences of consumers nearing the end of their life, maintaining their dignity and comfort, and respecting their cultural preferences. Management described processes that would be followed to ensure appropriate support was provided to the consumer, including involvement of external palliative care specialists and liaising closely with the consumer’s general practitioner and family. Staff described how they are planning to have a conversation with one consumer and their family who is currently experiencing a deterioration in their general condition, demonstrating an understanding of what information is important to enable the consumer to receive care in accordance with their wishes.

Deterioration or change of a consumer’s mental health, cognitive or physical function or condition capacity is recognised and responded to in a timely manner. Staff are clear about their roles and responsibilities, including identifying and reporting signs of deterioration. Where required, referrals are made to general practitioners and/or allied health professionals in response. Consumers and representatives are confident in the service’s ability to respond appropriately in the event of a change or deterioration, including assisting them to access assessments from external health care professionals. Representatives described receiving regular communication from staff in relation to incidents that had occurred or where staff had noticed changes in the consumer’s condition.

There are effective systems, supported by policies and procedures, to minimise infection related risk, and staff have received training in use of personal and protective equipment. A register is maintained of all consumers receiving antibiotics to enable tracking and monitoring of infections. Clinical staff stated if concerns are raised by care staff or consumers and their representatives in relation to possible infection, they liaise with the consumer and their representatives and advise a general practitioner a referral is needed. The clinical team would then monitor the outcome of the medical assessment.

Based on the assessment team’s report, I find requirements (3)(c), (3)(d), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care compliant.

**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)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

**Findings**

Consumers and representatives are satisfied consumers receive safe and effective services and supports for daily living that meets their needs, goals and preferences and optimises their independence, well-being and quality of life. Consumers also stated staff are kind and support them when they feel down. Staff identified consumers experiencing periods of low mood and supports provided. In addition to formal assessments of mood and referral to specialist services, staff described how they build trust with consumers to enable them to identify when consumers need support with their psychological well-being. Consumers were also found to have opportunities to do things that are meaningful to them and care staff described supports provided to enable consumers to participate in the community and to maintain social relationships.

Consumers and representatives said care staff know what consumers like to do and things that interest them. Care files demonstrated information about consumers’ daily living supports are communicated within the organisation and with others where responsibility is shared, and referrals to appropriate individuals, where required, are initiated in a timely manner. Staff said they have access to information about consumers’ needs and preferences through care plans accessed via their mobile phone or hard copy care plans in the consumer’s home.

Consumers are satisfied the service makes referrals to appropriate providers of other services when required. Staff were able to describe the process for identifying when and how to make referrals to other providers, and documentation showed referrals are initiated and followed up. There are processes to ensure equipment used by consumers is safe, suitable, clean and well maintained. All equipment is assessed for by a professional and purchased by the consumer and/or their representatives. Staff stated they would contact the office for information and advice if they had any concerns about equipment in a consumer’s home.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

**Standard 6**

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

**Findings**

The Quality Standard is assessed as non-compliant as one of the four requirements assessed has been found non-compliant. The assessment team recommended requirements (3)(c) and (3)(d) not met.

**Requirement (3)(c)**

The assessment team were not satisfied there were supports for the workforce to appropriately action and respond to complaints. This included policies, procedures and review practices to seek feedback from consumers and representatives on if they were happy with the complaint handling and resolution practice. Two consumers did not feel the service’s responses to complaints were completely truthful and one representative stated repeated requests to be included in all communication for their family member had still not been actioned. The complaint register did not note if consumers had been advised of investigation and resolution of their complaints. Management stated as they are a small office, there are no defined responsibilities for complaints management and the person managing the complaint is responsible for all aspects of managing that complaint.

The provider did not agree with the assessment team’s recommendation. The provider’s response indicates where a consumer makes a compliant, they are always contacted to acknowledge the complaint and advised it will be investigated and they will be notified of the outcome. The provider accepted that open disclosure needs to be clearly documented and this has been added to the PCI. The provider states each complaint is reviewed by the management team weekly to ensure all actions are completed, and the new operations manager will now have oversight to ensure all complaints and feedback are closed out.

I have come to a different view from the assessment team’s recommendation of not met and find the service compliant with this requirement. While I acknowledge feedback provided by three consumers and/or representatives, I do not consider this demonstrates systemic issues with the overall feedback and complaints system as it relates to actioning feedback and complaints and open disclosure. Fifteen consumers and/or representatives provided feedback during the quality audit. The two consumers highlighted indicated care staff and the service’s responses to complaints raised differed, with the provider’s response stating care staff do not have the full picture, which I acknowledge. Additionally, feedback from the representative does not appear to have been raised as a complaint, rather a request. In coming to my finding, I have also considered evidence in other Standards and requirements indicating the service supports a culture where consumers are encouraged and supported to provide feedback and complaints, and on most occasions it is actioned appropriately. This included three consumers who felt the service acted on any complaints they had raised in the past, and two consumers whose feedback, including one whose feedback had been submitted by a staff member, relating to the conduct of staff resulted in those staff members ceasing to provide care and services to them.

For the reasons detailed above, I find requirement (3)(c) in Standard 6 Feedback and complaints compliant.

**Requirement (3)(d)**

The assessment team were not satisfied there are systems and processes to analyse and review complaints and feedback, including how trends inform continuous improvement in the provision of safe and effective quality care. Management stated due to the structure of the office, whilst there was no formal process for reviewing complaints information, all senior positions were aware of trends and solutions and improvements were discussed at weekly meetings. Consumers interviewed were not aware of any business improvements the service had or was in the process of implementing.

The provider’s response indicates they do not agree with the assessment team’s recommendation. The response included team meeting minutes from October 2023 to demonstrate exerts of the compliments, complaints register are reviewed weekly. The response also included a complaint which resulted in a business improvement.

I acknowledge the provider’s response. However, I find feedback and complaints were not reviewed and used to improve the quality of care and services. While I acknowledge team meeting minutes provided demonstrate complaints and compliments are discussed weekly, the minutes did not demonstrate the data is routinely analysed month on month to identify emerging trends and enable improvements to the quality of care and services more broadly to be identified and implemented. The provider’s response for requirement (3)(a) in Standard 8 states the service does not currently document trends and analysis of feedback data, however, asserts patterns and outcomes are discussed at the weekly team meetings. I have also considered evidence highlighted in Standard 8 requirement (3)(a) of the assessment team’s report indicating that while a continuous improvement plan is maintained, the plan does not demonstrate improvements identified by consumer driven feedback. As such, I find the service has not actively used avenues available to them to enable improvements to the quality of care and services overall to be identified.

I acknowledge the provider has submitted a PCI to remedy the deficits identified, and planned completion dates have been set. However, I consider time will be required to establish efficacy, staff competency and improved consumer outcomes with the planned actions related to this requirement.

For the reasons detailed above, I find requirement (3)(d) in Standard 6 Feedback and complaints non-compliant.

**In relation to requirements (3)(a) and (3)(b)**, consumers stated they are confident to contact the service for issues, felt supported by care staff to access support and advocacy services, and were aware of how to escalate concerns if they were not being addressed, including to the Commission. Consumers are informed of ways in which to lodge formal and informal feedback and complaints and of advocacy services through provision of an admission pack. Staff described how they support consumers to raise issues and concerns with the service, including through lodging complaints to the service on the consumer’s behalf, and how they would support a consumer to access advocacy services.

Based on the assessment team’s report, I find requirements (3)(a) and (3)(b) in Standard 6 Feedback and complaints compliant.

**Standard 7**

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

**Findings**

The Quality Standard is assessed as non-compliant as one of the five requirements assessed has been found non-compliant. The assessment team recommended requirement (3)(e) not met.

**Requirement (3)(e)**

The assessment team were not satisfied the workforce, including sub-contracted and brokered services, is regularly reviewed. The service is reliant on consumer feedback and incidents to identify learning needs or areas for concern relating to staff performance. Management said they do not have processes in place to review staff performance who were not identified through incidents or feedback. Management said feedback on staff performance is sought from each consumer as part of the review process and acknowledged there may be gaps with vulnerable consumers who do not wish to complain or provide feedback about services. Two staff did not know what a performance assessment was and had not had any discussion around their performance, learning needs or goals, but had received positive feedback passed on from consumers they cared for directly. Two staff had not had any performance reviews since commencement or been scheduled to have a review in foreseeable future.

The provider’s response states the service has previously identified that performance reviews have been performed as an informal process triggered by an event, and there is evidence of staff having appraisals in the past, however, current staff have not had appraisals completed. These have now been scheduled with plans to have them all up to date by the end of December 2023. The provider also states contractors are routinely reviewed during consumer reviews, however, have added an action to the PCI for contractors to be reviewed at least annually or as the need arises. A consumer survey has also been developed to seek feedback on contracted services.

I acknowledge the provider’s response. However, I find ongoing monitoring and regular review of the performance of each member of the workforce was not demonstrated. In coming to my finding, I have considered the intent of the requirement which expects the performance of all members of the workforce is to be regularly evaluated to identify, plan and support any training and development needs. In coming to my finding, I have placed weight on feedback provided by staff demonstrating regular performance review and development processes have not been undertaken and the reliance on consumer feedback and incidents to identify learning needs or areas for concern relating to staff performance.

I acknowledge the provider has submitted a PCI to remedy the deficits identified, and planned completion dates have been set. However, I consider time will be required to establish efficacy, staff competency and improved consumer outcomes with the planned actions related to this requirement.

For the reasons detailed above, I find requirement (3)(e) in Standard 7 Human resources non-compliant.

**In relation to all other requirements in this Standard**, the workforce was found to be planned to enable, and the number and mix of members of staff deployed enables the delivery of kind and respectful care. Potential new consumers and consumers with changing care needs are discussed at the weekly management meeting, which includes discussions relating to resource management. Staff felt they had the time to do their job and they regularly provide care and services to the same consumers. Consumers did not feel rushed through their services and said they were often able to have staff of their preference.

The workforce was found to provide care that is caring and respectful of consumers’ identity. Consumers reported that the majority of care workers are providing respectful care. Carers are allocated to consumers’ preference, where possible, and staff described how they provide care in line with consumers’ wishes and cultural identity. Consumers are happy with their carers, and where they had identified a staff member who was not providing care they considered to be appropriate, the service had removed them from their roster.

Consumers felt care staff are adequately trained and had the skills to perform their roles effectively. The service maintains a register of staff qualifications and clearances and prompts staff to renew applicable qualifications as required. Sub-contracted staff with the appropriate skills and qualifications are engaged where the service’s permanent workforce cannot meet the care and service needs of its consumers. Sub-contractor agreements shows the service requires businesses and sole traders to provide evidence of appropriate skills and qualifications before being approved to provide services.

Staff are supported during onboarding through buddy shifts with an experienced staff member. Feedback is sought by management from both the new and experienced staff members regarding the new staff member’s confidence and skill level prior to scheduling them on independent care shifts. The service engages independent training organisations to undertake professional development with staff and mandatory annual refresher training is undertaken.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 7 Human resources compliant.

**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. | Non-compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-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. | Non-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. | Non-compliant |

**Findings**

The Quality Standard is assessed as non-compliant as four of the five requirements assessed have been found non-compliant. The assessment team recommended all five requirements in Standard 8 not met.

**Requirement (3)(a)**

The assessment team were not satisfied an organisation wide approach to involve consumers in developing, delivering and evaluating their care and services was demonstrated. While undertaken in the past, surveys are not currently conducted and other planning for consumer feedback for the purpose of driving improvement opportunities against key performance areas is not undertaken. Whilst feedback from individual consumers is sought during care plan reviews, feedback is not analysed and trended to inform and direct continuous improvements into how the service delivers care and services to consumers at an organisational level. The PCI does not include any improvements identified by consumer feedback. Three consumers said the service had not engaged them in a census or feedback forum to contribute to business improvements.

The provider did not agree with the assessment team’s recommendation. The provider states the service relies on feedback forms, client assessment and reviews, feedback to staff and direct contact with consumers to give consumers the opportunity to input into the service and guide improvements to service delivery. The provider asserts these are appropriate forms of engagement for a small service of 50 consumers. The provider also states the service does not currently document feedback data trends and analysis, however, patterns and outcomes are discussed at weekly management meetings. The response states a client survey is an added improvement that the service will implemented.

I acknowledge the provider’s response. However, I find consumers have not been supported or provided with sufficient opportunities to engage with the organisation in the development, delivery and evaluation of care and services overall. I acknowledge consumers can provide feedback through feedback processes, and assessment and care review processes. However, surveys to gauge consumers’ satisfaction with care and services and identify improvement opportunities are not currently conducted, and while the provider asserts patterns and outcomes of feedback data are discussed weekly, complaints data is not analysed or trended to enable improvements to the quality of care and services more broadly to be identified and implemented. As such, I find this has not ensured consumers’ experience and the quality of care and services provided has been considered in the development, delivery and evaluation of care and services from an organisational level.

For the reasons detailed above, I find requirement (3)(a) in Standard 8 Organisational governance non-compliant.

**Requirement (3)(b)**

The assessment team were not satisfied the governing body demonstrated embedded processes to review and set priorities to improve performance of the organisation against the Quality Standards. An internal review completed in 2023 self-identified deficiencies against the Quality Standards. The service has commenced implementing a suite of policies and procedures to guide staff in the delivery of culturally safe, inclusive and quality care, which were still in development, review and implementation phases. Information is not captured for the purpose of analysis and trending to be provided to the governing body for monitoring and implementing improvements at an organisational level. The service’s PCI demonstrates organisational governance is under development, including strategic and diversity action plans.

I have come to a different view from the assessment team’s recommendation of not met and find the service compliant with this requirement. In coming to my finding, I have placed weight on the provider’s response which acknowledges organisational governance is under development, and there is a commitment to have this completed in December 2023 as part of an overall governance review. The self-assessment, completed prior to the quality audit, highlighted key improvement initiatives which are underway to strengthen systems in this area. Weekly governance meetings occur to ensure services are delivered safely and inclusively, and a quality review committee is being developed to provide governance in the area of incident management. A strategic plan for 2023 outlines the organisation’s vision, and identifies strengths, weaknesses, opportunities, goals and objectives. I acknowledge that data is not being consistently captured for the purpose of analysis and trending to ensure the governing body is apprised of emerging trends to identify improvement opportunities. I have considered this in my finding for requirements (3)(a) and (3)(d) of this Standard, specifically as it relates to feedback and complaints and clinical incident data.

For the reasons detailed above, I find requirement (3)(b) in Standard 8 Organisational governance compliant.

**Requirement (3)(c)**

The assessment team were not satisfied effective governance systems were demonstrated. The service was actively in the process of implementing governance systems at the time of the quality audit and developing a suite of polices and associated procedures and practices to support staff which had yet to be imbedded into everyday governance practices. Staff were unaware of policies in existence or where they may be accessed. Management described how financial limitations had affected the ability to allocate resources prior to 2023 to a position that had overarching responsibility for governance and compliance, resulting in a delay of governance implementation.

The provider’s response states there is a plan in place and work underway to increase capability and support in this area. Policies and procedures are available to staff on request and will be more widely available through a controlled document system in the future. The planned completion date on the PCI for this action is noted as February 2024.

I acknowledge the provider’s response. However, I find effective organisation wide governance systems, specifically in relation to information management, were not demonstrated. Policies and procedures to guide staff practice and provision of care and services were under development and had not been embedded into everyday practice. Staff were unaware of policy documents or how these could be accessed. Additionally, information in care plans sampled was not consistently reflective of consumers’ current care needs and preferences and did not include sufficient information to minimise consumers’ identified risks. I have also considered that data, such as feedback and complaints, and staff performance is not being effectively maintained to enable accurate reporting, trending and analysis to occur or improvements in the provision of care and services to be identified at site or organisational level.

While the assessment team indicated governance systems were not effective and were being implemented at the time of the quality audit, the evidence presented does not demonstrate this has impacted the organisation’s governance systems overall. I have considered outcomes of Standard 6 and 7 indicate effective governance relating to workforce and feedback and complaints, and there is evidence to demonstrate the organisation has processes, while not consistently consumer driven, for continuous improvement. There is no evidence to suggest the organisation is not aware of or not complying with legislative or regulatory requirements, and while I acknowledge evidence indicating financial limitations in allocating resources to a position prior to 2023, there is no evidence demonstrating impacts to financial governance systems overall.

For the reasons detailed above, I find requirement (3)(c) in Standard 8 Organisational governance non-compliant.

**Requirement (3)(d)**

The assessment team were not satisfied risk management systems and practices were effective. While an incident register is maintained, the service stated they do not need to do individual root cause analysis on incidents for the purpose of identifying areas of risk and reduce and/or avoid repeated or similar incidents. The service stated this was not required as risk assessments are undertaken on each individual consumer. Embedded policies and supports to guide staff in assessing, documenting and mitigating high impact or high prevalence risks and capturing risk mitigation strategies and supports were not demonstrated. This included risks for six individual consumers related to falls, choking and skin integrity. The incident management policy is in draft form. Embedded processes to support staff in identifying and mitigating risks, as well as consultation with consumers to support them to live their best lives were not demonstrated.

The provider’s response states an incident form has been created and communication provided to staff about correct incident management. Incidents are reviewed individually, including root cause analysis during weekly management meetings, and a report to analyse incidents and feedback data for ongoing improvement will be completed on a monthly basis. Additionally, a quality review committee is being developed to provide governance in the area of incident management. Processes to support consumers to live their best lives will be part of the governance framework which is currently under development.

I acknowledge the provider’s response. However, I find effective risk management systems and practices in relation to managing high impact or high prevalence risks, supporting consumers to live the best life they can and managing and preventing incidents were not demonstrated. I have considered high impact or high prevalence risks have not been monitored overall to enable emerging trends to be identified and timely actions to be implemented. While consumer risks are identified through assessment processes, strategies to minimise risks were not routinely documented limiting the service’s ability to monitor for effectiveness. I have also considered that management and staff have not demonstrated effective processes to prevent and manage incidents.The service statedindividual root cause analysis on incidents for the purpose of identifying areas of risk is not undertaken, and while the provider stated this is considered at weekly meetings, evidence to demonstrate this was not included in the response. I find this has not ensured that all incidents are identified or analysed to assist to identify trends and opportunities for improvement or risks to consumers’ health and well-being are minimised and/or eliminated. Furthermore, while consumers are supported to make choices relating to risks they wish to take, consultation with consumers relating to risks and agreed upon strategies to mitigate risks are not routinely documented.

For the reasons detailed above, I find requirement (3)(d) in Standard 8 Organisational governance non-compliant.

**Requirement (3)(e)**

The assessment team were not satisfied effective clinical governance system, specifically relating to antimicrobial stewardship and minimising the use of restraint were demonstrated. Management responsible for governance stated restrictive practices was not applicable for home service environments and it is a decision for the family if they wish to implement a restriction. There were no established processes to support staff in identification of restrictive practices and their responsibilities if a restraint was in place for consumers they provided care service and support to. The open disclosure policy was generic and did not clearly outline responsibilities and expectations for staff.

The provider’s response states PCIs are in place for policies and procedures on restraint and open disclosure as part of the clinical governance framework. Additionally, open disclosure is currently in place with complaints and incident management.

I acknowledge the provider’s response. However, I find the organisation’s clinical governance framework is not effective, specifically in relation to minimising use of restraint. It is expected that organisations have systems in place on how restraints are used. While management stated restrictive practices is not applicable for home service providers, management and staff should have some understanding of the types of restrictive practices and related risks to inform conversations from a risk perspective with consumers and representatives relating to use of restrictive practices.

In relation to open disclosure, while I acknowledge the issues highlighted in relation to policy documents, there is no evidence to demonstrate management and staff are not aware of open disclosure principles or that open disclosure is not practiced. As noted in requirement (3)(c) in Standard 6, the provide accepts that open disclosure needs to be clearly documented and have added this the PCI. I also acknowledge the provider’s intended actions to incorporate open disclosure into the clinical governance framework.

For the reasons detailed above, I find requirement (3)(e) in Standard 8 Organisational governance non-compliant.

**In relation to requirements (3)(a), (3)(c), (3)(d) and (3)(e)**, I acknowledge the provider has submitted a PCI to remedy the deficits identified, and planned completion dates have been set. However, I consider time will be required to establish efficacy, staff competency and improved consumer outcomes with the planned actions related to these requirements.

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