The CareSide

Performance Report

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| **Address:** | 384 Rokeby Road SUBIACO WA 6008 |
| **Phone:** | 1300 854 080 |
| **Commission ID:** | 500246 |
| **Provider name:** | The Care Side Pty Ltd |
| **Activity type:** | Quality Audit |
| **Activity date:** | 7 June 2022 to 9 June 2022 |
| **Performance report date:** | 14 July 2022 |

# Performance report prepared by

M Murray delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

**Services included in this assessment**

**Home Care:**

* Home Care Package Services, 26974, 384 Rokeby Road, SUBIACO WA 6008

**CHSP:**

* Domestic Assistance, 4-DPFIU6V, 384 Rokeby Road, SUBIACO WA 6008

# Overall assessment of Service/s

|  |  |  |
| --- | --- | --- |
| Standard 1 Consumer dignity and choice | HCP | Not Compliant |
| CHSP | Compliant |
| Requirement 1(3)(a) | HCP | Not Compliant |
|  | CHSP | Compliant |
| Requirement 1(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 1(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 1(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 1(3)(e) | HCP | Not Compliant |
|  | CHSP | Compliant |
| Requirement 1(3)(f) | HCP | Compliant |
|  | CHSP | Compliant |
|  |  |  |
| Standard 2 Ongoing assessment and planning with consumers | HCP | Not Compliant |
| CHSP | Not Compliant |
| Requirement 2(3)(a) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 2(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 2(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 2(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 2(3)(e) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
|  |  |  |
| Standard 3 Personal care and clinical care | HCP | Not Compliant |
| CHSP | Not Applicable |
| Requirement 3(3)(a) | HCP | Not Compliant |
|  | CHSP | Not Applicable |
| Requirement 3(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Applicable |
| Requirement 3(3)(c) | HCP | Compliant |
|  | CHSP | Not Applicable |
| Requirement 3(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Applicable |
| Requirement 3(3)(e) | HCP | Compliant |
|  | CHSP | Not Applicable |
| Requirement 3(3)(f) | HCP | Compliant |
|  | CHSP | Not Applicable |
| Requirement 3(3)(g) | HCP | Compliant |
|  | CHSP | Not Applicable |
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| Standard 4 Services and supports for daily living | HCP | Compliant |
| CHSP | Compliant |
| Requirement 4(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(f) | HCP | Not Applicable |
|  | CHSP | Not Applicable |
| Requirement 4(3)(g) | HCP | Compliant |
|  | CHSP | Compliant |

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| Standard 5 Organisation’s service environment | HCP | Not Applicable |
| CHSP | Not Applicable |
| Requirement 5(3)(a) | HCP | Not Applicable |
|  | CHSP | Not Applicable |
| Requirement 5(3)(b) | HCP | Not Applicable |
|  | CHSP | Not Applicable |
| Requirement 5(3)(c) | HCP | Not Applicable |
|  | CHSP | Not Applicable |
|  |  |  |
| Standard 6 Feedback and complaints | HCP | Not Compliant |
| CHSP | Compliant |
| Requirement 6(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 6(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 6(3)(c) | HCP | Not Compliant |
|  | CHSP | Compliant |
| Requirement 6(3)(d) | HCP | Compliant |
|  |  |  |
| Standard 7 Human resources | HCP | Not Compliant |
| CHSP | Compliant |
| Requirement 7(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 7(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 7(3)(c) | HCP | Not Compliant |
|  | CHSP | Compliant |
| Requirement 7(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 7(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |
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| Standard 8 Organisational governance | HCP | Not Compliant |
| CHSP | Not Compliant |
| Requirement 8(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 8(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 8(3)(c) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 8(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 8(3)(e) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Quality Audit report received 5 July 2022.
* Consumer survey responses and complaints resolution information held by the Commission 2021/2022.

# STANDARD 1 Consumer dignity and choice

# HCP Not Compliant CHSP Compliant

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and representatives said staff providing care to consumers are respectful and supportive.

The service demonstrated care and services are culturally safe. Staff understand what it means to deliver culturally safe care and they were able to describe what this means in practice. The service considers and supports consumer’s cultural needs and preferences when providing care in consultation with the consumer and representative.

The service demonstrated consumers and their representatives are supported to exercise choice and independence. Consumers confirmed they are able to discuss their choices and who they would like to be involved in discussions about their care and services. The service documents decisions about others involved in decision making. Staff provided examples of where they support consumers to make choices, remain connected and maintain current relationships.

Consumers said they are encouraged to do things independently and staff support their decisions. Care staff provided examples of how they support the consumer to take risks to do the things important to them.

Consumers sampled with Home care packages were dissatisfied with the approach of office based staff and gave examples of disrespectful interactions. These consumers also had challenges receiving timely and accurate information to support their care choices.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one or more of the Requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as all of the Requirements have been assessed as Compliant

**Assessment of Standard 1 Requirements**

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| --- | --- | --- |
| Requirement 1(3)(a) | HCP | Not-Compliant |
|  | CHSP | Compliant |

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

Findings

The Assessment Team interviewed a sample of consumers on their experience of interactions with staff and their views on whether these interactions are respectful.

While consumers said staff delivering care and services are respectful, when dealing with office based staff, the consumers sampled said staff were disrespectful and calls, emails and enquiries went unanswered.

The Approved Provider submitted a survey for review. Survey feedback notes consumers providing positive and negative feedback on their interactions with office based staff, and dissatisfaction extending to interactions with care coordination staff.

The Approved Provider’s response notes a telephone system upgrade has occurred, and the disrespectful behaviour identified is isolated and a performance management plan is in place.

I acknowledge the Approved Provider has self-identified the issue raised by the Assessment Team and taken action.

I am persuaded by the consumer feedback that they felt a lack of respect following interactions with staff, and am satisfied this extends to more than one staff member.

Based on the evidence (summarised above) the Approved Provider does not comply with this Requirement for Home care package consumers.

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| Requirement 1(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

### *Care and services are culturally safe.*

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| --- | --- | --- |
| Requirement 1(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

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| --- | --- | --- |
| Requirement 1(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

### *Each consumer is supported to take risks to enable them to live the best life they can.*

The Assessment Team’s evidence states consumers said they are encouraged to do things independently and staff support their decisions. Staff described how they support the consumer to take risks and do the things that are important to them. The Assessment Team are satisfied that support staff are able to describe how they support consumers to live their best life.

I have considered the deficits the Assessment Team outline in risk management assessment for Home care package consumers in my finding of non-compliance in Standard 2(3)(a).

Based on the evidence (summarised above) I am satisfied the Approved Provider complies with this Requirement for Home care package consumers.

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| --- | --- | --- |
| Requirement 1(3)(e) | HCP | Not Compliant |
|  | CHSP | Compliant |

*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.*

Findings

Consumers sampled told the Assessment Team they did not have timely, accurate information to make informed choices, and provided examples of delays in relevant information being communicated.

Consumer feedback included difficulties receiving information following their enquires to the service, and having to follow up on issues multiple times.

The Approved Provider’s response argues that the way they provide information to consumers meets this Requirement, and evidence relied upon by the Assessment Team is based on too small a sample and too narrow a focus.

The Approved Provider notes that some of the Assessment Team’s evidence relates to third parties, such as hospital discharge teams, equipment hire organisations and Government funding bodies. As such, some delays in information which consumers’ expressed frustration obtaining is outside of the Approved Provider’s control.

I acknowledge that the delivery of home services is a complex environment, however, in my view the onus is on the Approved Provider to consider these complexities and adjust how they provide information to individual consumers.

Where consumers engage with a separate organisation for service delivery or a consumer is being discharged from hospital, information about the progress of these events is still relevant to the Approved Provider to the extent that it impacts the care and services delivered by the provider.

Consumers were most dissatisfied with information relating to payment of invoices and monies remaining, which presented challenges to the consumer in budgeting and making choices about how to plan their care and services.

Based on the evidence (summarised above) the Approved Provider does not comply with this Requirement for Home care package consumers.

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(f) | HCP | Compliant |
|  | CHSP | Compliant |

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers

# HCP Not Compliant CHSP Not Compliant

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The service has processes in place to undertake assessment and planning of care and services in partnership with the consumer and others the consumer wishes to be involved.

The majority of consumers and representatives were satisfied with the assessment and planning process. However, some consumers said their needs had been assessed primarily over the telephone and were not always understood.

Where appropriate, other organisations and providers of care are involved in assessment and care planning processes.

A review of documentation showed validated assessment tools are not generally used and risks to consumers are not always identified through the assessment and planning process.

Care plans are not always sufficiently detailed to provide staff with information to guide the delivery of safe and effective care and it was unclear if reviews are occurring in a timely manner when incidents or a change in circumstance occurs.

The service does not discuss advance care planning and end of life planning with consumers.

Staff described a consumer directed care approach and ways they consult with consumers, representatives and others involved in consumer care. All consumers and representatives expressed satisfaction with the support they receive and the level of involvement they choose in the ongoing management of their care and service provision.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one or more of the Requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as one or more of the Requirements have been assessed as Non-compliant].

**Assessment of Standard 2 Requirements**

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| Requirement 2(3)(a) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*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.*

Findings

The Assessment Team interviewed care staff who advised that they complete a client care assessment to inform the delivery of care services, however the Assessment Team found these were not always fully completed. Further the service is not using validated assessment tools to inform risks which need to be managed when delivering care. Risks identified by the Assessment Team while sampling consumers’ files included swallowing difficulties, falls, diabetes management, catheter care, medication management and complex health needs.

The Assessment Team were advised when a level of risk for a consumer is determined by the service, the primary source of evidence is the experience of the care manager rather than the use of validated clinical assessment tools.

The Approved Provider’s response included attachments of risk assessments undertaken for consumers, however these were not for consumers who the Assessment Team had reviewed.

The Approved Provider notes that the majority of their care coordinators are registered nurses and competent at assessment based on their experience. The service is also committed to improving its recording of what is discussed at care planning (risks and benefits), what options were given, which decision is made by the consumer and/or their representative, and what options were considered but not chosen.

I acknowledge the planned continuous improvement actions of the Approved Provider.

Based on the evidence (summarised above) the Approved Provider does not comply with this Requirement. At the time of the audit, risks to individual consumers were not being adequately assessed.

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| Requirement 2(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*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.*

The Assessment team report evidences consumers are not provided an opportunity to engage in discussions about advance care planning if they wish to do so. Consumers interviewed were not aware that they have the opportunity to have these conversations with their service provider.

Care co-ordination staff advised the Assessment Team that while the organisation’s policy outlines that this discussion should occur as part of the admission process, the care coordination staff do not seek this information.

The Approved Provider’s response notes the service has now introduced advance care planning and end of life panning into the initial care assessment.

I acknowledge the Approved Provider’s actions to provide consumers an early opportunity to have these conversations.

Staff will need some time to receive the appropriate training and embed these discussions as part of the assessment process.

Based on the evidence (summarised above the Approved Provider does not comply with this Requirement. At the time of the audit the service did not ask consumers if they wished to have an advance care plan and/or an end of life plan discussion.

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| Requirement 2(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

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| Requirement 2(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

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| --- | --- | --- |
| Requirement 2(3)(e) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*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.*

The Assessment Team found care plans are not promptly reviewed when an incident occurs, in particular a discharge from hospital, and outlined two examples. In one example following the consumer being discharged, the next care plan review occurred approximately a month later and for the second consumer, four months after they left hospital.

The Assessment Team brought this to the attention of the Approved Provider at the time of the audit. It was identified by the Assessment Team that the service’s system had a ‘bug’ which resulted in the audit trail of the care plan reviews to be unreliable.

The Approved Provider’s response acknowledges that it was unaware that care plan details and dates were being overridden each time a care plan was updated. The response notes the ‘bug’ has been fixed and notwithstanding the ‘bug’, each care plan is current and up to date and the service complies with this Requirement.

The response did not include evidence to counter the finding of the Assessment Team, for example an overview of what had occurred for the consumers that were discharged from hospital. In particular, what reassessments occurred and when these occurred, and if the reassessment resulted in additional supports such as new support equipment or a change to the frequency and / or type of care services to meet the consumer’s change in health status.

Based on the evidence (summarised above) the Approved Provider does not comply with this Requirement as no further evidence has been provided to demonstrate a review of the ongoing effectiveness of current care and services occurred at the time of the consumers being discharged from hospital.

# STANDARD 3 Personal care and clinical care

# HCP Not Compliant CHSP Not Applicable

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

All consumers and representatives interviewed consider that they receive personal care and clinical care that is safe and right for them. Consumers reported they are referred to other health specialists as required. The organisation demonstrated that 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.

Relevant staff had an understanding of palliative care and links to specialist palliative care organisations are in place.

The service could not demonstrate each consumer gets best practice care, strategies to minimise risks of poor clinical outcomes are not always in place, and timely clinical interventions do not always occur.

The organisation has an incident reporting system in place and incidents are reported and reviewed by an appropriately qualified staff member.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one or more of the Requirements have been assessed as Non-compliant.

This Quality Standard for the Commonwealth home support programme service does not apply as clinical care is not provided to consumers in the Commonwealth home support programme.

**Assessment of Standard 3 Requirements**

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| Requirement 3(3)(a) | HCP | Not Compliant |
|  | CHSP | Not Applicable |

*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.*

Findings

The Assessment Team found complex clinical care needs, including insulin administration and catheter insertion are not always undertaken by registered nurses. The Assessment Team discussed this with management at the service who confirmed the staff undertaking these complex clinical care episodes are currently employed as care staff. Management stated they would cease the care workers undertaking clinical care.

The Approved Provider’s response acknowledges it is best practice to have nurses registered with the Australian Health Practitioner Regulation Authority. The response outlines that while the three staff noted are employed as care workers two had provided enrolled nurse qualifications on employment and the third holds an overseas Registered Nurse qualification. All staff were deemed competent to undertake the clinical tasks by a qualified Registered Nurse who is registered with the Australian Health Practitioner Regulation Authority.

The Approved Provider accepts it is best practice to have nurses registered with Australian Health Practitioner Regulation Authority to perform certain tasks and are undertaking recruitment of more nurses.

Based on the evidence (summarised above) the Approved Provider does not comply with this Requirement for Home care package consumers as, at the time of the audit, registered nurses were not providing complex clinical nursing care.

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| Requirement 3(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Applicable |

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Findings

The Assessment Team’s report notes risks to consumers’ health and wellbeing have not always led to strategies being put in place to mitigate the risk to as great an extent possible. For example:

* A consumer on insulin with a history of hospitalisation for unstable diabetes was noted to have a blood glucose level outside of their recommended blood glucose range for two weeks without evidence of escalation by the staff member or follow up by the care coordinator.
* A consumer receiving meal preparation support described their Parkinson’s disease progression leading to an increased risk of choking. No strategies are evident to minimise the risk of a choking episode occurring.

The Approved Provider’s response outlines continuous improvement activities being undertaken in regard to risk management with a focus on improving assessment to ensure risk is identified and services are delivered safely.

On balance of the evidence (summarised above) it is my view the Approved Provider does not comply with this Requirement. I am not satisfied that the Approved Provider has line of sight to Home care package consumers who are at risk of poor outcomes and care coordinators are not effectively managing risk to avoid a consumer being adversely impacted.

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| Requirement 3(3)(c) | HCP | Compliant |
|  | CHSP | Not Applicable |

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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| Requirement 3(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Applicable |

*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.*

Findings

The Assessment Team’s report outlines the deterioration of a consumer noted by the care worker. A care worker made a report of noticing a change in the consumer’s personality and cognition in the preceding days. The worker raised the issue with care coordination staff through the usual communication channels. Two days later the care worker made a further report when the consumer presented with slurred speech. No actions by the service provider were evident to either report from the care worker. The consumer was hospitalised as a result of his deteriorating health.

The Approved Provider’s response states the service had self-identified the delay in following up the care worker’s concerns and they reviewed the workload distribution of care coordination staff. It also lists an extensive range of ways deterioration can be identified including regular and frequent scheduled phone contact with consumers and/or representatives to check on their wellbeing and identify any changes in their condition.

The Approved Provider’s response also cross references other information throughout the report in other Requirements, for example where referrals to allied health practitioners have occurred to support consumer care. The information on timely referrals is considered in my compliance finding of Standard 3(3)(f).

In this Requirement I have considered if the service has taken prompt action, as early recognition of deterioration followed by appropriate intervention can often improve the outcome for the consumer.

Based on the evidence (summarised above) I am satisfied the Approved Provider does not comply with this Requirement for Home care package consumers as no interventions occurred.

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| Requirement 3(3)(e) | HCP | Compliant |
|  | CHSP | Not Applicable |

*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.*

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| Requirement 3(3)(f) | HCP | Compliant |
|  | CHSP | Not Applicable |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

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| Requirement 3(3)(g) | HCP | Compliant |
|  | CHSP | Not Applicable |

*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.*

# STANDARD 4 Services and supports for daily living

# HCP Compliant CHSP Compliant

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers and representatives interviewed were satisfied that they 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. The service has processes in place to identify and record those consumer needs, goals and preferences.

Consumers provided examples including how they are supported to continue their interest in participating in local community activities, and being supported to do things that are of interest to them.

Staff are able to access information about consumer’s needs and preferences through the electronic care management system available on their mobile phone.

Consumers and representatives said they are satisfied with the equipment they use, and it is selected for suitability on the recommendations of allied health professionals.

Timely and appropriate referrals are made to individuals, other organisations and providers of other care and services. Consumers and representatives are satisfied with the services and supports delivered by those the consumer has been referred to.

The Quality Standard for the Home care packages service is assessed as Compliant as all applicable Requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as all applicable Requirements have been assessed as Compliant.

**Assessment of Standard 4 Requirements**

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| Requirement 4(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

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| Requirement 4(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

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| Requirement 4(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

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| Requirement 4(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

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| Requirement 4(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

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| Requirement 4(3)(f) | HCP | Not Applicable |
|  | CHSP | Not Applicable |

*Where meals are provided, they are varied and of suitable quality and quantity.*

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| Requirement 4(3)(g) | HCP | Compliant |
|  | CHSP | Compliant |

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 Organisation’s service environment

# HCP Not Applicable CHSP Not Applicable

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

This Quality Standard does not apply to the organisation, as the organisation does not operate a premises where consumers receive services.

## Assessment of Standard 5 Requirements

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| --- | --- | --- |
| Requirement 5(3)(a) | HCP | Not Applicable |
|  | CHSP | Not Applicable |

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(b) | HCP | Not Applicable |
|  | CHSP | Not Applicable |

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(c) | HCP | Not Applicable |
|  | CHSP | Not Applicable |

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 Feedback and complaints

# HCP Not Compliant CHSP Compliant

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The service demonstrated they encourage and support consumers and their representatives to provide feedback and make a complaint. Consumers and representatives were able to provide examples of how they do this. Staff were able to demonstrate how feedback or raising a complaint can be made. The service has policy and process to guide staff in supporting feedback and complaints. Staff are provided education on the process.

The service demonstrated that information is provided for consumers and representatives to have awareness of external complaints organisations, accessing advocacy services, and other support services for raising and resolving complaints. Information is provided to consumers and representatives at the commencement of their service in the form of brochures and as part of the consumer home care agreement.

The service was not able to demonstrate that timely and appropriate action has been taken in response to all complaints or concerns raised by consumers receiving a home care package. Consumers and representatives are not always satisfied their concerns are resolved to their satisfaction. While the service’s policy and processes guide staff to be accessible, visible and have a direct process in resolving complaints, staff did not demonstrate this occurs.

Consumers sampled under the Commonwealth home support program are satisfied with the feedback and complaints system.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one Requirement has been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as all Requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(c) | HCP | Not Compliant |
|  | CHSP | Compliant |

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Assessment Team’s report outlines that consumers are not satisfied that their complaints are actioned or resolved to their satisfaction, and provides examples of unresolved issues and the use of advocacy services to escalate concerns.

The Approved Provider’s response provides context and outlines that some of the issues raised are outside the control of the service, such as miscommunication on consumer contact details and Government procurement processes. Further the examples represent a small sample of the consumers that the Approved Provider manages. The Approved Provider’s response notes that given the context of the individual complaints and the intended actions of the service to work closely with consumers to resolve issues, it would be reasonable to say on the balance of probability that the Approved Provider complies with this Requirement.

I have also reviewed feedback submitted prior to the audit. As part of the audit process the Approved Provider sends out a communication to consumers to allow them an opportunity to provide feedback directly to the Commission.

Themes in the feedback the Commission received regarding complaints, in my view, reflect the themes the consumers in the Assessment Team’s report raised, and focus on communication and administration.

I also note there is proportionately more negative feedback than positive.

Based on the evidence (summarised above) I am satisfied the Approved Provider does not comply with this Requirement for Home care package consumers.

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 Human resources

# HCP Not Compliant CHSP Compliant

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The service demonstrated that the workforce is planned to enable the number and mix of staff to deliver safe and quality care and services. Consumers and their representatives said they are mostly satisfied there are enough staff to provide their care and services. The service outsources its allied health, gardening and other maintenance services.

Consumers said care staff are kind, caring and respectful

While the service has monitoring processes in place to check the competency of staff entering the service, the Assessment Team found the service has staff who were working outside the scope of their role.

The service adequately demonstrated that the internal workforce is mostly recruited, trained, equipped, and supported in their delivery of care and services. Most consumers and representatives generally expressed a level of satisfaction with the care provided by staff. The service is implementing improvements to increase training opportunities for staff to be rolled out in the second half of 2022.

The service was able to demonstrate systems to regularly assess, monitor, and review the performance of each member of the internal workforce. Where required staff performance management plans are in place. The service has a regular check-in process for newly employed staff and an annual appraisal for existing staff.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one Requirement has been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as all Requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(c) | HCP | Not-Compliant |
|  | CHSP | Compliant |

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The Assessment Team’s report notes that three staff employed as care workers were working outside of the scope of the role.

The Approved Provider’s response acknowledges that this has occurred, and the practice has now ceased. Improvements including additional internal monitoring checks have been instigated and a review of all qualifications has occurred

Based on the evidence (summarised above) I am satisfied the Approved Provider does not comply with this Requirement for Home care package consumers as at the time of the audit three staff were working outside of their scope of their role.

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 Organisational governance

# HCP Not Compliant CHSP Not Compliant

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers said they are involved in the development, review and evaluation of their services. The service encourages feedback through all their processes including at review and calls to consumers and representatives. Consumer and representatives are able to identify and ask for preferred external providers to deliver their care and services.

The executive will be reporting to a governing Board from July 2022 which replaces an advisory Board that has been in place. Reporting occurs to inform the executive management team at present and will also be provided to the Board when it formally meets.

While the service has a governance structure in place it was not able to demonstrate that all systems are effective.

The service was able to demonstrate it has continuous improvement mechanisms in place and provided examples including identifying issues in relation to financial matters and regulatory compliance.

Staff demonstrated awareness of elder abuse and their responsibility to report any observed or suspected abuse. Policies to guide staff are generally in place with tailored policies on specialised topics under development.

The Quality Standard for the Home care packages service is assessed as Non-compliant as one or more Requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as one or more Requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(c) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*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.*

Findings

The Assessment Team found deficits in relation to the sub-requirements of information management, workforce governance and feedback and complaints.

In relation to information management:

The Approved Provider’s response acknowledges some potential improvements were identified during the quality audit however these combined do not render an entire information management system non-compliant. In addition, some aspects were already identified by the service and being managed.

I acknowledge the positive feedback in the Assessment Team’s report from staff on the information platform they use to communicate. I also acknowledge that while tailored policies were not always available, generally policy information was accessible.

I am however not satisfied that consumers receive timely information, this has been expressed by consumers themselves. Information flows and effective communication is more critical for clients who self-manage all or some of their Home care package. Invoicing appears to be problematic as well as consumers understanding their remaining funds balance.

As described by staff, care plans are regularly reviewed, however it was the Assessment Team that identified a ‘bug’ in the service’s care management system during the audit.

In relation to workforce governance:

The Approved Provider response acknowledges accountability for three staff working outside of the roles which they are employed to undertake, however notes that workforce governance is far greater and more complex than this one aspect.

I am not persuaded by this argument. I recognise that a period of high growth for an organisation requires balancing recruitment, workforce availability with increasing consumer numbers. However, governance arrangements should ensure that staff do not work outside the scope of their role.

In relation to feedback and complaints.

The Approved Provider’s response outlined their systems and practices in relation to complaints management, and stated that complaints are dealt with transparently and fairly.

I am not persuaded the complaints system at the service is currently effective. I have reviewed the records held by the Commission in relation to complaints from consumers where the Commission has facilitated resolution. In 2021/2022 the Commission has dealt with numerous complaints. Not all complaints were complex and in my view, this supports the Assessment Team’s finding that the complaint resolution system at the service level is not effective.

Based on the evidence (summarised above) I am satisfied that the service has failed to comply with three sub-requirements and as a result has failed to comply with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*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.*

Findings

The Approved Provider accepts the evidence of the Assessment Team and has actioned or is actioning improvements.

Based on the acceptance of the Approved Provider, I am satisfied that the service has failed to comply with this Requirement for Home care package consumers.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*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.*

Findings

The Approved Provider accepts the evidence of the Assessment Team and has actioned or is actioning improvements.

Based on the acceptance of the Approved Provider, I am satisfied that the service has failed to comply with this Requirement for Home care package consumers.

# 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 Consumer dignity and choice |
| Requirement 1(3)(a) |
| Requirement 1(3)(e) |
| Standard 2 Ongoing assessment and planning with consumers |
| Requirement 2(3)(a) |
| Requirement 2(3)(b) |
| Requirement 2(3)(e) |
| Standard 3 Personal care and clinical care |
| Requirement 3(3)(a) |
| Requirement 3(3)(b) |
| Requirement 3(3)(d) |
| Standard 6 Feedback and complaints |
| Requirement 6(3)(c) |
| Standard 7 Human resources |
| Requirement 7(3)(c) |
| Standard 8 Organisational governance |
| Requirement 8(3)(c) |
| Requirement 8(3)(d) |
| Requirement 8(3)(e) |