**Performance**

**Report**

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| Name: | The Society of St Hilarion Inc Aged Care |
| Commission ID: | 600089 |
| Address: | 7 Kelly Avenue, Seaton, South Australia, 5023 |
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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: 1421 The Society of St Hilarion Inc  
Service: 18491 SSH Connect

**This performance report**

This performance report for The Society of St Hilarion Inc Aged Care (**the service**) has been prepared by Marek Dubovinsky, delegate of the Aged Care Quality and Safety Commissioner (Commissioner).

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 site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others; and
* the provider’s response to the assessment team’s report received on 13 February 2024 accepting all the findings. The provider’s response included a plan for continuous improvement.

# 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 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **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)(d)**

* Review processes to ensure where a risk is identified, consumers and their representatives are supported to understand the risk and informed of potential strategies.
* Review policies and procedures to guide staff practice in supporting consumers to take risks.

**Standard 2 requirement (3)(a)**

* Review processes to ensure where risks are identified including in relation to mobility, pain, pressure injury risk, oxygen therapy and weight loss, strategies are developed to inform the delivery of safe and effective care and services.

**Standard 2 Requirement (3)(d)**

* Review process to ensure 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.
* Where strategies are identified such to manage a consumer’s changed behaviour or considerations to support culturally safe services, these are documented in a care and service plan.

**Standard 3 Requirement (3)(b)**

* Review processes to ensure effective management of high-impact or high-prevalence risks associated with the care of each consumer, including in relation risks associated with weight loss and malnutrition, pain, pressure injury risk and oxygen therapy.

**Standard 7 Requirement (3)(d)**

* Ensure staff are provided with training opportunities and are supported to deliver the outcomes required by these standards.
* Review process to ensure training completion is being monitored.
* Ensure staff re supported address deficiencies identified in relation to Standard 1, 2 and 3.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Not 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

I have assessed the Quality Standard as non-compliant as I am satisfied requirement (3)(d) is non-compliant.

Requirement (3)(d)

The assessment team recommended requirement (3)(d) not met as the service did not demonstrate each consumer is supported to take risks to enable them to live the best life they can. For one consumer who chooses to walk to the bathroom with staff assistance and has been assessed to require a hoist lifter for transfers, relevant consultation informing the consumer of risks associated with walking to the bathroom have not been undertaken. The following evidence was considered relevant to my decision;

* The dignity and choice policy and procedure were in draft format.
* Management staff unable to identify which consumers undertake activities involving elements of risk.
* Consumer A was assessed as requiring a hoist lifter; however, staff were supporting the consumer to mobilise to the bathroom using a frame. The consumer was not informed of relevant risks and relevant strategies were not developed.

The plan for continuous improvement included a range of actions to address the deficiencies identified including establishing a framework to support dignity of risk, reviewing the care planning process to support dignity of risk, providing training to staff on dignity of risk, and implementing a regular audit to monitor the effectiveness of risk assessments.

Based on the assessment team’s evidence, I find the service was not able to demonstrate each consumer is supported to take risks to enable them to live the best life they can. I have considered Consumer A was not informed of the possible risk of harm associated with walking to the bathroom against the recommendations made and was not effectively supported to understand the risk associated or informed of any potential alternative strategies. Whilst the service has commenced implementing a range of improvements, the improvements are yet to be implemented and evaluated for effectiveness.

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

**In relation to all other requirements,** consumers and representatives said consumers are treated with dignity and respect. Support workers were familiar with consumers’ backgrounds, needs and preferences. Management advised the service collaborates with consumers and their representatives to ensure staff are right for each consumer.

Consumers said staff and support workers understand them and their cultural needs and deliver care and services with this in mind. Staff demonstrated understanding of consumers' cultural background and described how they ensured care and services reflect consumers’ cultural needs and diversity. Consumers and representatives interviewed confirmed the service supports consumers’ choice, including the provision of equipment, time and date of services, as well as package management. Staff described how they support consumers and their representatives to exercise choice and make decisions about care and services.

Information provided to consumers is current, accurate and timely, and communicated clearly in a way that enables them to exercise choice. Consumers described how the service communicates with them over the phone and face-to-face. Consumers are provided an admission pack on entering the service which contains the Aged Care Charter of Rights, information on how to make internal and external complaints, advocacy and information about care and services available.

Consumers interviewed confirmed being satisfied their privacy and personal information is kept confidential. Staff and management described their privacy and confidentiality procedures. The staff handbook references the requirement for staff to maintain consumers’ privacy and confidentiality, including when using electronic communication. Paper files were observed to be stored in locked offices, and electronic files were username and password protected.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with requirements (3)(a), (3)(b), (3)(c), (3)(e) and (3)(f) in Standard 1 Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Not Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

I have assessed the Quality Standard as non-compliant as I am satisfied requirements (3)(a) and (3)(d) are non-compliant.

Requirement (3)(a)

The assessment team recommended requirement (3)(a) not met as the service was not able to demonstrate for 3 consumers, assessment and planning in relation to risks informed the delivery of safe and effective care and services in relation to pain, pressure injury and safe mobility and transfers. The following evidence was considered relevant to my decision;

* Documentation shows Consumer B experiences significant pain, however no further assessment has been undertaken.
* Documentation shows Consumer C is at risk of pressure injuries, however strategies have not been developed.
* Documentation shows Consumer A has been assessed to require a hoist lifter for transfers, however the consumer chooses to mobilise with staff assistance using a frame and a relevant risk assessment has not been undertaken and alternative strategies developed and considered.

The plan for continuous improvement included a range of actions to address the deficiencies identified including reviewing validated screening tools, reviewing assessment documentation, providing training to staff on updated assessment documentation and implementing a regular audit to evaluate the improvements.

Based on the assessment team’s evidence, I find the service did not demonstrate assessment and planning included consideration of risks to inform the delivery of safe and effective care and services and specifically for Consumer B and risks associated with pain, Consumer C and risks associated with pressure injuries and Consumer A and risks associated with safe mobility and transfers. For all 3 consumers relevant strategies were not developed despite risks being identified. Whilst the service has commenced implementing a range of improvements, the improvements are yet to be implemented and evaluated for effectiveness.

I have also considered evidence documented in requirement (3)(d) in this standard where both Consumer E and F had risks identified in relation to falls, oxygen, pressure injuries, weight loss, however a relevant assessment was not completed to inform the delivery of safe and effective care and services.

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 recommended requirement (3)(b) not met as care documentation did not show needs, goals and preferences are consistently identified, addressed and documented. However, evidence was also included to demonstrate the service was meeting aspects of the requirement in relation to advanced care planning and end of life planning. The following evidence was considered relevant to my decision;

* Consumers and representative confirmed their needs, goals and preference are discussed with them and management described how need, goals and preferences are identified on commencement.
* Management said Consumer D has cultural needs and provided examples in relation to meals and domestic assistance, which is being addressed through a brokered service, however, this information was not documented in the consumer’s information.
* Goals for Consumer E included a list of services and the goals identified were generic. However, other care planning documentation viewed showed tailored and specific goals.
* Management described how they discuss and document in formation in relation to advanced care planning.

The plan for continuous improvement included a range of actions to address the deficiencies identified including reviewing existing assessment processes, providing further training to staff on assessment processes and a review care plans to include information on end of life and advanced care planning.

Based on the assessment team’s evidence, I have come to a different view and find the service was able to demonstrate 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. I have considered and placed weight on the evidence specifically from consumes and representatives where their needs, goals and preferences are discussed with them. I have also considered that whilst the goals where generic for Consumer E, goals for other consumers were individually tailored. In relation to Consumer D’s cultural needs and preferences not being documented, I have considered this in requirement (3)(d) in this standard as the deficits relates to staff not documenting the outcome of the assessment and I am satisfied staff identified the consumer’s cultural needs as strategies were identified and addressed for Consumer D. Finally, I have noted, management were aware and able to describe processes to identify and support advanced care planning.

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 recommended requirement (3)(d) not met as care documentation did not include outcomes of assessments being undertaken and mitigating strategies being developed. However, evidence was also included to demonstrate the service was meeting aspects of the requirement. The following evidence was considered relevant to my decision;

* Consumers and representatives confirmed outcomes assessment and planning are communicated to them and they have care and service plan.
* Brokered clinical service providers confirmed undertaking assessments and providing recommendations.
* Consumer F’s care plan did not included strategies to manage the consumer’s risk of falls, weight loss, oxygen therapy management or pressure injuries and staff were not aware of relevant strategies.
* Consumer E experiences a changed behaviour and whilst an assessment has been completed the strategies developed have not been communicated to staff and documented in the care plan. In addition, the consumer was identified as being at risk of pressure injuries and strategies were not developed and communicated to staff.

The plan for continuous improvement included a range of actions to address the deficiencies identified including conducting a review of care plans, developing a training program to ensure outcomes of assessments are documented and conducting regular audits to monitor compliance. For Consumers identified both care plans are planned to be updated in relation to the issues identified.

Based on the assessment team’s evidence, I find whilst outcomes assessment and planning are communicated to the consumer and the consumer has access to the care plan, the service was not able to demonstrate outcomes of assessments are consistently documented in a care and services plan. This specifically related for Consumer E in relation to changed behaviour strategies not being documented in their care plan and for Consumer D identified in requirement (3)(b) in this standard, strategies not being documented to manage their cultural needs and preferences.

I have considered for Consumer F, the consumer not having the relevant strategies developed in relation to falls risk, oxygen therapy, weight loss and pressure injury risk as a deficit in assessment and planning and consideration of risk as the consumer did not have a relevant assessment completed to inform care and service provision. Similarly for Consumer E, whilst the consumer was identified at being at risk for pressure injuries a relevant management plan was not developed to inform care and service provision. Both Consumers E and F have been considered in my finding in requirement (3)(a) in this standard.

I have also considered evidence outlined in requirement (3)(e) for Consumers C and F where changes were identified, however the consumers care and service plan was not consistently updated, for Consumer F an additional strategy was not documented in the care plan following a review by an allied health worker. For Consumer C, whilst a review was undertaken and changes were identified, the outcomes were not documented in the consumers care plan. I have also considered the evidence in relation to the care plan not consistently documenting identified changes following review as relevant information must be available where and when care and services are being delivered.

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

Requirement (3)(e)

The assessment team recommended requirement (3)(e) not met. Whilst consumers' care and service needs are reviewed at least every 6 months, the review did not include a reassessment of consumers’ needs goals and preferences. However, evidence was also included demonstrating the service was meeting aspects of the requirement with strategies implemented following incidents. The following evidence was considered relevant to my decision;

* Management described how a consumer review form is completed at least every six months.
* For Consumer F, the review form identified changes for a range of personal care and clinical care needs, however further re-assessments were not undertaken. However, changes were made to the care plan in relation to the services being delivered. Documentation for Consumer F recorded the consumer experienced a fall and was referred to an allied health worker and additional strategies were implemented, however not documented in the care plan.
* For Consumer C the review form identified changes for a range of personal care and clinical care needs, however further reassessments were not undertaken.

The plan for continuous improvement included a range of actions to address the deficiencies identified including updating the care plan for Consumer C and F, reviewing the current review tool being used, implementing processes to ensure the care plan is updated following the review and providing additional training to staff on the review tool.

Based on the assessment team’s evidence, I have come to a different view and find 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 and specifically for Consumers F and C following changes in health status and/or following incidents of falls. I have placed weight on the evidence demonstrating the service has a six-monthly and as required review process which management were following for consumers and whilst strategies were not consistently updated in the care plan, the service was ensuring the types of services being delivered were being reviewed and adjusted to meet the care and service needs of consumers. I have also considered the evidence for Consumers C and F in relation to the care plan not consistently documenting identified changes following review in my finding in requirement (3)(d) in this standard as relevant information must be available where and when care and services are delivered. I have also considered the planned improvements to review the current review form to ensure the care plan is consistently updated following the review.

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

**In relation to all other requirements,** consumers and representatives said they were involved in assessment, planning and decision making regarding the care and services consumers were receiving. Management explained how they ensure involvement of consumers and representatives in the assessment process. Care documentation demonstrated the inclusion of consumers and their representatives, as well as others involved with assessment and planning, such as health professionals or specialists.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with requirement (3)(c) in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | 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

I have assessed the Quality Standard as non-compliant as I am satisfied requirements (3)(b) is non-compliant.

Requirement (3)(b)

The assessment team recommended requirement (3)(b) not met as high-impact and high-prevalence risks for one consumer were not effectively managed in relation to pressure injuries, weight loss, pain and oxygen therapy management. The following evidence was considered relevant to my decision;

* Documentation for Consumer F showed the consumer was experiencing weight loss and was at risk and/or experiencing pain, pressure injuries and was requiring oxygen therapy, however, strategies were not developed to manage the high-impact and high-prevalence risks. Staff were not aware of strategies to manage these risks and the care pan did not contain information to guide staff.
* Management said they did not have a process to identify and track consumers who have high-impact and high-prevalence risks however discuss consumers of concern at team meetings.

The plan for continuous improvement included a range of actions to address the deficiencies identified including reviewing Consumer F’s care plan and implementing strategies to manage the consumer’s risk associate with oxygen therapy, pain, risk of pressure injuries and weight loss.

Based on the assessment team’s evidence, I find the service was not able to demonstrate effective management of high-impact or high-prevalence risks associated with the care of each consumer and specifically for Consumer F and risks associated with weight loss and malnutrition, pain, pressure injury risk and oxygen therapy. I have considered the evidence from both staff and care documentation to support my view that high-impact and high-prevalence risks were not being effectively managed.

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

Requirement (3)(f)

The assessment team recommended requirement (3)(f) not met as care documentation did not demonstrate referrals are undertaken in a timely manner. However, evidence was also included of the service demonstrating the service is meeting the requirement. The following evidence was considered relevant to my decision;

* Consumers and representative confirmed consumers are referred to allied health professionals.
* Coordinators described referring consumers to a range of professionals including medical, clinical and allied health staff.
* Documentation showed for Consumer F they were losing weight and staff discussed with the consumer the weight loss; however, the consumer refused a review by a dietitian. A further review was undertaken and the consumer was informed a referral to a dietitian would occur, however a referral was not undertaken.
* Consumer B experienced pain when mobilising and a referral was not undertaken until approximately 6 weeks later.

The plan for continuous improvement included a range of actions to address the deficiencies identified including referring both consumers for a further review, reviewing referral processes, establishing timeframes for referrals and providing training to staff on referral processes.

I find the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services. In coming to my finding, I have considered and placed weight on the evidence where consumers and representatives confirmed being referred to allied health professionals and evidence documented in the assessment team’s report in other requirements in this standard demonstrating ongoing communication and referrals being undertaken to medical officers, occupational therapists, and nursing service providers. I have considered for Consumer B that whilst a referral was considered, the referrals were not undertaken in a timely manner and a referral has since been undertaken and a referral for Consumer F was not undertaken as agreed to. I would encourage the service to ensure all referrals are undertaken in a timely manner for all consumers and I have considered the service has implemented a plan to review their internal referral processes when coming to my decision.

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

**In relation to all other requirements,** consumers and representatives confirmed consumers receive care and services tailored to their needs. While deficits were identified in assessment and planning, support workers and management were able to describe how they provide personal care that is tailored to the consumer’s needs and optimises their health and well-being. Clinical care is brokered to external nursing service, and the service was able to demonstrate how they ensure clinical care provided is best practice.

Management described processes to ensure consumers receive appropriate end of life supports when required, including referring to external care providers. Care planning documentation recorded consumers advance care directives and end of life wishes.

Consumers and representatives said they were confident staff would notice if a consumers’ health changed and would respond appropriately. Management and support workers described processes to report and respond to changes. Documentation viewed showed when consumer’s condition deteriorated relevant follow up action was undertaken.

Consumers and representatives confirmed staff know consumers, and they do not need to repeat information about their needs and preferences. Support staff advised relevant information about consumers’ care and services are documented and communicated through care plans available at the consumer’s home.

The service has processes to minimise infection related risks through implementation of standard and transmission-based precautions and practices to support antimicrobial stewardship. Consumers advised staff use personal protective equipment and hygiene techniques to minimise the transmission of infections. Management and support staff described the processes for minimising risks of infections, including policies, procedures and training requirements.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with requirements (3)(a), (3)(c), (3)(d), (3)(e), and (3)(g) in Standard 3 Personal care and clinical care.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives expressed satisfaction with the services provided and felt their independence, well-being and quality of life was optimised. Support staff described how they provide services to consumers to enable them to maintain their independence, well-being and quality of life and provided examples to support consumer independence.

Consumers and representatives said support workers knew consumers well and described how the services provided promoted their emotional, spiritual and psychological well-being. Support workers described how they support consumers emotionally and spiritually and provided an example which was confirmed through documentation viewed.

Consumers and representatives confirmed services and supports for daily living support consumers to participate in their local community, maintain relationships with friends and family, and do things of interest to them. Management and support workers explained how they actively support consumer to access and participate in their community. Management described how support staff are encouraged to support consumers to participate in the community by taking them shopping or stopping for a coffee during social visits.

Consumers confirmed staff know their needs and preferences. Management described how relevant information about consumers is documented and communicated through care and service plans. Support workers confirmed care and service plans contained adequate information.

Consumers confirmed they were referred to allied health professionals or external social groups when required. Care documentation demonstrated timely and appropriate referrals occurring to social groups and allied health services when required or requested by the consumer and/or their representatives. Management explained how they identify and refer consumers to allied health for equipment and external social groups for support.

Consumers expressed satisfaction with the meals provided, and stated the meals meet their nutrition and hydration needs and preferences. Management, described how they provide options for consumers’ meals, including access to multiple meal delivery service providers.

Consumers confirmed equipment provided was assessed by an allied health professional and expressed satisfaction it was suitable and safe. Management and support staff described, and care documentation confirmed, how consumers are assessed for equipment prior to being purchased following their recommendations. The service utilises a community bus to transport consumers to a social support group, operated by the residential service. Documentation for the community bus showed it was well maintained, cleaned and suitable for use.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with all requirements in Standard 4 Services and supports for daily living.

# Standard 6

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

Findings

Requirement (3)(d)

The assessment team recommended requirement (3)(d) not met as not all complaints were recorded on the feedback register and therefore feedback was not accurately recorded, trended or reviewed to improve the quality of care and services. The following evidence was considered relevant to my decision;

* One consumer’s representative said they made a complaint to management in relation to the dissatisfaction of a support worker and the complaint was addressed, however the feedback was not logged on the register.
* Three support workers and management said when they receive feedback or a complaint, they address it at the time.
* Quality Meeting minutes showed complaints are reported on and the service is reporting minimal complaints.

The plan for continuous improvement included a range of actions to address the deficiencies identified including implementing a standardised process for the recording of feedback and complaints, implement a monthly process for the recording of feedback to support the identification of trends and provided training to staff on feedback and complaints management.

Based on the assessment team’s evidence, I have come to different view and find the service was able to demonstrate feedback is reviewed and used to improve the quality of care and services. In coming to my finding, I have considered the service is monitoring and reporting on complaints data on a monthly basis as was evidence by the monthly quality meeting. In addition, I have considered the evidence outlined in the assessment team’s report in relation to the positive feedback which demonstrates consumers are satisfied their feedback is being recognised and addressed. In coming to my decision, whilst not all feedback was being recorded on a centralised register, I have considered the intent of the requirement and specifically evidence the organisation monitors feedback and feedback is being escalated.

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

**In relation to all other requirements,** Consumers, their family, friends, carers, and others are encouraged and supported to provide feedback and make complaints. Consumers and representatives interviewed were aware of the methods available to make complaints and provide feedback and felt supported by management to give feedback. Staff and management described the service’s processes identifying and resolving feedback and complaints.

Consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. The majority of consumers speak Italian as their first language, and the most staff also speak fluent Italian which assists with communication. Management discussed processes to ensure consumers have access to advocates and consumers are made aware of other methods for raising and resolving complaints.

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Consumers and representatives confirmed appropriate action is taken to address feedback and complaints, and felt the service has a transparent approach when things go wrong. Complaints documentation demonstrated open disclosure is used as part of the complaint management process.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with requirements (3)(a), (3)(b) and (3)(c) in Standard 6 Feedback and complaints.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

I have assessed the Quality Standard as non-compliant as I am satisfied requirement (3)(d) is non-compliant.

Requirement (3)(d)

The assessment team recommended requirement (3)(d) not met as the service was unable to demonstrate support workers were provided regular mandatory training. The following evidence was considered relevant to my decision;

* Two support workers were not aware when they last completed mandatory training.
* Management was not aware of the mandatory training modules staff are required to complete.
* Records provided for staff completion rates for training completed was mixed between staff who work in different area of the organisation.
* Records provided for three staff showed; two staff had completed no mandatory training and one other staff had minimal training completed.
* Consumers were satisfied with staff competence and support workers confirmed having orientation and a qualification to be a support worker.

The plan for continuous improvement included a range of actions to address the deficiencies identified including reviewing the training matrix, ensuring the matrix is based on job roles, establish monitoring processes and developing a training calendar.

Based on the assessment team’s evidence, I find the service was not able to demonstrate the workforce is suitably trained and supported to deliver the outcomes required by these standards. I find whilst the service has an effective recruitment process which includes staff completing an orientation and staff having suitable qualifications and buddy shifts to support them in their roles, I have placed weight on the evidence from support staff and documentation viewed which showed staff are not provided regular training and a clear process for monitoring the completion of mandatory training was not demonstrated. I have also considered the deficits outlined in Standard 1, 2 and 3 as a deficit in staff training as limited training has been provided to staff to ensure they understand their roles and responsibilities with respect to the Quality Standards.

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

**In relation to all other requirements,** 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. Consumers and representatives stated they are happy with the number of staff, and the support provided by staff in delivering care and services. Management discussed processes to ensure there are enough staff to deliver care and services.

Staff were kind, caring and respectful in their interactions with consumers. All consumers and representatives said staff were kind, caring, respectful and are responsive to consumers’ needs. Documentation showed, and management described, how the service ensures staff employed meet their organisational values and expectations.

Consumers said they feel the workforce is competent and skilled. Staff described receiving ongoing guidance from management to ensure they have the knowledge to deliver safe and effective care and services. The organisation ensures staff have the qualifications and knowledge to effectively perform their roles.

Management undertakes regular assessment, monitoring and review of staff performance. Staff interviewed confirmed they participate in performance reviews with their team leader where they discuss their strengths, any areas of improvement and how management can support them in their roles. Management monitor staff performance through consumer feedback (compliments and complaints) and peer feedback. If substandard performance is identified, further training is provided to staff.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with requirements (3)(a), (3)(b), (3)(c) and (3)(e) in Standard 7 Human resources.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Requirement (3)(c)

The assessment team recommended requirement (3)(c) not met as governance systems relating to feedback and complaints were not effective a not all feedback and complaints were reported to the Board. However, evidence was also included of the service demonstrating the service is meeting the requirement. The following evidence was considered relevant to my decision;

* Feedback and complaint information is included in the CEO’s report which is presented at monthly Board meetings. However, the report only includes information reported to the Commission.
* Not all feedback and complaints are recorded on the register.
* Effective governance systems were outlined in relation to information management, continuous improvement, financial governance, workforce governance and regulatory compliance.

The plan for continuous improvement included a range of actions to address the deficiencies identified including reviewing the feedback process, establishing a schedule for regular reporting, and developing Key Performance Indicators to be reported on.

Based on the assessment team’s evidence, I find the service was able to demonstrate effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Whilst the evidence indicates not all feedback is reported on to the governing body, I have considered and placed weight on the evidence demonstrating feedback is being identified and addressed as demonstrated in requirement (3)(c) and (3)(d) in Standard 6 Feedback and complaints and that effective processes support the management of feedback and complaints. I have also noted the service demonstrated effective organisational governance systems relating to other aspects of this requirement.

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

Requirement (3)(d)

The assessment team recommended requirement (3)(d) not met as the service was not able to demonstrate effective risk management systems in relation to managing and preventing incidents including use of the incident management system, supporting consumers to live the best life they can and management of high-impact and high-prevalence risks. However, evidence was also included of the service meeting the requirement including identifying and responding to abuse and neglect of consumers. The following evidence was considered relevant to my decision;

* In relation to high-impact and high-prevalence risks, the organisation does not have a high-risk register but does have a risk register. However, this risk register does not contain mitigating strategies and consumers’ risks are not specifically identified.
* In relation to supporting consumers to live the best life they can, the service has a dignity of risk policy however it is in draft format and care documentation does not show risks to consumer’s health and wellbeing are assessed to inform the delivery of safe and effective care and services.
* In relation to managing and preventing incidents, including the use of the incident management system, one examples was provided of an incident not being recorded in the register. The incident register showed the service maintains a register of incidents which occur during service provision.
* In relation to recognising and responding to abuse and neglect, there is a relevant policy and procedure and staff interviewed were aware of their responsibilities and had recently completed training, process support the discussion of incidents at various meetings including Board meetings.

The plan for continuous improvement included a range of actions to address the deficiencies identified including ensuring a centralised high-risk register is developed which includes specific details for each consumer considered high-risk and risk mitigation strategies. Improving recording processed to identify consumers which are considered at high-risk, implementing a schedule for the regular review of the high-risk register and reviewing the current risk assessment tools to identify high-impact and high-prevalence risks impacting consumers.

Based on the assessment team’s evidence, I have come to a different view and find the service was able to demonstrate effective risk management systems and practices. In relation to high-impact and high-prevalence risks whilst the risk register did not identify all strategies, I have considered deficits in assessment and planning and management of high-impact and high prevalence risks in requirement (3)(b) in Standard 3 Personal care and clinical care. In relation to managing and preventing incidents, including the use of the incident management system, I have noted the service has an incident register where incidents are recorded and whilst one incident was not recorded, I have considered this is not a deficit in the incident management system. In relation to supporting consumers to live the best life they can, I find the service has effective processes as the service has a policy whilst in draft to support dignity of risk and the evidence documented in the assessment team’s report which demonstrates consumers’ rights to independence and self-determination are being respected, including to undertake activities involving elements of risk. Whilst I have found requirement (1)(d) in Standard 1 Consumer dignity and choice non-compliant and specifically for one consumer, I am not satisfied this is a deficit in the organisations risk management system as the service has a relevant policy and procedure to support dignity and choice. I have also considered the evidence outlined in the assessment team’s report which supports my view that the system overall effectively underpins outcomes under Standards 1, 3 and 4 as demonstrated in my findings of overall compliance in the respective requirements.

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

**In relation to all other requirements,** consumers are engaged in the development, delivery and evaluation of care and services. Management and staff provided examples of how consumers are supported to engage in the development, feedback and evaluation of their care and services. All consumers and representatives advised the service is well run, and they have an opportunity to regularly engage with the service through communication with staff and feedback processes. Management and staff described how they engage with consumers to seek and suggestions across a range of care and service topics, such as gardening and home maintenance.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The service has a range of reporting mechanisms to ensure the governing body is aware of and is accountable for the delivery of care and services. The Board is made up of a range of personnel with a range of skills and experience. A quarterly quality care advisory body meeting takes place, attendees include the CEO, chair of the Board, director of care, quality and safety manager, hospitality manager and one consumer.

The service has a clinical governance framework and associated policies and procedures relating to minimising the use of restraint, infection control and open disclosure. The service has an infection control policy and Infection Prevention and Control Lead. Clinical care is brokered to a contracted RN or an external nursing service with oversight provided by management.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with requirements (3)(a), (3)(b) and (3)(e) in Standard 8 Organisational governance compliant.