**Performance**

**Report**

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| Name: | Transcare Hunter Limited |
| Commission ID: | 200367 |
| Address: | 214 Kelly Street, SCONE, New South Wales, 2337 |
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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: 6986 Transcare Hunter Limited  
Service: 26485 TransCare Hunter Limited

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7365 TransCare Hunter Limited  
Service: 24013 TransCare Hunter Limited - Community and Home Support

**This performance report**

This performance report for Transcare Hunter Limited (**the service**) has been prepared by Gill Jones, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 7 June and 17 June 2024

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

*Requirement 6(3)(a)*

Encourages and supports consumers to provide feedback and make complaints through the provision of information on how to do so and through other means including a consumer survey.

*Requirement 6(3)(b)*

Ensure consumers are made aware of and have access to advocates, language services (as required) and other methods for raising and resolving complaints through the provision of information.

*Requirement 6(3)(c)*

Ensure appropriate action or investigation is undertaken in response to feedback and complaints and that an open disclosure process is used when things go wrong. Develop guidance and ensure staff are trained in on open disclosure.

*Requirement 6(3)(d)*

Ensure feedback and complaints are used to improve the quality of care and services by having an effective system for recording, monitoring and trending feedback and complaints which links into continuous improvement processes.

*Requirement 7(3)(d)*

Establish mechanisms to monitor, assess and identify the training needs of staff and ensure training provided to staff supports the delivery of the Quality Standards and includes open disclosure, antimicrobial stewardship and restrictive practices.

*Requirement 7(3)(e)*

Establish mechanisms to regularly assess, monitor and review of the performance for each member of the workforce.

*Requirement 8(3)(c)*

Ensure effective governance systems in place in relation to information management; continuous improvement; financial governance; workforce governance; and feedback and complaints.

*Requirement 8(3)(d)*

Establish effective risk management systems for managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and managing and preventing incidents through the use of an incident management system.

Ensure training provided to staff includes dignity of risk.

*Requirement 8(3)(e)*

Ensure the clinical governance framework includes antimicrobial stewardship, minimising the use of restraint or open disclosure and training has been provided to staff in these areas.

Ensure the clinical governance framework guides staff in clinical best practice through the use of clinical data to drive quality outcomes for consumers.

# 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. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | 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 |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

The service demonstrated consumers and clients are treated with dignity and respect and their identify culture and diversity valued. Consumers and representatives said staff were respectful and upheld their dignity. Care workers were able to speak about consumers and clients with knowledge and respect to their individual services.

The service was able to demonstrate consumers are supported to exercise choice and independence including making decisions about how their care is delivered. Staff involve whoever the consumer decides to be a part of their care and this was evidenced within the care plans. Care workers were able to describe the methods they use to encourage, promote, and educate consumers and their representatives on informed decision making in relation to their care. Care documentation contained information on consumer’s and their representative and their contact details.

The service demonstrated each consumer and client is supported to take risks to enable them to live the best life they can. Consumers, clients, and their representatives stated the care and services they receive support them to remain living at home with the service encouraging them to be independent. Consumers, clients, and representatives felt there were no particular risk they required support for but felt the service would assist them if any identified.

The service demonstrated information provided consumers is current, accurate and timely, and is communicated in a way that is clear, easy to understand and enables them to exercise choice. Consumers, clients, and their representatives said that on the commencement of services, they are provided with information, including their care plan which enabled them to exercise choice.

The service was able to demonstrate consumers privacy is respected, and personal information is kept confidential. All consumers and representatives interviewed felt that staff respected their privacy and kept their personal information confidential. Consumers did not raise concerns regarding their privacy. Care workers, service staff and management were able to describe the methods they employ to ensure consumer’s information is kept secure. All staff interviewed confirmed that consumer and client information is kept confidential, and their electronic management system (EMS) has clear permissions related to accessing information. Consumer and client agreements contained written and signed consents.

Based on the information before me, I find Standard 1 compliant for both HCP and CHSP.

# 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)(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 | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | 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

The service demonstrated assessment and planning processes, including the consideration of risks to the consumer’s health and well-being, inform the delivery of safe and effective care and services. Management and staff described assessment and care planning processes and the ways risks to the consumer’s health and wellbeing are considered and assessed. Validated assessment tools are used and appropriately applied. Individual strategies and interventions to manage risks were identified in care plans. Care workers described familiarity with consumer risks and were able to discuss interventions and/or strategies in place. Policies and procedures were readily available for care workers to utilise.

The service demonstrated 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. Care documentation evidenced consumer needs and preferences were captured with all files showing the identification and discussion of the consumer’s goals, needs, and preferences and advance care planning needs, if the consumer wished to.

The service demonstrated that assessment and planning is based on partnership with the consumers and their representatives and included other organisations, individuals, providers of other care and services. Consumers stated they are supported to make decisions about their care. Consumer representatives stated the service encourages and supports them to be involved from commencement with the service and during the regular reviews that are conducted. Documentation evidenced the involvement of others including other health professionals involved in the care of the consumer.

The service demonstrated that the outcomes of assessment and planning are effectively communicated to consumers and representatives and then documented in a care and services plan that is readily available to them. Consumers indicated they were satisfied that outcomes that were communicated to them and most indicated they had access to their care plan, if needed. Two consumers seemed less sure they had access to their care plan with one consumer representative stating they had no ongoing involvement for the last two years. In their response to the Assessment Team’s report, the provider was able to provide additional information that clarified and addressed these points.

The service demonstrated care and services are regularly reviewed for effectiveness, and when circumstances change or when incidents impact on the needs, goals, or preferences of the consumer. Consumers were satisfied that services are provided flexibly to meet their changing needs. Consumers confirmed their needs are regularly reviewed. Management described how care and services are reviewed for effectiveness especially when circumstances change or when incidents impact on the needs, goals, or preferences of the consumers. Care documentation demonstrated regular reviews are conducted.

Based on the information before me, I find Standard 2 compliant for both HCP and CHSP.

# 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

The service demonstrated that consumers receive safe and effective personal and/or clinical care that is tailored to meet their needs and optimises their health and well-being. Overall, consumers and their representatives were satisfied with the care and services they received and were able to describe how care has optimised their health and well-being. Care workers interviewed said they provide care that is tailored to the needs of the consumers and their wishes. Management described how they ensure best practice care is provided by qualified staff and conduct regular review with consumers and clients and their representatives to ensure both are receiving safe and effective care.

The service demonstrated management of high impact and high prevalent risks associated with the care of each consumer. Staff interviews and documentation reviewed demonstrated that risks are identified through assessment and care planning. Interventions to manage risk are included in care planning documentation for staff to follow. Interviews with care workers and service staff confirmed that they had access to this information. The Assessment Team raised a concern about the clinical oversight provided to a CHSP consumer following several falls, and the strategies in place to manage continence for another CHSP consumer. Having reviewed the information in the Assessment Team’s report and the additional information provided by the provider to the Assessment Team’s report I satisfied regarding the care provided to both consumers.

The service demonstrated the needs, goals, and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. The service works in partnership with external providers of care through the local health palliative care team. Advanced care planning is discussed and information provided to consumers and their representatives. Staff interviewed felt confident to provide care and support for consumers nearing the end of life. Staff have received training and have access to policies and procedures to guide their practice.

The service demonstrated deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Consumer representatives expressed confidence that staff would identify and respond to a deterioration or change in an efficient manner. Care workers demonstrated knowledge of their responsibilities in reporting deterioration or a change in consumer’s condition. The service has policies and procedures to guide staff on how to document and report consumer deterioration.

The service demonstrated that information about consumers’ condition, needs, and preferences are communicated within the organisation and with others responsible for care. Consumers and their representatives interviewed expressed satisfaction that the consumers’ conditions, needs, and preferences are well communicated. The service demonstrated they actively communicate with others internally and externally including GPs, hospital staff, allied health, and representatives to ensure the provision of safe and effective care. Information shared is documented. Care workers interviewed described how they receive information about each consumer. Any changes to the care plans of consumers and clients are discussed with care workers by either the HCP or CHSP manager. Care workers said they receive sufficient information about each consumer they provide care to.

The service demonstrated the timely and appropriate referrals to individuals, other organisations, and providers of other care services. Consumers and representatives interviewed said in various ways the service assists with referrals for both care, services, and equipment needs. Documentation reviewed included referrals to equipment suppliers and allied health providers.

The service demonstrated the minimisation of infection related risks through the implementation of precautions to prevent and control infections. Consumers and their representatives were satisfied with the measures taken by the care workers to protect consumers from infection. Care workers are provided with infection control training and supplied with personal protective equipment (PPE).

Based on the information before me, I find Standard 3 compliant for both HCP and CHSP.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

The service demonstrated each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals, and preferences to optimise their independence, health, well-being, and quality of life. Consumers described how the service meets their needs, enhances their lives and promotes their independence through services and supports for daily living offered. Both staff and management described how they support consumers to remain independent and optimise their quality of life.

The service demonstrated that services and supports promote each consumer’s emotional, spiritual, and psychological well-being. Consumers described how they are supported to maintain their emotional, spiritual and psychological wellbeing through support provided by staff. Consumers and their representatives stated staff knew consumers well and could describe in many ways how the service provided for and enhanced their emotional and psychological well-being through services including companionship and community outings. Care workers described the strategies in place to support consumer’s emotionally, spiritually and promote their psychological wellbeing.

The service supports consumers by assisting them to participate in their community in a way that interests them and to have social and personal relationships. Consumers stated that they enjoy the activities they participate in. Management advised that during the initial assessment goals for consumers are established, including any social activities that are important to them, and they use this information to help guide and achieve these goals. Each consumer’s goals and preferences are documented in their care plans.

The service demonstrated information about consumers is communicated within the organisation and with others who are responsible for the consumer’s care. Consumers stated staff knew them well and know their preferences. Care workers said comprehensive information is documented about consumers and is readily available for them to access via their mobile ‘app’. Care workers interviewed said they are kept informed of the changing needs and preferences of consumers and clients.

The service demonstrated timely and appropriate referrals to other organisations and providers of care and services. Feedback received from consumers and representatives described the effective and timely referral process. A review of care documentation evidenced timely and appropriate referrals are made in response to the needs of consumers.

The service demonstrated that meals where provided, are varied and of suitable quality and quantity. Consumers and clients confirmed the service has asked them about their meal preferences, likes, and dislikes. While HCP consumers have frozen meals delivered they have the option of joining meals at the centre.

The service demonstrated where equipment is provided it is safe, suitable, clean, and well-maintained. Consumers interviewed expressed satisfaction with the allied health assessments completed and the subsequent equipment they received. Care workers interviewed said during their scheduled visits with the consumers they will conduct visual inspections of assistance devices and mobility aids to ensure they are clean, and safe to use. If they suspect the equipment to be faulty, they will call the office immediately and inform management.

Based on the information before me, I find Standard 4 compliant for both HCP and CHSP.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The service operates social activities groups in community-based settings 4 days per week for 15 to 24 consumers. The building has an open concept design and the space is airy and filled with natural light. The facility allows adequate space for activities with a focus on interaction and inclusion. There is adequate signage throughout to support clients and consumers to navigate the space, including accessing the bathrooms.

The environment is safe, clean, well-maintained, and comfortable and supports clients and consumers to move freely. Clients and consumers who attend said they were happy with the service and the facility.

Furniture, fittings, and equipment in the facility were observed to be clean and suitable for consumers to use. There is sufficient furniture and equipment to accommodate consumers who attend. Vehicles are owned and maintained by the service and drivers inspect the bus prior to each excursion. The Assessment Team noted that bodily fluid spill kit(s) are not available at the social activity venues nor in the vehicles to ensure effective risk management, Cleaning equipment on board the vehicle could be improved to ensure appropriate hygiene and infection prevention and control during transportation. Management advised this will be considered.

Based on the information before me, I find Standard 5 compliant for both HCP and CHSP.

# Standard 6

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| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Not Compliant | Not 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. | Not Compliant | Not Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Not Compliant | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant | Not Compliant |

Findings

The service was unable to demonstrate that it encourages and supports consumers to provide feedback and make complaints. Most consumers are aware they can make a complaint through staff and management but do not have access to feedback forms or other methods to encourage and support them to provide feedback or make a complaint. Information on how to make a complaint is provided to the HCP consumers in their agreement but no further written information is provided by the service to either HCP or CHSP consumers to encourage consumers to provide feedback or make a complaint. One consumer indicated consumers are afraid to raise issues for fear of losing their services. The service does not undertake consumers satisfaction surveys to encourage feedback from consumers. Staff indicated they know how to both support and escalate a complaint if a consumer were to raise a complaint with them but did not know how complaints are followed up and actioned. Management indicated that significant complaints are added to the feedback and complaints register but this register contained little information about complaints made and how they were actioned and followed up with the complainant.

The service was unable to demonstrate that clients and consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Several consumers stated that they were not aware of the advocacy services available to them and how they could help them make a complaint. Staff were unaware of what advocacy services were available to aged care consumers. Furthermore, information is not provided to the consumer in a way that is readily accessible to them that outlines how to contact an advocacy service or make a complaint to an external organisation including the Commission. Whilst an information pamphlet for The Senior Rights Service was available in one of the offices this is not readily accessible to all consumers. The service themselves acknowledged this an area that needs improvement to demonstrate they meet this requirement.

The service was unable to demonstrate appropriate action or investigation is undertaken in response to feedback and complaints or that an open disclosure process is used when things go wrong. Some consumers and their representatives complained that communication was an issue at the service when trying to make contact with staff. They stated they have complained but nothing has changed. Consumers had also raised issues about not understanding their HCP statements and felt their issues had not been resolved. These issues had not been identified in the feedback and complaints register. The Assessment Team found staff did not have an understanding of the open disclosure process and training has not been provided to staff. The service does not have specific policies or procedures relating to the open disclosure process nor is this provided in the feedback and complaints process policy to guide staff in managing complaints.

The service is unable to demonstrate that feedback and complaints are used to improve the quality of care and services. Several consumers and representatives advised there had not been effective improvements or any actions taken as a result of their feedback. The service does not have an effective system for recording, monitoring or trending feedback and complaints. Management provided the service’s plan for continuous improvement which consisted mainly of improvements required by legislation, however, did not include other sources of feedback including feedback and complaints.

In their response to the Assessment Team’s report, the provider confirmed feedback from consumers about difficulty contacting the service had been responded to and contact details for the service during business hours provided to consumers in a flyer. No other information was provided in relation to how feedback and complaints made by consumers had been recorded and used to improve the quality of care and services. The provider stated that whilst the organisation has a complaints policy they do not have an effective system for recording, monitoring or trending feedback and complaints. The provider stated they were unaware of their role in promoting advocacy services to support consumers raise complaints but are now addressing this by working with advocacy agencies locally. The provider stated they had engaged an organisation to provide a management system that will allow for managing complaints, feedback and improvements. This system will be implemented as soon as staff receive the necessary training.

Based on the information before me, I find Standard 6 non-compliant for both HCP and CHSP as Requirement 6(3)(a), Requirement 6(3)(b), Requirement 6(3)(c) and Requirement 6(3)(d) are non-compliant.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant | Not Compliant |

Findings

Consumers and representatives were mostly satisfied with staff availability and confirmed staff know their needs and preferences. Consumers confirmed they receive their agreed care and services, as planned, and staff usually arrive on time. Most consumers provided positive feedback regarding staff and said they are happy with the workers currently attending their services. Most staff said they did not feel rushed to complete their jobs and did not feel pressured around their schedules. Some CHSP consumers raised concerns regarding the service’s inability to provide suitable transport services outside the service’s advertised times of 10am-2pm due to the availability of volunteers. The transport manager said strategies to resolve this issue by creating ‘linkages’ with other providers has been unsuccessful.

With regard to the availability of staff, reports to the Board in March 2024 showed leave and sickness levels had required cancellations of scheduled services, however, it was difficult to quantify the impact of cancellations and staff nonavailability on service delivery as the service does not record data on each issue separately. Management advised that personal care services are always replaced when staff are unavailable but other services may be cancelled or rearranged due to staff shortages. Whilst most clients and consumers said they are happy with the services they are receiving, the Assessment Team found a large number of ‘unfilled shifts’ and services not able to be provided across HCP and CHSP programs due to staff shortages.

In their response to the Assessment Teams report the provider stated that COVID and other ailments had resulted in cancellations of consumer services due to workforce capacity during 2024. The provider stated that they do not have difficulty with recruiting and retaining staff but the aged care industry, as a whole, experiences shortages of staff. The provider stressed that when services need to be rearranged they are in contact with consumers to reschedule their services with higher priority given to those consumers who required personal care. The approved provider stated that it was important to remember that they are a low level service provider with approximately 90% of consumers being provided with domestic assistance.

I have considered the response from the approved provider and accept that services will inevitably need to be cancelled and rearranged when staff are not available but note that, when this happens, consumers with a higher level of need are prioritised. I have considered that most consumers did not raise this issue with the Assessment Team as a concern. The provider provided information in relation to one consumer named in the Assessment Team’s report to clarify their preferred days for services and that services were being delivered on that day. Having considered all of the information before me I consider the provider is enabling the number and mix of staff in their workforce to provide safe quality services.

Clients, consumers and representatives interviewed confirmed that staff are kind, caring and gentle when providing care. Staff consistently spoke about the various ways they show kindness and care for their clients and consumers and respect for their choices. Staff provided examples where they had gone ‘the extra mile’ to support clients and consumers to make sure they received the care and services they needed.

The Assessment Team found the service was unable to demonstrate that each member of the workforce is competent and has the qualifications and knowledge to perform their role. They found that staff are required to hold a Certificate III in Individual Support, or agree to obtain this qualification once employed, with the service relying on the knowledge gained from this qualification for staff to perform competently in their role. The Assessment Team identified concerns around how long staff were taking to obtain this qualification and whether that meant they were not appropriately trained to do their job, particularly as they found induction entailed new staff being given an onboarding checklist and policies to read and sign, without a staff handbook. The Assessment Team found the service does not have a staff induction or recruitment policy and position descriptions to guide staff practice were not up to date. Qualifications, registrations and insurance requirements for allied health staff and medical officers are not checked or monitored.

In their response to the Assessment Teams report the provider stated that there are staff induction policies and staff recruitment policies and provided these. The provider argued that a staff handbook is not required as new staff are personally inducted to the organisation and one of the first things they do is complete the Alis modules and any other training deemed necessary to ensure they can competently do their jobs. The provider stated most position descriptions were updated in 2022/2023, except those currently under review which included the CEO and Finance Manager positions. The provider supplied the Care Manager job description with their response but acknowledged this may need to be reviewed in relation to the proposed amalgamation of both HCP and CHSP services. The provider provided further information demonstrating five staff currently engaged on the Certificate 111 in Individual Support had start and finish dates which were 18 months apart. All but one (who started in March 2024) had completed at least 50% of the modules.

I have considered the information provided by the Assessment Team and the approved provider and find there is insufficient evidence to demonstrate that staff do not have the qualifications, knowledge or competence to do their jobs. The service is providing training during onboarding including elder abuse, SIRS, incident management, code of conduct, infection control, manual handling, first aid and CPR training. Staff have access to the ALIS modules and are provided with support to complete the Certificate 111 in Individual Support as required. Consumers have not raised concerns about staff knowledge and competence of staff. Therefore, I find the service is able to demonstrate the workforce has the qualifications and knowledge to perform their roles.

The service did not demonstrate that each member of the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards for both HCP and CHSP service. Deficiencies identified by the Assessment Team included the lack of ongoing training to support the learning and development of the workforce. The service does not have systems in place to monitor, assess and identify the training needs of staff nor monitor training staff are undertaking. This was confirmed through interviews with staff and management. The training plan dated 2022/23 comprised of training provided on recruitment with additional planned training on topics including wound management, personal care, dementia training and the Quality Standards. Staff have not been provided with additional training relevant to the Standards such as open disclosure, antimicrobial stewardship and restrictive practices. Staff meetings are held irregularly with staff who are able to attend, however they are not minuted to inform staff who are unable to attend about changes at the service or enable them to provide feedback to management. Staff are provided with a Code of Conduct but not asked to sign it. Staff surveys are not provided to guide management on how to support staff in their roles and with ongoing training.

In their response to the Assessment Team’s report the provider responded that they know what training staff require as they know their staff very well. The provider agreed that their training plan is dated 2022/2023 and is due for a refresh as some staff left in 2023/2024 and they recruited new staff in 2024. The provider plans to develop a new training plan for 2024/2025 which will include open disclosure, but not antimicrobial stewardship or restrictive practices as they do not consider these topics pertinent to HCP and CHSP. The provider produced evidence that, in May 2024, they purchased training on both Care and Support Planning and Utilising My Aged Care for a total of 24 staff but did not provide information about how this training is relevant to their workforce and consumer need.

I have considered the information provided by the Assessment Team and the provider and find that the service is unable to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcome required by the Standards. Whilst staff receive training on induction and have access to Alis and Certificate 111 training, the service was unable to demonstrate the mechanisms in place to ensure staff have access ongoing training that responds to the needs of consumers. It is noted that the training plan needs to be refreshed for 2024/2025 however the service does not have mechanisms in place to monitor, assess and identify the training needs of staff. Neither do they have mechanisms in place to ask staff about their ongoing training needs, or have sufficient oversight of training completed. There is no ongoing staff appraisal system in place as discussed below. I note training planned on the Quality Standards in the 2022/2023 training plan has not been conducted. I am also influenced by the fact staff have not been trained in open disclosure, antimicrobial stewardship and restrictive practices. These concepts are part of the Aged Care Quality Standards and apply equally to residential and home care (HCP and CHSP) and it is concerning that the approved provider does not consider this and therefore, was not planning to conduct training on restrictive practices or antimicrobial stewardship.

The service did not demonstrate regular assessment, monitoring, and review of performance for each member of the workforce. Management advised that new staff have a 3-month review to assess whether they are meeting expectations, however, this is not consistently implemented or documented. There is an adhoc arrangement in place involving discussions with staff but no formal process in place for regular staff appraisal. There is currently no process to establish a performance plan for staff who are underperforming.

In their response to the Assessment Team’s report the provider responded that they will re-introduce performance management during 2024/2025.

Based on the information before me, I find Standard 7 non-compliant for both HCP and CHSP as Requirement 7(3)(d) and Requirement 7(3)(e) are non-compliant.

# Standard 8

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

Findings

The Assessment Team found the organisation did not demonstrate that they actively engage consumers in the development and evaluation of care and services. Although most consumers and representatives confirmed they feel the service is well run and feel supported by the organisation there was no evidence that the organisation actively engages consumers in the development and evaluation of their care and services. The organisation has formed a Consumer Advisory Board with the first meeting held in March 2024 but management could not evidence that consumers had been contacted with regard to expressions of interest in this board and no minutes were provided for the inaugural meeting. The Assessment Team found there were three members on this board, the CHSP manager, Transport manager and HCP manager who is a consumer representative for her spouse. Furthermore, the Assessment Team found the lack of support provided to consumers to provide feedback and make complaints would indicate that consumers are not supported to have their say in the care and services provided. The service had not been able to evidence that consumer surveys have been conducted to enable consumers to provide feedback on their care and services.

In their response to the Assessment Team’s report the provider responded that the Consumer Advisory Body has had two meetings, March and May 2024, (minutes provided) and that the CHSP manager and Transport manager are not involved on this body as consumer representatives. Three consumers in total are on the board with one representative from CHSP, one consumer from Transport and one HCP consumer. The minutes of the May 2024 meeting show topics discussed include Standard 6 and 8 of the Aged Care Standards as pertinent to consumers with action items included improvements to the complaints processes and the reissuing of a consumer survey. The approved provider stated that the last consumer survey was undertaken in 2021 and one will be conducted in 2024.

Having considered the information before me I consider that the organisation is engaging with consumers in the development, delivery and evaluation of care and services across HCP and CHSP as evidenced by consumer involvement in the Consumer Advisory Board and action items agreed.

The Assessment Team found the organisation has not been able to demonstrate that it actively promotes and understands its responsibility and accountability regarding the delivery of safe, quality care and services to consumers. Whilst the Board receives budget reports, section reports, human resources reports (including staffing and staff movements), planned training budget and project updates there was limited evidence that the information presented to the Board allowed it to oversee how the organisation is meeting the Quality Standards. Limited information was supplied to the Board around clinical indicator data, feedback and complaints, audits, risk management and continuous improvement. There were issues identified around the timeliness of information presented to the Board. Performance data presented to the March 2024 meeting was six to nine months old. Furthermore, the Assessment Team found that whilst the organisation has a Clinical Advisory Board (CAB) which reports to the Board, CAB meetings were not minuted. Lastly, the Assessment Team found the organisation’s strategic plan containing the organisation’s mission, vision and values was not accessible to staff and consumers.

In their response to the Assessment Team’s report the provider responded to concerns that information presented to the Board was not timely explaining that the reporting they do on the organisation’s performance to the Dept of Health and Aged Care is in arrears hence information presented to the Board is for a previous quarter. The provider explained that this operational data does not change at short notice but should the need arise the Chief Executive Officer (CEO) can call a Board meeting at any time. The provider did not respond to the concerns that limited information was supplied to the Board around clinical indicator data, feedback and complaints, audits, risk management and continuous improvement. However, in their response the approved provider explained that the CEO is employed by the Board of Directors to oversee and report on all operational matters. The Board of Directors are responsible and accountable for the financial stewardship and strategic direction of the company and are well aware of their accountability with safe and consistent levels of service. The approved provider stated that the organisations mission, vision and values are published on their website and staff must sign that they have read the Strategic Plan and associated policies.

Having consider the information before me I consider that the organisation’s governing body is able to demonstrate they promote a culture of safe, inclusive and quality care and services. I find that the CEO and Board are accountable for the performance of the organisation. The organisation has responded to the legislative changes introduced in December 2023 and has established both a Consumer Advisory Board and a Clinical Advisory Board and reporting structures are in place for the organisation’s board to review the performance of the organisation. The organisation’s strategic plan is a publicly available document demonstrating the organisation’s accountability to their stakeholders.

The organisation was unable to demonstrate governance systems in place are used effectively to improve outcomes for consumers in relation to information management; continuous improvement; financial governance; workforce governance; and feedback and complaints. The Assessment Team found the organisation’s information management system is ineffective with regard to communications with staff and consumers. Staff are not provided with sufficient information as staff meetings are held irregularly and not minuted, and policies and procedures are not reviewed regularly. Several policies are still under review or yet to be implemented including policies on open disclosure, restrictive practices, clinical management, incident reporting and dignity of risk. Information provided to consumers to support them in providing feedback is limited as the organisation’s feedback and complaints systems is ineffective. Consumers are not provided with sufficient information regarding making complaints and advocacy or how to contact management or staff after hours, phones are not always answered, or calls returned.

In their response to the Assessment team’s report the provider stated they provide information to consumers during the initial assessment and through flyers but were unaware of their role in promoting advocacy to support consumers make a complaint. The provider stated they do have a system to ensure policies and procedures are current and these are available to staff on their HR platform. The provider did not provide any further detail in relation to the Assessment Team’s finding that policies on open disclosure, restrictive practices, clinical management, and dignity of risk were not available to staff. The provider stated that incident reporting was being addressed through the purchase of a safety and quality management system.

The Assessment Team found the organisation did not have an effective system to capture and monitor continuous improvement. The Assessment Team found the plan for continuous improvement provided contained 4 entries dated 1 July 2023 but there was no indication demonstrating these items had been actioned, progressed or completed. All items documented have been recorded by management and the organisation had not sourced feedback more broadly such as through complaints, feedback, staff and consumer satisfaction surveys, incidents, or audits to identify gaps in care and service delivery or how this information is used to inform continuous improvement.

In their response to the Assessment Team’s report the provider provided a plan for continuous improvement which contained 13 items and was dated 27 June 2023 but there was no indication demonstrating these the items had been actioned, progressed or completed. The lack of updating of this document demonstrated this was not a living document and it contained management initiated items only as found by the Assessment Team.

The Assessment Team found financial governance systems and processes are in place to manage the finances and resources that the service needs to deliver care and services however, there are no guidelines in place for staff to assist consumers in how to manage unspent funds. One consumer with large amount of unspent funds said she had not been involved in a conversation to manage this.

The provider in their response, did not provide further information in relation to this.

With regard to workforce governance the Assessment Team found that the workforce is not adequately supported with training to deliver the outcomes required by the Standards as described in Standard 7.

With regard to complaints and feedback the Assessment Team found the organisation does not have an effective complaints management system as described in Standard 6.

I have considered the Assessment Team’s findings and the response from the provider and find that the organisation does not have an effective organisation wide governance systems relating to information management; continuous improvement; financial governance; workforce governance and feedback and complaints for the reasons outlined above.

The organisation does not have effective risk management systems for managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, through the use of an incident management system.

The organisation provided a list of HCP and CHSP consumers they identified as at high risk however there was no evidence how these consumers are monitored. The organisation is unable to demonstrate it has an effective incident management system. The service uses a spreadsheet to report and monitor incidents for HCP consumers only. Management did not demonstrate regular review and monitoring of incidents and trends nor are these provided to the governing body for review. The incident management system does not identify processes for effectively managing incidents such as documenting actions taken, analysing incidents for root cause, strategies implemented and reviewing incidents to ensure they do not reoccur. Incidents are recorded in an incident register by are not analysed or trended or reported to the board for continuous improvement. Staff are not supported or guided on identifying all incidents through procedures to follow. Guidance for staff on identification of consumer adverse events or incidents was lacking details and not specific enough to ensure consistent reporting. A risk management policy reviewed is broad, describes the definition of ‘risk’ but does not provide sufficient information regarding how specific risks are managed. The organisation does not have policies or procedures to identify dignity of risk and staff have not had training in this.

Most consumers stated they were supported by the organisation to live their best life, both at home and in their community, and services are implemented by the organisation to support their quality of life and to match their assessed needs or preferences.

In their response to the Assessment Teams report the provider referred to the safety and quality management system they have purchased to address these issues.

I have considered the Assessment Team’s findings and the response from the provider and find that the organisation does not have an effective risk management systems for managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and managing and preventing incidents through the use of an incident management system for the reasons explained above.

Where clinical care is provided a clinical governance framework needs to include antimicrobial stewardship, minimising the use of restraint and open disclosure. Whilst the organisation has a clinical governance framework dated 2022 (currently under review) it does not include antimicrobial stewardship, minimising the use of restraint or open disclosure and training has been provided to staff in these areas. Neither can the organisation demonstrate that it has processes to guide staff in clinical best practice through the use of clinical data to drive quality outcomes for consumers.

The approved provider in their response, did not provide further information in relation to this.

I find the organisation does not have an effective clinical governance framework in relation to HCP service provision. The service does not provide clinical care in CHSP so the finding is Not Applicable.

Based on the information before me, I find Standard 8 non-compliant as Requirement 8(3)(c) and Requirement 8(3)(d) are non-compliant for both HCP and CHSP and Requirement 8(3)(e) is non-compliant for HCP.

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