**Performance**

**Report**

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| Name: | The CareSide |
| Commission ID: | 500246 |
| Address: | 384 Rokeby Road, SUBIACO, Western Australia, 6008 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 8 February 2024 to 9 February 2024 |
| Performance report date: | 22 March 2024 |

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: 9321 The Care Side Pty Ltd  
Service: 26974 The CareSide  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9826 The Care Side Pty Ltd  
Service: 27766 The Care Side Pty Ltd - Community and Home Support

**This performance report**

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

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

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

# Material relied on

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

* the Assessment Team’s report for the Assessment contact (performance assessment) – site, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Team’s report received 13 March 2024
* the performance report dated 14 July 2022 in relation to the Quality Audit undertaken from 7 to 9 June 2022
* Home Care Packages Program – Operational Manual, a guide for home care providers
* Commonwealth Home Support Programme (CHSP) Manual
* complaint information and intelligence about the service held by the Commission.

# 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 applicable as not all requirements were assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements were assessed** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not applicable as not all requirements were assessed** |
| **Standard 8** Organisational governance | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements were assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements were assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not applicable as not all requirements were assessed** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

Requirement 1(3)(a) – HCP

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

Requirement 6(3)(c) – HCP and CHSP

* Ensure appropriate action is take in response to complaints and ensure an open disclosure process is used when things go wrong.
* Embed identified improvements and processes to ensure oversight of the feedback and complaints process, to manage and resolve complaints in a timely manner.

Requirement 8(3)(c) – HCP and CHSP

* Ensure workforce governance systems provide required services for consumers, based on assessed need of the consumer, and not rostering requirements for the workforce.
* Ensure feedback and complaints systems and process changes are embedded and effective in the management of feedback and complaints.

# Standard 1

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| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Not Compliant | 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 | Compliant |

Findings

Requirement 1(3)(a)

Requirement 1(3)(a) was found non-compliant for HCP services following a Quality Audit undertaken from 7 to 9 June 2022, as some consumers said staff were disrespectful and calls, emails and enquiries went unanswered.

The Assessment Team’s report for the Assessment contact undertaken from 8 to 9 February 2024 included evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to:

* increased workforce numbers to respond to written communication
* telephone system upgrade to cope with verbal communication.

The Assessment Team was not satisfied the service had made adequate progress towards addressing the non-compliance. The Assessment Team recommended Requirement 1(3)(a) not met for HCP and CHSP and provided the following evidence relevant to my finding:

* Although 7 consumers and representatives said they were satisfied that consumers were treated with respect and valued as individuals, 4 consumers and their representatives stated consumers were not treated with respect, especially by the scheduling staff. For example:
  + One consumer stated staff do not treat them as an individual and staff never listen to their needs.
  + One representative stated staff do not treat the consumer with respect and the consumer’s cultural beliefs were not respected and valued, regarding not wearing shoes in the consumer’s home. The representative said staff have told the consumer they will not take off their shoes as it poses a work health and safety risk to the worker. Documentation showed cultural preferences regarding not wearing shoes in the consumer’s home were not recorded.
  + Management advised cultural preferences are not captured in the care plan. However, they are captured and documented in the consumer’s general information section on the service’s electronic management system.
  + A review of documentation showed information on cultural preference or diversity was not consistently documented in the general information section as advised by management. However, this information could be captured in progress notes or contact event notes.
* Although the service has policies and procedures on promoting person-centred care and cultural diversity and awareness, staff were unable to provide examples of consumer cultural diversity and awareness.
* Management advised the service has a dignity and respect policy, and this subject is covered with new staff at induction. Follow-up training occurs quarterly for all staff, with weekly or fortnightly meetings held with consumers and staff to discuss consumer requirements to foster dignity, respect and cultural awareness.

The provider’s response to the Assessment Team’s report included:

* Explanation the service wished to outline that 7 out of 11 consumers and representatives were in fact treated with dignity and respect, with 4 not feeling this way.
* Explanation that as part of work following the Assessment contact, the service wishes to contact each consumer and representative discussed in the Assessment Team’s report to discuss any concerns that were listed and attempt to rectify the issues. The provider requested names of consumers not named in the Assessment Team’s report.
* Explanation that the consumer who stated staff do not treat them as an individual and do not listen to their needs is currently self-managing their HCP, for further independence of care and services received. The provider said the consumer is very passionate about the HCP, which leads to confronting emails received by the service. The provider presented examples of issues raised with the Commission by the consumer and how the service addressed those issues. The provider stated the consumer’s needs have been met by the provider.
* Explanation the provider is unaware which consumer wishes staff to remove their shoes when providing care and services and staff have requested the name of the consumer to follow up the concern. The provider explained the service has resolved this requirement with other consumers with a similar request due to cultural reasoning by providing staff with shoe coverings. The provider stated staff must wear adequate footwear when a using a hoist to transfer a consumer.
* Statement that the Assessment Team report recommends ‘not met’ for CHSP with no consumer examples included.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response, which shows the service is not treating each consumer with dignity and respect, with their identity, culture and diversity valued.

I acknowledge the provider stated the service has addressed issues raised by the self-managing consumer mentioned in the Assessment Team’s report and that the provider stated the service meets the needs of this consumer. However, no evidence was provided to support this statement. This consumer raised issues with the Assessment Team during the Assessment contact which shows the consumer is not satisfied with the way they are treated.

I acknowledge the provider stated the service has addressed the need for removal of shoes in some consumer’s homes by providing staff with shoe coverings. However, the provider did not provide evidence to substantiate this claim.

I note the provider requested names of consumers and representatives whose names were not included in the Assessment Team’s report so the service can address the issues raised for each consumer. The names of consumers and representatives were not included in the report due to privacy and the request by the consumer/representative for the information to remain confidential. By focusing on individual consumers/representatives, the provider is not identifying the root cause of why consumers felt the way they felt. This is an indication of a systemic issue which the provider should address. If 4 consumers felt disrespected, there is a risk other consumers who were not interviewed during the Assessment contact may feel the same way.

I note information about CHSP consumers was not included in the Assessment Team’s report for this Requirement. I also note the service was found compliant for CHSP for this Requirement at the Quality Audit undertaken from 7 to 9 June 2022.

I have placed weight on HCP consumers stating they did not feel respected.

In relation to CHSP, I find the provider, in relation to the service, compliant with Requirement (3)(a) in Standard 1, Consumer dignity and choice.

In relation to HCP, I find the provider, in relation to the service, non-compliant with Requirement (3)(a) in Standard 1, Consumer dignity and choice.

Requirement 1(3)(e)

Requirement 1(3)(e) was found non-compliant for HCP services following a Quality Audit undertaken from 7 to 9 June 2022, as the service did not demonstrate timely, accurate information was provided to consumers to inform consumer choice.

The Assessment Team’s report for the Assessment contact undertaken from 8 to 9 February 2024 included evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to:

* increased number of care managers
* introduction of new roles including quality manager, chief financial officer and a dedicated self-managed package finance clerk.

The Assessment Team found these improvements were effective and recommended Requirement 1(3)(e) met for both HCP and CHSP. The Assessment Team provided the following evidence relevant to my finding:

* Most consumers and representatives stated they receive timely information about the services the consumer receives, including budgets, care plans and monthly financial statements.
* Three consumers described examples of poor communication, with their requests ignored or queries taking months to be actioned.
* Consumers and representatives confirmed any staff or timing changes for services are communicated in an effective and efficient way.
* Managements explained consumers or their representatives are involved in creating the budget when commencing with the service and consumers are provided information on the monthly statement.
* Management described how the service ensures monthly statement accuracy and how the service processes refunds and provides updated statements to consumers. Management described how the service conducts regular discussions about unspent funds. A selection of consumer invoices, statements and budgets showed financial information provided to consumers is clear and easy to understand.
* Documentation showed evidence of communicating with consumers on changes to services in a timely and efficient manner.

The provider did not comment on Requirement 1(3)(e), other than to provide general comments about continuing to make significant changes and improvements in line with the service’s continuous improvement plan.

In coming to my finding, I have considered the information in the Assessment Team’s report which shows the service is providing current and accurate information to consumers.

I have placed weight on the evidence in the Assessment Team’s report which showed improvements have been made to address the previous non-compliance. I acknowledge the Assessment Team discussed 3 consumers who described examples of poor communication. However, there was no additional evidence presented to support these claims. Improvements could be made to responding to consumers and representatives’ requests and assisting with equipment purchases in a timely manner.

In relation to CHSP, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 1, Consumer dignity and choice.

In relation to HCP, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 1, Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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. | Compliant | 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 | 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 | Compliant |

Findings

Requirement 2(3)(a)

Requirement 2(3)(a) was found non-compliant for HCP and CHSP services following a Quality Audit undertaken from 7 to 9 June 2022, as the service did not demonstrate assessments were fully completed to inform the delivery of care services and the service was not using validated assessment tools to inform management of risks.

The Assessment Team’s report for the Assessment contact undertaken from 8 to 9 February 2024 included evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to:

* implementation of an improved care assessment form to include validated assessment tools including Falls Risk Assessment Tool (FRAT), Mini Mental State Examination (MMSE) and a Psychogeriatric Assessment Score (PAS)
* consumer care assessments completed by a care manager, who is either a registered nurse or an enrolled nurse
* all care plans quality reviewed by the regional manager before issuing them.

The Assessment Team was not satisfied the service had made adequate progress towards addressing the non-compliance. The Assessment Team recommended Requirement 2(3)(a) not met for HCP and CHSP and provided the following evidence relevant to my finding:

* Consumers and representatives confirmed care assessments occur prior to the commencement of services.
* Staff described how information is collected through discussion with the consumer, representatives and others involved in the consumer’s care, with this information used to identify where there may be a risk for a consumer and what care and services are required to support the consumer’s well-being.
* Staff confirmed awareness of risks for consumers and confirmed they have access to consumer care plans, which are reviewed before service delivery. However, staff stated they do not read the care assessment document.
* Staff stated they do not receive alerts of the consumer’s risk on the service’s electronic management system through the mobile application.
* Documentation showed identified risks are not consistently documented in care plans to guide the delivery of safe care. For example:
  + Falls risks assessments may identify a consumer as a high falls risk. However, the care plan does not state the consumer is a high falls risk. Mobility plans may include information about the consumer requiring equipment for stability and safety.
* Management stated risks to consumers are recorded in the care assessment documentation and staff have access to the document on the service’s electronic management system.
* Management stated the Commission had previously stated the service’s care plans and assessments were detailed enough to inform safe and effective delivery of care.
* Management advised consumers are offered a comprehensive clinical assessment which includes the use of validated assessment tools.
* Documentation showed individualised daily care plans are developed following input and assessments completed by the clinical and allied health teams with specific care plans as required.
* Documentation showed the service considers the risk for consumers when completing assessments in accordance with each consumer’s needs and preferences to inform the delivery of safe and effective care and services.
* Management advised the service has policy and procedures for responding to consumers who fail to answer the door for a scheduled visit. However, management stated the service does not document individual consumer preferences about non-response on their individual care plans. Management advised this will be added to the service’s continuous improvement plan.
* Documentation showed the service has a suite of assessment and planning policies and processes to guide staff in onboarding consumers and ensuring risks are identified and discussed with the consumer or their representative.

The provider’s response to the Assessment Team’s report included:

* Acknowledgement staff do not read the care assessment created for each consumer.
* Explanation the care plan is developed from the care assessment by registered nurses and each care plan provides detail to ensure non-clinical staff can complete care for each consumer and understand the consumer’s goals, needs and preferences holistically.
* Acknowledgement there is not a specific field for risks to be shown on the care plan. However, as part of the service’s continuous improvement processes, the service will be identifying the most effective way to ensure risks are clearly captured for staff to easily view on the care plan.
* Explanation that all staff use the service’s failure of consumer to answer the door policy and procedure, which outlines step by step what needs to occur should a consumer not respond for a scheduled service.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response, which shows assessment and planning, including the consideration of risks to the consumer’s health and well-being, does inform the delivery of safe and effective care and services.

I have considered the intent of this Requirement, which is about making sure assessment and planning are effective, with relevant risks assessed, discussed with the consumer and included in planning a consumer’s care. This assessment and planning supports the consumer to get the best possible care and services and makes sure their safety, health and well-being aren’t compromised. To assess, plan and deliver care and service which are safe and effective, members of the workforce need to have the relevant skills, qualifications and knowledge to assess individual consumers’ needs, and to understand their needs, goals and preferences. I find this does occur, as qualified nurses conduct relevant risk assessments using validated assessment tools as part of the assessment and planning processes and they develop plans, including mobility plans, to support identified risks.

I acknowledge the provider has assessment and planning processes in place which consider risk and mobility plans provide guidance for staff in the use of relevant equipment to support consumer mobility. However, staff confirmed they do not read care assessments for consumers and rely on the care plan for guidance which management confirmed do not include consumer risk information. Management confirmed staff have access to all relevant consumer documentation which includes information about identified risks.

I acknowledge the Assessment Team’s assertion that staff do not have access to risk information in the care plans. However, the Assessment Team also stated mobility plans are in place for consumers who have high falls risks identified through assessment processes. I do not consider it proportionate to determine the service is non-compliant with assessment and planning because of a lack of risks recorded in one part of the care plan documentation. The Assessment Team did not provide evidence of where lack of this information led to poor care and services provided.

I have placed weight on the evidence qualified staff conduct assessment and planning, using validated assessment tools to identify risks and develop plans to meet the needs and preferences of the consumer. I have also place weight on staff confirming awareness of risks for consumers and confirming they have access to consumer care plans. I note staff stated they do not read the care assessment document. However, I do not consider this a reflection of poor assessment and planning processes. I encourage the provider to ensure staff are trained appropriately in the use of the care planning documentation.

In relation to CHSP, I find the provider, in relation to the service, compliant with Requirement (3)(a) in Standard 2, Ongoing assessment and planning with consumers.

In relation to HCP, I find the provider, in relation to the service, compliant with Requirement (3)(a) in Standard 2, Ongoing assessment and planning with consumers.

Requirements 2(3)(b) and 2(3)(e)

Requirements 2(3)(b) and 2(3)(e) were found non-compliant for HCP and CHSP services following a Quality Audit undertaken from 7 to 9 June 2022, as the service did not demonstrate:

* consumers were provided with an opportunity to identify goals and preferences related to advance care planning and end of life planning
* care and services are reviewed for effectiveness when circumstances change.

The Assessment Team’s report for the Assessment contact undertaken from 8 to 9 February 2024 included evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to:

* introduction of advance care planning and end of life planning into the initial care assessment
* training of care managers to ensure advance care planning is discussed as part of the assessment process
* implementation of a new support plan procedure, with care plans reviewed by a care manager and regular weekly care team meetings focusing on discussing clinical and risk factors for consumers.

The Assessment Team was satisfied the service had made adequate progress towards addressing the non-compliance. The Assessment Team recommended Requirements 2(3)(b) and 2(3)(e) met for HCP and CHSP and provided the following evidence relevant to my finding:

* Consumers and representatives confirmed advance care discussions have been held and documented in care plans.
* Care managers advised, and documentation confirmed, consumers are provided with an opportunity to identify their end of life preferences in an advance care directive at the initial assessment, review and reassessment.
* Documentation showed consumer goals had been discussed, agreed upon and documented, with advance care planning and end of life wishes noted as part of the assessment and review process, and where consented, these wishes were recorded, with advance care directives documented where appropriate.
* Consumers and representatives confirmed consumer services are regularly reviewed and when circumstances change.
* Staff described how they identify and report a change to a consumer’s condition or needs, with information recorded in the electronic care management system.
* Management described situations where services are reviewed, including when a consumer is discharged from hospital or when a consumer’s health or well-being deteriorates or changes.
* Management described and documentation showed each care manager maintains a list of consumers and when reviews of care and services are due, with HCP and CHSP consumers reviewed annually. Consumers are also reviewed where there has been an observed or notified decline in a consumer’s condition, hospital discharge, an increase in funding level, or on request by the consumer or representative.
* Management described a process implemented by the service for care managers to conduct fortnightly welfare checks for all consumers, with these contacts documented.

The provider did not comment on Requirement 2(3)(b) or 2(3)(e), other than to provide general comments about continuing to make significant changes and improvements in line with the service’s continuous improvement plan.

In coming to my finding, I have considered the information in the Assessment Team’s report which shows the service’s assessment and planning processes identify and address the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. The information also shows consumer 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.

I have placed weight on the evidence in the Assessment Team’s report which showed improvements have been made to address the previous non-compliance and consumers confirming assessment and planning discussions occur, including advance care discussions. I have also place weight on consumers confirming care and services are reviewed regularly and when circumstances change.

In relation to CHSP, I find the provider, in relation to the service, compliant with Requirements (3)(b) and (3)(e) in Standard 2, Ongoing assessment and planning with consumers.

In relation to HCP, I find the provider, in relation to the service, compliant with Requirements (3)(b) and (3)(e) in Standard 2, Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Not applicable |
| 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 | Not applicable |

Findings

Requirements 3(3)(a), 3(3)(b) and 3(3)(d) were found non-compliant for HCP services following a Quality Audit undertaken from 7 to 9 June 2022, as the service did not demonstrate:

* each consumer gets safe and effective personal care and or clinical care, with staff practices addressing complex clinical care needs putting all consumers at risk of receiving clinical care which is not best practice, not tailored to each consumer’s needs and does not optimise the consumer’s health and well-being
* effective management of high impact or high prevalence risks associated with the care of each consumer, with risk not discussed with consumers and/or their representatives at the time of admission or during ongoing review processes
* appropriate recognition and response to deterioration or change of a consumer’s cognitive or physical function, capacity or condition.

The Assessment Team’s report for the Assessment contact undertaken from 8 to 9 February 2024 included evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to:

* implementation of a suite of policies and processes as part of providing effective and safe clinical and personal care
* prioritised risk assessments, with improved care plans to capture clinical risks and to identify signs and what action to be taken in the event of a risk occurring
* implementation of a quality risk reporting structure to record incidents and clinical concerns, including a clinical nurse review for each event
* training staff on the identification, reporting and recording of consumer risks and follow-up review of specific strategies
* training staff in their roles and responsibilities for reporting deterioration
* increased review and reassessment when deterioration is identified
* consistent referrals to the clinical nurse and allied health professionals when there is a change in the condition of a consumer.

The Assessment Team was satisfied the service had made adequate progress towards addressing the non-compliance. The Assessment Team recommended Requirements 3(3)(a), 3(3)(b) and 3(3)(d) met for HCP consumers and provided the following evidence relevant to my finding:

* Consumers and representatives confirmed the consumers receive the care they need with personal and clinical care tailored to the consumer’s needs.
* Documentation showed care assessments are best practice and based on validated assessment tools.
* Documentation showed routine evaluation of care provision, including routine monitoring or identification of issues such as following a fall or when a specific clinical issue is identified.
* Management advised the service uses a subcontracted registered nurse to provide clinical care services for consumers, with regular reports provided by the registered nurse. These reports were evidenced in consumer care documentation and progress notes.
* Consumers and representatives confirmed the service effectively manages high impact and high prevalence risks, including insulin administration and weight loss.
* Staff demonstrated knowledge of consumers who have high impact or high prevalence risks.
* Documentation showed risks such as falls, weight loss, behaviours, wounds and pressure injuries are recorded in care assessment information.
* Documentation showed the service records and analyses high impact and high prevalence risk incidents, with strategies and interventions identified and implemented to mitigate reoccurrence of the incident.
* The service collects and collates clinical data to identify and trends.
* Consumers and representatives expressed satisfaction with how staff notice and respond to changes to the consumer’s health or well-being.
* Staff demonstrated a clear understanding of their roles and responsibilities for identifying and responding to deterioration.
* The service has a policy and procedure for responding to deterioration in a consumer’s function and reassessment, monitoring and follow-up policy to ensure changes are recognised and responded to in a timely manner. Documentation showed evidence of staff identifying and responding to deterioration, with the service addressing the identified change appropriately, including referring consumers to other health practitioners.

The provider did not comment on Requirement 3(3)(a), 3(3)(b) or 3(3)(d), other than to provide general comments about continuing to make significant changes and improvements in line with the service’s continuous improvement plan.

In coming to my finding, I have considered the information in the Assessment Team’s report which shows each consumer gets safe and effective personal and clinical care, the service effectively manages high impact and high prevalence risks associated with this care and deterioration and changes in consumer’s health and condition is recognised and responded to in a timely manner.

I have placed weight on the evidence in the Assessment Team’s report which showed improvements have been made to address the previous non-compliance and consumers expressing satisfaction with the clinical and personal care received, including staff recognising changes in the consumer’s health and well-being and evidence of managing high impact and high prevalence risks.

In relation to HCP, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b) and (3)(d) in Standard 3, Personal care and clinical care.

These requirements do not apply to the CHSP services as clinical care is not provided to consumers under this programme.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Not Compliant | Not Compliant |

Findings

Requirement 6(3)(c)

Requirement 6(3)(c) was found non-compliant for HCP services following a Quality Audit undertaken from 7 to 9 June 2022, as the service did not demonstrate timely and appropriate action is taken in response to complaints or concerns raised. While the service’s policy and process guide staff to be accessible, visible and have a direct process in resolving complaints, staff did not demonstrate this occurred. Consumers were not satisfied their complaints were actioned or resolved to their satisfaction and there were unresolved issued. Advocacy services were used to escalate concerns.

The Assessment Team’s report for the Assessment contact undertaken from 8 to 9 February 2024 included evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to:

* documentation improvement and tightening of processes to respond to complaints
* provision of advocacy information to consumers
* provision of the Commission’s details to consumers.

The Assessment Team was not satisfied the service had made adequate progress towards addressing the non-compliance. The Assessment Team recommended Requirement 6(3)(c) not met for HCP and CHSP and provided the following evidence relevant to my finding:

* Consumers and representatives stated complaints and concerns were not always responded to or resolved to their satisfaction.
* In response to the Assessment Team discussing a complaint from a consumer who was charged for 2 hour minimum service, management said the consumer has signed the service agreement which outlines a minimum 2 hour engagement period. Management did not indicate whether the consumer is made aware the 2 hour minimum is not mandatory.
* Management advised all complaints are recorded using a manual system, and the chief operations officer and the quality manager review all complaints, discuss in detail and prioritise the complaint based on the nature and urgency of the complaint and organise follow-up accordingly.
* Documentation showed the manager training manual states complaints will be followed up within 48 hours of receipt.
* Staff stated they had not received open disclosure training and they could not explain or give examples of open disclosure. They said if an incident occurred, they would report what had happened to the care manager.
* Management advised staff are provided with information about open disclosure through the policy and training. Documentation showed open disclosure training last occurred in September 2022.
* Documentation showed the service’s complaints policy states: ‘All complaints are documented, investigated, resolved and corrective action taken. All complaints shall be responded to prior to the next scheduled service visit or within two working days, whichever comes first’. The complaints register did not include outcome information or reference to open disclosure, with one complaint from 2022, 3 complaints for 2023 and 8 complaints from January 2024 not closed.
* Documentation showed the consumer handbook references information on complaints and states complaints will be handled in accordance with the complaint policy but, a copy of the policy is not included for the reader’s review.

The provider’s response to the Assessment Team’s report included:

* Explanation that open disclosure training had been completed on 7 February 2024, in preparation for the Assessment contact, with open disclosure discussed and a module provided to all staff for reference. The provider stated a copy of the training presentation was provided to the Assessment Team.
* Explanation the service has been working alongside the Commission since 2022 and has sent all necessary documentation to the Commission, inclusive of the Care Service Agreement.
* Explanation the complaint about 2 hour minimum service charge was received on the second day of the Assessment contact and the service is working with the Commission to resolve the complaint. The 2 hour minimum service charge for fully managed consumers is included in the Care Service Agreement and a copy of the agreement has been provided to the Commission during the period the service has been working with the Commission to address the non-compliance decision from 2022.
* Acknowledgement the complaints register does not include outcome information or reference to open disclosure and that several complaints were not closed and explanation the continuous improvement plan references the feedback and complaints process and elements of work required to enhance this overall. The service is in the process of implementing a traffic light system for complaints and feedback to ensure all feedback and complaints are responded to according to the priority selected, and timeliness of closure is completed accordingly.
* Explanation further enhancements to the feedback and complaints processes will include date of initial response to the complaint or feedback, as well as closure comments.
* Explanation the service has recently employed a quality manager specifically to oversee the feedback and complaints process.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response, which shows the service is not taking appropriate action in response to complaints.

I have considered the intent of the Requirement which expects organisations to have a best practice system for managing and resolving complaints for consumers and to let consumers know when things have gone wrong and explain what has happened, why it happened and what the service is doing to prevent it from happening again. I find this has not occurred, as the service’s system for managing and resolving complaints is still being developed. I acknowledge the service has employed a quality manager specifically to oversee the feedback and complaints process. However, at the time of my decision, all improvements identified by the service have not been implemented or embedded.

I have placed weight on the evidence in the Assessment Team’s report which showed consumers are not satisfied with how the service responds to or resolves complaints and that the service has acknowledged further improvements are needed to address shortcomings in the feedback and complaints system. The provider’s response focused on its activities to address the non-compliance decision from 2022, with ongoing contact with the Commission. However, the Assessment Team’s report shows improvements are still to be made by the service.

I acknowledge the CHSP service was found compliant in 2022 for this Requirement. However, complaints received by the Commission the non-compliance decision in 2022 and evidence gathered through the Assessment contact shows both HCP and CHSP consumers are not satisfied with how the service responds to or resolves complaints.

In relation to CHSP, I find the provider, in relation to the service, non-compliant with Requirement (3)(c) in Standard 6, Feedback and complaints.

In relation to HCP, I find the provider, in relation to the service, non-compliant with Requirement (3)(c) in Standard 6, Feedback and complaints.

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| 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 | Compliant |

Findings

Requirement 7(3)(c)

Requirement 7(3)(c) was found non-compliant for HCP services following a Quality Audit undertaken from 7 to 9 June 2022. While the service had monitoring processes in place to ensure competency of staff, these processes were not effective as 3 staff were providing clinical care outside the scope of their roles.

The Assessment Team’s report for the Assessment contact undertaken from 8 to 9 February 2024 included evidence of actions taken by the service in response to the non-compliance. These actions include but are not limited to, the completion of annual checks on staff required registrations and other formal qualifications/course requirements.

The Assessment Team found these improvements were effective and recommended Requirement 7(3)(c) met for both HCP and CHSP. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives expressed confidence in staff knowledge.
* Staff described their training and experiences and how they equip them to deliver competent care and services.
* Documentation showed role agreements outline the qualifications required for each role. These documents are verified and uploaded to the employee’s file, ensuring currency.
* The service did not provide documented evidence that the service has oversight of the subcontracted workforce’s competency, qualifications and knowledge to effectively perform their roles.

The provider did not comment on Requirement 7(3)(c), other than to provide general comments about continuing to make significant changes and improvements in line with the service’s continuous improvement plan.

In coming to my finding, I have considered the information in the Assessment Team’s report which shows the service ensures the workforce is competent and have the qualifications and knowledge required to effectively perform their roles.

I have placed weight on the evidence in the Assessment Team’s report which showed improvements have been made to address the previous non-compliance and consumers expressing satisfaction the competence of staff. The service has implemented processes to ensure staff do not work outside the scope of their role.

In relation to HCP, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 7, Human resources.

In relation to CHSP, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 7, Human resources.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant | 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 | Not applicable |

Findings

Requirement 8(3)(c)

Requirement 8(3)(c) was found non-compliant for HCP and CHSP services following a Quality Audit undertaken from 7 to 9 June 2022, as the service did not demonstrate effective organisation wide governance systems in relation to information management, workforce governance and feedback and complaints.

The Assessment Team’s report for the Assessment contact undertaken from 8 to 9 February 2024 included evidence of actions taken by the service in response to the non-compliance. These actions include but are not limited to the service in the process of implementing an information management and improved workforce governance processes implemented.

The Assessment Team was not satisfied the service had made adequate progress towards addressing the non-compliance. The Assessment Team recommended Requirement 8(3)(c) not met for HCP and CHSP in relation to workforce governance and feedback and complaints. The Assessment Team provided the following evidence relevant to my finding:

* Information management
  + The service has a suite of policies and procedures to inform service delivery and staff accountability.
  + The service has implemented a secure mobile application for staff use, with a centralised electronic management system to collate all consumer and staff information.
  + Staff stated the systems provide them with relevant information.
  + Although there are systems in place, information provided to consumers to support decision making is not always provided in a timely manner.
* Workforce governance
  + The service has workforce planning processes, specific staff roles and recruitment, onboarding and performance management processes.
  + All staff have appropriate levels of knowledge, qualifications and skills to ensure the service meets the needs of the consumer and delivers the outcomes of the Quality Standards.
  + The service did not show an understanding of the Social, Community, Home Care and Disability Services Industry Award (SCHADS award) and implemented a minimum engagement period of 2 hours for each service into the service agreement with consumers. Management stated the service follows and implemented the agreement and no legal counsel had been sought.
* Feedback and complaints
  + Timely response to concerns raised by consumers was not always evident in the service’s feedback and complaints system.
  + Consumers and representatives indicated they are not always satisfied with the response to complaints and their concerns are not always resolved. This has included frustration with lack of communication and responses to requests not timely.
  + The service introduced an updated telephone system in January 2024 to cope with the growing demand of incoming calls. Documentation showed complaints about unanswered calls have reduced since January 2024.
  + Although the service has an effective system to provide guidance and oversight of its feedback and complaints, response times and use of open disclosure could be improved.
* Continuous improvement
  + Management described how the service identifies continuous improvement opportunities through feedback and complaints, staff, incidents and changes to legislation.
  + Management explained how continuous improvement is discussed and monitored, with actions allocated on the electronic care management system, with regular reporting to the governing body.
* Financial governance
  + The chief financial officer described a review of financial processes including invoicing and setting delegated authorities for staff.
  + The chief financial officer explained there is ongoing education to consumers, representatives and suppliers about timelines for the payment cycle of invoices and cut-off dates for processing, with this information included in the monthly statement sent to consumers. Documentation showed this occurs.
  + The service has processes in place to monitor and manage unspent funds.
* Regulatory compliance
  + The chief operating officer advised they are a member of a peak industry body and receives regular updates in relation to changes in compliance and other information required. They also subscribe to the Commission and government department updates, with information communicated to relevant staff through emails and a secure chat application the service uses.

The provider’s response to the Assessment Team’s report included:

* Explanation the service needs further discussion and advice about the SCHADS award and whether it need to seek legal advice about the inclusion of the 2 hour minimum service charge in the consumer service agreement.
* Acknowledgement and appreciation of the positive feedback specifically relating to each governance system within Standard 8 and acknowledgement of the identified areas for improvement.
* Explanation the service has implemented significant changes and continues to enhance the overall governance of the service.
* Explanation the service has created significant roles to allow for further oversight and management of all major areas of the business, including financial governance and quality and compliance.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response, which shows the service has made improvements but, there is more work to be done to address organisation wide governance in relation to workforce governance and feedback and complaints.

Regarding information management, I find the service has implemented changes to ensure appropriate information management systems are in place. However, I encourage the service to continue to improve the timeliness of provision of information to consumers.

Regarding workforce governance, the service has included a minimum 2-hour service for consumers in the service agreement. As per the HCP Manual, services should be based on assessed needs. Having consumers commit to a 2-hour minimum service does not address the assessed needs of the consumer. The SCHADS Award is about how the service employs and pays their workforce, not about how the service schedules services for consumers.

Regarding feedback and complaints, I note the service has experienced a reduction in complaints about unanswered calls since the introduction of a new telephone system. However, consumers and representatives indicated they are not always satisfied with the response to complaints and their concerns are not always resolved. I have reviewed the records held by the Commission in relation to complaints from consumers where the Commission has facilitated resolution. The Commission has dealt with numerous complaints since 2022. Not all complaints were complex, and in my view, this supports the Assessment Team’s finding that the complaint resolution system at the service is not effective.

I have placed weight on the evidence in the Assessment Team’s report which showed consumers are not satisfied with how the service responds to or resolves complaints. I have also placed weight on the evidence it the Assessment Team’s report and the information provided by the provider during the Quality Audit and in response to the Assessment Team’s report about the SCHADS Award. The provider’s response shows it does not have effective workforce governance processes in place to ensure the workforce is rostered to meet the assessed needs of the consumers. Rather, it is enforcing 2-hour minimum services to meet the needs of the workforce employment arrangements.

In relation to CHSP, I find the provider, in relation to the service, non-compliant with Requirement (3)(c) in Standard 8, Organisational governance.

In relation to HCP, I find the provider, in relation to the service, non-compliant with Requirement (3)(c) in Standard 8, Organisational governance.

Requirement 8(3)(d)

Requirement 8(3)(d) was found non-compliant for HCP and CHSP services following a Quality Audit undertaken from 7 to 9 June 2022, as the service was not using its assessment processes effectively to identify and record risks for consumers.

The Assessment Team’s report for the Assessment contact undertaken from 8 to 9 February 2024 included evidence of actions taken by the service in response to the non-compliance. These actions include but are not limited to:

* new or improved policies and procedures to address clinical care and services, including high impact and high prevalence risks
* implementation of a full quality risk reporting structure to record and report on complaints, incidents and clinical concerns.

The Assessment Team found these improvements were effective and recommended Requirement 8(3)(d) met for both HCP and CHSP. The Assessment Team provided the following evidence relevant to my finding:

* The service has systems in place using validated assessment tools to assess high impact and high prevalence risks to consumers.
* Documentation showed risk to consumers are managed individually but, are not consistently outlined in each consumer’s care plan.
* Staff described what elder abuse looks like in a community setting.
* Staff explained how they report any changes in a consumer’s health, including where there may have been an incident outside of service delivery.
* Management advised the service provides mandatory training for staff in relation to elder abuse and the Serious Incident Response Scheme.
* The service has neglect and elder abuse policies and procedures, as well as dignity of risk policy and processes to guide staff.
* Documentation showed the service uses an incident management system, with timely reporting, investigation and actions taken to prevent or reduce the likelihood of the incident reoccurring for each consumer.

The provider did not comment on Requirement 8(3)(d), other than to provide general comments about continuing to make significant changes and improvements in line with the service’s continuous improvement plan.

In coming to my finding, I have considered the information in the Assessment Team’s report, which shows the service has effective risk management systems and processes to manage high impact and high prevalence risks, to identify and respond to abuse and neglect, to support consumers to live their best life and to manage and prevent incidents.

I have placed weight on the evidence in the Assessment Team’s report which showed improvements have been made to address the previous non-compliance. I note consistency of documenting individual consumer risks could be improved. I encourage the service to continue to improve consistency of risk recording in consumer care plans.

In relation to CHSP, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 8, Organisational governance.

In relation to HCP, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 8, Organisational governance.

Requirement 8(3)(e)

Requirement 8(3)(e) was found non-compliant for HCP and CHSP services following a Quality Audit undertaken from 7 to 9 June 2022, as the service did not demonstrate there were policies to guide staff in relation to antimicrobial stewardship and open disclosure and staff were not provided with education on minimising the use of restraint and what it means in practice in the community setting.

The Assessment Team’s report for the Assessment contact undertaken from 8 to 9 February 2024 included evidence of actions taken by the service in response to the non-compliance. These actions include but are not limited to:

* policies and processes developed regarding open disclosure, minimising the use of restraint and antimicrobial stewardship
* staff training on how to apply these policies in practice.

The Assessment Team found these improvements were effective and recommended Requirement 8(3)(e) met for both HCP and CHSP. I note clinical governance is not relevant for the CHSP services as clinical care is not provided under this programme. Therefore, the recommendation for CHSP for this Requirement should have been ‘not applicable’.

The Assessment Team provided the following evidence relevant to my finding:

* The service demonstrated an effective clinical governance framework which includes the culture of the service, the roles and responsibilities of the governing body, management and staff and included how risks will be managed.
* Documentation showed the clinical governance framework includes processes for antimicrobial stewardship, minimising the use of restrictive practices and open disclosure.
* Management stated they have regular discussions with consumers about the use of antibiotics and maintaining good fluid intake. However, they do not provide written information about this.
* Although the service has an open disclosure policy and process, staff could not describe the process when incidents occur.
* Management advised, and documentation showed, the service has role descriptions which guide staff to the scope of practice for the role and the accountabilities and skills required.
* Documentation showed the service collects clinical incident data, which is discussed at individual care manager meetings. Clinical data trends are analysed to identify and manage risks to consumers. This information is reported to the governing body.
* Documentation showed the service has relevant policies and procedures on infection control and how an outbreak would be managed.
* Staff are provided with relevant training about restrictive practices.

The provider did not comment on Requirement 8(3)(e), other than to provide general comments about continuing to make significant changes and improvements in line with the service’s continuous improvement plan.

In coming to my finding, I have considered the information in the Assessment Team’s report, which shows the service has a clinical governance framework in place addressing antimicrobial stewardship, minimising the use of restrictive practices and use of open disclosure.

I have placed weight on the evidence in the Assessment Team’s report which showed improvements have been made to address the previous non-compliance.

In relation to HCP, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 8, Organisational governance.

This requirement does not apply to the CHSP services as clinical care is not provided to consumers under this programme. I find Requirement (3)(e) in Standard 8, Organisational governance is not applicable for CHSP services provided by the service.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)