**Performance**

**Report**

**1800 951 822**

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| Name of service: | Trinder Park Home Care |
| Service address: | 10 Laurel Street WOODRIDGE QLD 4114 |
| Commission ID: | 700850 |
| Home Service Provider: | Lutheran Church of Australia - Queensland District |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 3 April 2023 |
| Performance report date: | 8 May 2023 |

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.

**This performance report**

This performance report for Trinder Park Home Care (**the service**) has been prepared by M Cooper, 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.

# Services included in this assessment

**Home Care:**

* Trinder Park Home Care, 28102, 10 Laurel Street, WOODRIDGE QLD 4114

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 1 May 2023
* Aged Care Act 1997 [Cth]
* Aged Care Quality and Safety Commission Act 2018 [Cth]
* Aged Care Quality and Safety Commission Rules 2018 [Cth]
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Commonwealth Home Support Programme manual 2022 -2023
* Home Care Package Program operational manual a guide for home care providers Version 1.3 – January 2023

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Compliant |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Compliant |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

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 |

Findings

The Assessment Team reports that the Approved Provider gave an updated version of the services, assessment and care planning procedure, which included how the organisation undertakes assessment and care planning, drawing on relevant evidence and best practice guidance.

The service has reviewed their ‘Personal Independence Plans’ and have implemented a new care planning document. The Assessment Team sighted a template of the ‘Client Goal Plan’ which included enhanced information to guide staff on areas of personalised service delivery, high needs areas and supports, Enduring Power of Attorney (EPOA), advance health directive information and end of life wishes. The Provider has reviewed and updated all consumer home folders to ensure all relevant consumer information is available to guide staff at the point of care. The Assessment Team noted the Provider has responded proactively to the previous quality audit findings and implemented improvements however evidence analysed showed the service did not demonstrate that assessment and planning consistently informs the delivery of safe and effective care and services.

The Assessment team reviewed consumer care planning and assessment documents which showed insufficient information regarding health conditions and risk associated with consumers care, for example. Consumer 1, HCP3, is experiencing progressive cognitive decline. A cognitive screening was conducted and scored 20/30. The Consumer’s daughter has EPOA for him. However, the Consumer’s representative reports Consumer 1’s medical condition is, short term memory loss, progressive cognitive decline, confusion, wondering and was previously admitted to hospital for not taking medication for blood pressure. Representative said the Consumer has no bills to pay as these are set up electronically and advised they are concerned for his safety and vulnerability as has been withdrawing money in large amounts.

Consumer 1’s intake form 20/10/22, noted the representative as contact person and not his EPOAP. Medical information sighted was observed to be completed by the Home Care coordinator and the Consumer. His medical history record showed that he ticked that he uses a webster pack and does not require medication assistance. The Consumer’s ‘Home Care Package Agreement’ was signed by the Consumer and witnessed by the Home Care Coordinator. ‘Personal Independence Plan’ does not have sufficient information such as, goals and risks associated his care needs and information to guide staff providing the services.

Consumer’s Client Summary Report’ indicated services included medication prompting, social support and domestic assessment. There was no information to guide staff assisting with his care needs. His Falls Fisk Assessment Tool, (FRAT) completed by the service, sighted showed Consumer 1 cognitive as intact and recorded low scoring of one. The overall Falls risk status was, ‘Low Risk’.

An email dated 11/11/2022 from a Support Worker to the Home Care Co-ordinator with an update of consumers condition and requesting a Clinical visit. The email identified that the support worker was completing a medication course and was using the Consumer’s medication as homework as a part of the research. Support worker wrote they just realised the only medication the Consumer had been taking was two tablets for blood pressure and has been for a long time. The support worker advised they thought at least one of the tablets was for his ‘compulsive disorder’. The support worker then provided a list of concerns in relation to Consumer 1’s condition and said they went ‘snooping’ in the consumers file and looking for previous medical history so they knew what medication to prescribe him.

Review of incident register recorded medication incident dated 3/2/23 indicated that the support worker wasn't sure if the Consumer had taken his medication that morning. After a short discussion, the support worker and consumer decided he had not taken his tablets and then he emptied a "blister" on the pack and swallowed the tablets. Action recorded on the register showed a discussion between consumer and support worker, resulted consumer writing a letter of authority for support worker to request on his behalf to have the days of the week added to all the webster packs. The Assessment Team sighted a handwritten authorisation letter from the Consumer for the support worker to give to the pharmacy. ‘No’ was circled for guardian being notified.

Progress note, dated 22/3/23, indicates that a registered nurse had visited the Consumer for Clinical Assessments, however the Consumer declined, the recommended services and started to get aggressive towards to cognitive impairment, RN will attempt again, nil other issues.

The Assessment Team provided the key findings to management and they advised the Home Care Coordinator is no longer employed by the service and offered to obtain further information from employees’ email accounts such as risk assessments, case notes and EPOW communications. The Assessment Team declined and advised management consumer information should be readily available to guide staff and management oversight.

The Assessment Team sampled 5 consumers and found initial and ongoing assessments care plans are not reflective of consumers current care needs. The considerations of risk to consumers safety was not documented or communicated with staff. Consumer risk assessments were observed to be low scoring and were not routinely assessed and investigated. Furthermore, the engagement of consumers or their representatives, and other individuals in the care planning process was not evident.

Response to Assessment Team report.

The Approved Provider has provided clarity in relation to the assertion that Consumer 1 has no bills to pay as these are set up electronically and advised they are concerned for his safety and vulnerability as has been withdrawing money in large amounts. The Provider confirmed that support workers accompany the Consumer whilst shopping in line with his goal plan, however staff do not assist him with any banking activity or money withdrawals. The Provider states that the Consumer’s EPOA has not yet set up electronic bill payments and the EPOA opined that the Consumer is drawing money out to pay accounts and other things. The Provider has contacted the EPOA regarding the Consumer’s financial vulnerability and the EPOA stated that they were aware that Lutheran Services staff are not involved in supporting the Consumer with financial transactions and that she did not require Lutheran Services involvement in this area.

Requirement 2(3)(a)

The Approved Provider states that 100% of Home Care Client Goal Plans have now been reviewed and updated with client/representative engagement and re-signing as required. This was undertaken by the new Home Care Coordinator that commenced in March 2023 and our Clinical Care Partner who are both registered nurses. Home visits to the clients were undertaken where possible to grow the relationship with their new Coordinator and to ensure clients understood their new goal plans.

The updated client goal plan template has ensured sufficient information is now captured enabling Lutheran Services staff to have clear directions on how to support clients current care needs. Health conditions and risks associated with client’s care are now documented on the client goal plan and further client reviews and assessments will be ongoing in line with client needs. (a sample of 10 HCP Client Goals Plans have been attached).

Home Care staff meetings and education have been undertaken to discuss with staff how to read and use the new client goal plan template. This included reiterating that client goal plans are placed into the client home folder for easy reference by staff and client and best practice documentation around client notes and escalating concerns to their Coordinator. (See Home Care Staff Meeting Minutes April 2023 and Training Attendance Records – Home Care). Further home care staff meetings will be ongoing with standing agenda items around goal plans, case management and incident management.

CHSP Client Goal Plans are continuing to be reviewed with approximately half of all clients having received a review and updated CHSP Client Goal plan in the new template. It is anticipated that the remainder of active CHSP clients would attend the service before the end of June (some clients only come for services every 8 weeks) to achieve an updated Client Goal Plan. (a sample of 10 CHSP client goal plans are attached).

A meeting with key CHSP staff was undertaken on 17th May 2023 to discuss the importance of goal planning, CHSP guidelines, and therapist outputs. A further CHSP staff meeting was scheduled for 11 May 2023 where refresher education will continue around goal plans, case management and incident management.

Analysis

As mentioned in the assessment team report the Approved Provider had proactively responded to the initial quality audit that detective the non-compliances which ultimately resulted in the assessment contact being undertaken on 3 April 2023. It is clear that the Approved Provider has once again responded proactively to the assessment team report from the assessment contact to address the issues of concern that were raised.

In relation to Consumer 1 the Provider has gone to great lengths to demonstrate that its staff are not involved in providing assistance to the consumer in relation to accessing funds or the payment of accounts. The Provider has raised this issue with the person that is the Consumer’s Enduring Power of Attorney to address if there's an underlying problem.

In relation to standard 2(3)(a) the Approved Provider has stated that 100% of the home care client goal plans have there been reviewed and updated in consultation with clients or their representatives with the plans being re-signed as required. As part of its response the Provider has supplied copies of 10 home care package plans and 10 CHSP plans that have been and signed. In reviewing the 10 HCP and CHSP plans it’s clear that the documents are more comprehensive, more inclusive and in my view now comply with the quality standards.

In addition to this, the Provider supplied a copy of Consumer 1’s HCP Goal Plan, which has been signed by the Consumer and his EPOA. Having reviewed the Goal Plan I note that the Consumer’s Alzheimer’s – PAS score is 11/20. Contact details now contain the name of the EPOA and another close relative with risks to the Consumer now clearly articulated. The Provider also supplied a copy of its Plan for Continuous Improvement which outlines the actions taken to ensure compliance with this requirement.

It is noted that Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. Section 19AD of the User Rights Principle 2017 also creates a legal obligation for an Approved Provider to provide written care and service plan. The Home Care Packages Program operational manual at chapter 7.1 states that ‘Providers must undertake initial and ongoing assessment and planning to meet Standard 2 of the Aged Care Quality Standards’. The Guidance and Resources for Providers to support the Aged Care Quality Standards articulates the purpose and scope of standard 2 which is part states ‘The plan needs to be regularly reviewed so that changes in a consumer’s health or abilities are picked up’.

Further to this, the CHSP manual also creates a requirement for an Approved Provider to have an on-going responsibility to monitor and review the services they provide to their clients under the client’s care plan to ensure that the client’s needs are being met. CHSP service providers also have a responsibility to regularly review a client’s progress against their individual goals and should refer the client to their most recent assessment service for a support plan review or re-assessment if their needs change.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this requirement.

The Quality Standard for the Home Care Packages service is not applicable as not all requirements have been assessed, one of the one specific requirement that was previously assessed as non-compliant is now assessed as compliant.

The Quality Standard for the Commonwealth Home Support Programme services is not applicable as not all requirements have been assessed, one of the one specific requirement that was previously assessed as non-compliant is now assessed as compliant.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

The Assessment Team reports that the Approved Provider is demonstrating that they are documenting and recording feedback and complaints. Evidence was sighted which showed the service has implemented processes to identify and capture feedback to inform improvements. For example, departmental monthly report to Council for Lutheran Services report 13/2/2023 was sighted with ‘compliments and complaints’ being tabled in the report. This included analysis of complaint trends to inform continuous improvements to the care and service delivered to consumers. Key trends identified on the report were around consumers understanding their financial statements and what can be funded out of their package, subcontracting dissatisfaction and the food and menu feedback.

Letters have been sent to all clients re HC Guideline changes in regard to inclusions and exclusions. Regular monthly reporting to review and recommend priorities, challenges and improvement opportunities. An updated client handbook distributed to all clients at home visits including feedback form. Home Care staff audit debrief meeting held 09.11.2022 around Feedback and Complaints Procedure including internal process for supporting clients to make feedback, capturing consumer feedback and the link to improvements.

CHSP staff meeting held on 17.11.2022 around Feedback and Complaints Procedure including internal process for supporting clients to make feedback, capturing consumer feedback and the link to improvements. The Council informed and were very positive about this process being reviewed as it does provide more detailed level of understanding where and what complaints sit with home care compared to residential aged care. Policies regarding feedback and continuous improvement are available to guide staff practice. Complaints and suggestions are discussed in planning meetings and outcomes are noted in the service’s continuous improvement register to monitor improvements.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. Section 56-4(1)(a) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to establish a complaints resolutions mechanism.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this requirement

The Quality Standard for the Home Care Packages service is not applicable as not all requirements have been assessed, one of the one specific requirement that was previously assessed as non-compliant is now assessed as compliant.

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# Standard 8

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| Organisational governance | | HCP/STRC | CHSP |
| Requirement 8(3)(d) | Effective risk management systems and practises, 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 |

Findings

The Assessment Team reports that the Approved Provider was able to demonstrate that improvements have been implemented for recording and respond to incidents. The Assessment Team sighted the incident register which showed 16 incidents recorded. Management advised when an incident is identified by staff, they are required to report it to the coordinator and then fill out incident or hazard form for filing. However, a review of consumer files who were recorded as involved in incident showed incorrect and inconsistent details recorded and did not reflect the actual description of the hazard or incident that had occurred.

The incident register sighted, showed the same incident recorded twice with different occurrence dates and under two separate categories, the date of the 2 incidents were also to be recorded in the council incident trend report.

The incident register also evidenced inconsistent consumer details recorded or not recorded at all. The Assessment team provided feedback to management regarding consumer details missing, they responded proactivity and provided an updated incident register however, consumer details for incidents relating to staff administering medication were still not provided in the second register. The Assessment Team found the incident management system was not effective in preventing and managing incidents due to inconsistencies in documenting incidents. Out 16 of the incidents 9 were recorded as open and 2 were staff injuries.

Response to Assessment Team report

Trinder Park’s Quality and Accreditation Partner undertook a deep dive review into our hazard and incident management processes. It was evident hazards and incidents were being reported by staff, recorded, and responded to by management. The Service acknowledges that data integrity (documented details and monitoring processes to finalise incident details in the Incident Register) needed improvement. All incidents received in 2023 and some from 2022 have been reviewed and actions have been undertaken to improve the records held in the Incident Register (see attached updated Incident Register). Incident descriptions, actions and outcomes have been improved, all incidents now have consumer and staff names recorded, the duplicate incident record noted in the report has been deleted, incidents have been finalised bar one hazard that has had initial controls achieved but is pending further follow up.

The process around incident monitoring has been strengthened with the responsibility of entering and monitoring progress of hazards and incidents transferred to the Quality and Accreditation Partner for an interim period. When improvements have been evaluated as being successful, the Quality Partner will personally train up local administration staff to take over this responsibility (see Incident Management Flowchart – HCP CHSP RV and our current Incident Management Procedure). Staff Meetings have been undertaken to refresh staff knowledge around incident management, associated forms and the improved monitoring process (see Home Care Staff Meeting Minutes April 2023).

On Thursday 27 April 2023, education was undertaken with management and administration staff around the current issues, the new Incident Management Flowchart and the importance of everyone’s role in monitoring and finalising hazards and incidents. (see attached Training - Incident Management HCP CHSP RV). The Quality Partner will be commencing monthly Incident Register report checks around data integrity of hazards and incidents as part of their current site management reporting and to the Compliance and Quality Manager who feeds trending details up into Council reports.

Analysis

In its response the Approved Provider supplied an amended copy of the incident register. The information in the register is logically set out with the appropriate level of detail. The Provider’s PCI has also been reviewed and it is noted that all the objectives have been achieved with implementation of improvements in procedures to be the subject of ongoing review.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard

The Quality Standard for the Home Care Packages service is not applicable as not all requirements have been assessed, one of the one specific requirement that was previously assessed as non-compliant is now assessed as compliant.

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1. The preparation of the performance report is in accordance with section s68A – assessment contact of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)