TSC Home and Community Care

Performance Report

|  |  |
| --- | --- |
| **Address:** | Suite 7, 10 - 12 Prospect Street BOX HILL VIC 3128 |
| **Phone:** | 03 9898 5566 |
| **Commission ID:** | 300894 |
| **Provider name:** | Angels Health Service Australia Pty Ltd |
| **Activity type:** | Quality Audit |
| **Activity date:** | 27 June 2022 to 29 June 2022 |
| **Performance report date:** | 22 August 2022 |

# Performance report prepared by

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

# Publication of report

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

**Services included in this assessment**

**Home Care:**

* TSC Home and Community Care, 26248, Suite 7, 10 - 12 Prospect Street, BOX HILL VIC 3128

# Overall assessment of Service/s

|  |  |  |
| --- | --- | --- |
| Standard 1 Consumer dignity and choice | HCP | Compliant |
| Requirement 1(3)(a) | HCP | Compliant |
| Requirement 1(3)(b) | HCP | Compliant |
| Requirement 1(3)(c) | HCP | Compliant |
| Requirement 1(3)(d) | HCP | Compliant |
| Requirement 1(3)(e) | HCP | Compliant |
| Requirement 1(3)(f) | HCP | Compliant |
|  |  |  |
| Standard 2 Ongoing assessment and planning with consumers | HCP | Not Compliant |
| Requirement 2(3)(a) | HCP | Not Compliant |
| Requirement 2(3)(b) | HCP | Compliant |
| Requirement 2(3)(c) | HCP | Compliant |
| Requirement 2(3)(d) | HCP | Not Compliant |
| Requirement 2(3)(e) | HCP | Not Compliant |
|  |  |  |
| Standard 3 Personal care and clinical care | HCP | Not Compliant |
| Requirement 3(3)(a) | HCP | Not Compliant |
| Requirement 3(3)(b) | HCP | Not Compliant |
| Requirement 3(3)(c) | HCP | Not Compliant |
| Requirement 3(3)(d) | HCP | Not Compliant |
| Requirement 3(3)(e) | HCP | Not Compliant |
| Requirement 3(3)(f) | HCP | Not Compliant |
| Requirement 3(3)(g) | HCP | Compliant |
|  |  |  |
| Standard 4 Services and supports for daily living | HCP | Not Compliant |
| Requirement 4(3)(a) | HCP | Compliant |
| Requirement 4(3)(b) | HCP | Compliant |
| Requirement 4(3)(c) | HCP | Compliant |
| Requirement 4(3)(d) | HCP | Not Compliant |
| Requirement 4(3)(e) | HCP | Compliant |
| Requirement 4(3)(f) | HCP | Compliant |
| Requirement 4(3)(g) | HCP | Compliant |
|  |  |  |
| Standard 5 Organisation’s service environment | HCP | Not Applicable |
| Requirement 5(3)(a) | HCP | Not Applicable |
| Requirement 5(3)(b) | HCP | Not Applicable |
| Requirement 5(3)(c) | HCP | Not Applicable |
|  |  |  |
| Standard 6 Feedback and complaints | HCP | Compliant |
| Requirement 6(3)(a) | HCP | Compliant |
| Requirement 6(3)(b) | HCP | Compliant |
| Requirement 6(3)(c) | HCP | Compliant |
| Requirement 6(3)(d) | HCP | Compliant |
|  |  |  |
| Standard 7 Human resources | HCP | Not Compliant |
| Requirement 7(3)(a) | HCP | Compliant |
| Requirement 7(3)(b) | HCP | Compliant |
| Requirement 7(3)(c) | HCP | Not Compliant |
| Requirement 7(3)(d) | HCP | Not Compliant |
| Requirement 7(3)(e) | HCP | Compliant |
|  |  |  |
| Standard 8 Organisational governance | HCP | Not Compliant |
| Requirement 8(3)(a) | HCP | Compliant |
| Requirement 8(3)(b) | HCP | Not Compliant |
| Requirement 8(3)(c) | HCP | Not Compliant |
| Requirement 8(3)(d) | HCP | Not Compliant |
| Requirement 8(3)(e) | HCP | Not Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 1 Consumer dignity and choice

# HCP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

All consumers and representatives interviewed said consumers are treated with dignity and respect by staff.

Consumers and representatives said the service meets their needs, staff know their backgrounds and they adjust care to reflect these needs and preferences. Support workers are familiar with consumers’ individual cultural needs and provide care to support these needs.

Consumers and representatives described how they are supported to maintain relationships and connections with important others, including those involved in their care. Staff discussed how they support the consumer to maintain and make decisions about their care.

Consumers and representatives indicated they are able to make their own choices on services to support them to live the best life they can.

The service demonstrated current, accurate and timely information is provided to consumers and communication is clear, easy to understand and supports consumers to exercise choice.

Consumers and representatives provided feedback that staff respect their privacy and their personal information is kept confidential.

The Quality Standard for the Home care packages service is assessed as Compliant as all of the six specific requirements have been assessed as Compliant.

**Assessment of Standard 1 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(a) | HCP | Compliant |
|  |  |  |

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

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

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

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

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(e) | HCP | Compliant |
|  |  |  |

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

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

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

# STANDARD 2 Ongoing assessment and planning with consumers

# HCP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers and representatives are satisfied with assessment and care planning processes. However, assessment and care planning by the service does not include consideration of risks to the consumer. When a risk is identified, this does not always lead to further assessment or referral and the information on risk is not used to inform the delivery of safe care and services.

Consumers and representatives confirmed taking part in assessment and planning, where the consumer’s needs, goals and preferences are discussed. Assessment and planning documentation did not always reflect discussion around advance care planning and end of life planning.

Consumers, representatives and case managers confirm assessment, care planning and review of consumers’ care and services is completed in partnership with the consumer and others the consumer wishes to involve.

Consumers and representatives advised the services they receive are reviewed and they speak with their case manager regularly. Consumers’ care files did evidence regular contact by the service.

Case managers discussed annual formal reviews and reassessments as required, such as following incidents and changes in the consumer’s condition. However, this was not evidenced for all incidents such as falls and some post hospital discharges.

This Quality Standard for the Home care packages service is assessed as Non-compliant as one or more of the specific requirements has been assessed as Non-compliant.

**Assessment of Standard 2 Requirements**

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

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

Findings

Assessment and care planning by the service does not include consideration of risks to the consumer. When a risk is identified, this does not always lead to further assessment or referral and is not consistently used to inform the delivery of care.

The assessment/care planning template covers a range of domains including medical diagnosis, functional ability, memory/cognition and the social needs of the consumer. All consumers sampled had the same pre-set template comments used to describe their care needs. For example:

* The falls prevention and mobility section includes ‘provide education on falls prevention, encourage use of mobility aids and aids as per physiotherapist recommendation, podiatrist to prescribe orthotic footwear to increase stability and mobility, encourage hip protectors, a personal alarm, provide support such as a lift chair and lounge chair to stand up.’ However, there is minimal evidence these fall prevention strategies have been actioned.

A case manager explained these pre-set statements are to educate the consumer and their representatives on what they could have as part of the home care package in the future, and do not reflect the consumer’s current needs.

The approved provider did not respond to the Assessment Team’s report.

Based on the evidence (summarised above) the service does not comply with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(b) | HCP | Compliant |
|  |  |  |

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

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

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(d) | HCP | Not Compliant |
|  |  |  |

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

Findings

Information provided to support workers did not accurately reflect consumers’ care requirements. Care information lacked important details about the consumer’s care, potentially placing consumers at risk. Risks not adequately communicated or considered included diabetes, incontinence, falls, pain, medication management and mental health.

Office staff said they pass on any support worker feedback to the case manager to ring the support worker and /or family however this was not evidenced. Regular feedback from support workers about the consumers they visit is not actively sought or provided to the service.

The approved provider did not respond to the Assessment Team’s report.

Based on the evidence (summarised above) the service does not comply with this requirement.

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

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

Findings

Consumers and representatives advised the services they receive are reviewed and they speak with their case manager regularly. Consumers’ care files did evidence regular contact by the service.

Case managers discussed annual formal reviews and reassessments as required, such as following incidents and changes in the consumer’s condition. However, this was not evidenced for all incidents such as falls, and some post hospital discharges.

While the majority of support workers discussed providing feedback when there has been a change in the consumer’s needs, not all support workers thought this was part of their job role. In instances where the family has told the support worker of the consumer falling, this has not been consistently reported by support workers to the service. As such, the opportunity to review strategies to prevent further falls, reassess the consumers’ level of pain and/or any change in their mobility status does not consistently occur.

A review of care planning documentation for a consumer returning home from hospital following an operation, did not evidence re-assessment of their changed needs. Care coordination staff had made an assumption that the hospital’s occupational therapist was managing the discharge and the therapist had visited the consumer. A copy of the occupational therapist’s recommendation or a hospital discharge plan was not sought by the service to inform the consumer’s care needs post hospitalisation.

The approved provider did not respond to the Assessment Team’s report.

Based on the evidence (summarised above) the service does not comply with this requirement.

.

# STANDARD 3 Personal care and clinical care

# HCP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The service could not demonstrate consumers get personal and clinical care that is best practice, tailored to their needs and optimises their health and wellbeing. When clinical risks for consumers are identified, these are not consistently monitored by the service. Clinical oversight by the service is not effective.

When consumers’ high impact, high prevalent risks are identified, such as falls, the service does not consistently respond. Consumers at risk of choking are not identified and investigated and therefore any risk to the consumer is not managed appropriately.

The service does not recognise and explore the needs of consumers nearing end of life. Management and staff said this is not discussed with consumers until the very end.

The service does not effectively recognise and respond to changes in the consumer’s health condition and deterioration in health in a timely manner. The monitoring of deterioration, pressure area risks and pain levels as evidenced by consumers representatives and staff feedback is not effective.

The service did not demonstrate information relevant to care delivery is effectively communicated to consumers, representatives, staff and others supporting consumers with personal and clinical care.

Timely and appropriate referrals are not consistently completed. For example, allied health referrals when consumers’ needs for specialised support have been identified have not consistently occurred.

The service demonstrated that they understand, apply, monitor and review the requirement to minimise infection related risks through implementing standard and transmission-based precautions to prevent and control infections. The service demonstrated preparedness in the event of an infectious outbreak including for COVID-19 and have a COVID plan.

This Quality Standard for the Home care packages service is assessed as Non-compliant as one or more of the specific requirements has been assessed as Non-compliant.

**Assessment of Standard 3 Requirements**

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

Findings

The service does not always receive medical, nursing and other specialist reports in relation to consumer’s care to ensure the consumer is receiving safe and effective care.

Deficits in a best practice approach were identified for consumers requiring, oxygen therapy, pain management, pressure area care and wound management. Poor practice was identified in continence care and bowel management.

The service does not have a system to record and monitor how many consumers have specialised clinical needs such as diabetes and wounds or specialised devices in situ such as stomas and catheters. The service is therefore not able to ascertain whether their clinical care is effective and whether the status of the consumer’s health and wellbeing is being managed appropriately.

Policies on key clinical risks in aged care are not in place. The service did not provide a copy of their policy for continence management or similar when requested by the Assessment Team.

The approved provider did not respond to the Assessment Team’s report.

Based on the evidence (summarised above) the service does not comply with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(b) | HCP | Not Compliant |
|  |  |  |

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

Findings

Consumers’ high impact, high prevalent risks are inconsistently identified, when identified, such as a consumer’s falls risk, the service does not consistently respond. Consumers at risk of choking are not identified and investigated and therefore any risk to the consumer is not managed appropriately.

Staff caring for consumers living with diabetes who also provide meal preparation support are not provided with information around safe diabetes management or management of, for example, a hypoglycaemic episode which may occur when providing social support.

Representatives self-identifying risks to consumers are not being supported by case managers to manage these risks. A consumer described as coughing and choking when eating and drinking had not been reviewed.

Case managers described how regular phone contact is made with the representative, the purpose of the phone call is a general conversation asking if the consumer is ‘OK’ rather than a systematic review of how known issues are being managed and seeking information on emerging concerns. Case managers indicated it is up to the families/consumer to advise the service if they have any concerns or new needs. Staff caring for consumers with new needs do not always report these to case managers.

The approved provider did not respond to the Assessment Team’s report.

Based on the evidence (summarised above) the service does not comply with this requirement.

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

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

Findings

The service does not recognise and explore the needs of consumers nearing end of life. Management and staff said this is not discussed with consumers until the ‘very end’. Management indicated they would use a palliative care service who would have responsibility for care and pain management. Management were unable to evidence where the service has worked with a palliative care team or other medical specialist to support a consumer at the end of life.

Representative feedback indicated dissatisfaction with the current end of life care and supports by the service, stating a lack of communication and inadequate end of life equipment for a consumer living in supported care. The consumer is on an end of life pathway. Management did not demonstrate their oversight of the end of life pathway plan or that equipment needs to support the plan were in place.

The approved provider did not respond to the Assessment Team’s report.

Based on the evidence (summarised above) the service does not comply with this requirement.

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

Findings

The service does not effectively recognise and respond to changes in consumers’ health conditions and deterioration in health and wellbeing in a timely manner. The monitoring of deterioration of consumers’ mental health, skin integrity and pain levels as reported by consumers, representatives and staff is not effective.

The Assessment Team identified deterioration in consumers’ continence, pain and mobility had not been responded to adequately.

The service could not confirm if strategies or equipment recommended through hospital discharge staff or other specialists had been actioned. The effectiveness of any planned strategy or provision of equipment instigated by others involved in the care of the consumer, is not considered by the service as part of their responsibilities. Monitoring the well-being of the consumer as a result of third party interventions does not occur.

Representatives described a consumer’s ongoing health deterioration, disease progression and ongoing falls requiring more hours of support. The service has not sought an increase in support funding and has not undertaken a falls review or pain review to address the consumer’s wellbeing and/or representative concerns.

The approved provider did not respond to the Assessment Team’s report.

Based on the evidence (summarised above) the service does not comply with this requirement.

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

*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.*

Findings

The service did not demonstrate information to inform safe and quality care for consumers is effectively communicated to relevant people, staff and other organisations.

Feedback from nursing services attending consumers’ wound care and/or hospital discharge planners and occupational therapists supporting consumers during acute care episodes is not sought.

Carers are not provided with sufficient information to deliver safe care, including how to manage choking risks or diabetes and what information they need to report to the care coordination team to support safe and effective care.

The approved provider did not respond to the Assessment Team’s report.

Based on the evidence (summarised above) the service does not comply with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(f) | HCP | Not Compliant |
|  |  |  |

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

Findings

Referrals are not made when a new or changing consumer need is identified. When a recommendation is made for allied health specialist supports, the service does not check these are sent and completed.

The Assessment team noted referrals recommended by the care coordinators. These included reviews of consumers by physiotherapists podiatrists, medical practitioners and continence urologists.

Management was unable to confirm if any of the referrals had been actioned or describe any change in a consumer’s care as a result of the service’s referral process.

The approved provider did not respond to the Assessment Team’s report.

Based on the evidence (summarised above) the service does not comply with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(g) | HCP | Compliant |
|  |  |  |

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 Services and supports for daily living

# HCP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers and representatives provided feedback about how consumers receive services and supports that allow them to do the things they want to do, maintain their independence and optimise their health, wellbeing and quality of life.

Consumers and representatives are satisfied that services and supports promote the consumer’s emotional, spiritual and psychological wellbeing. Staff showed an understanding of the consumer’s individual emotional, spiritual and psychological needs.

Consumers and representatives indicated consumers have opportunities to pursue activities of interest to them, maintain relationships and stay involved in their community. Consumers access the community in a range of ways including online groups, planned activity groups and transport into the community.

While information provided to support workers did not accurately reflect consumers’ care requirements in relation to risks, support workers were familiar with the consumer’s health condition, needs and preferences. Information provided does include the consumer’s background, interests and hobbies. However, as care information at times, lacked important details about the consumer’s health, this places consumers at risk of potential harm.

Consumers and representatives when asked if the service is supportive in connecting consumers with other lifestyle services and supports said, in general terms, that supports are available and offered and many manage these independently. Referrals to other organisations occur for consumers to support their social connections and wellbeing.

Consumers and representatives are satisfied with meal provision. The service demonstrated that where meals are provided through a meal delivery service or in-home meal preparation, the meals are varied and of suitable quality and quantity.

Consumers and representatives were satisfied with the equipment provided to the consumer through their home care package.

This Quality Standard for the Home care packages service is assessed as Non-compliant as one or more of the specific requirements has been assessed as Non-compliant.

**Assessment of Standard 4 Requirements**

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

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

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

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

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

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(d) | HCP | Not Compliant |
|  |  |  |

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

Findings

Care information lacks important details about the consumer’s health, this potentially places consumers at risk of harm.

Staff providing social supports and meal preparation do not have adequate information on individual consumer’s conditions. As such, staff do not have information to manage or support consumers in the event of the consumer needing support. This includes consumers with diabetes and swallowing difficulties and consumers experiencing multiple falls, pain and needing support for their mental wellbeing.

The approved provider did not respond to the Assessment Team’s report.

Based on the evidence (summarised above) the service does not comply with this requirement.

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(f) | HCP | Compliant |
|  |  |  |

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

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

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

# STANDARD 5 Organisation’s service environment

# HCP Not Applicable

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The organisation does not operate a service environment. This Standard is not applicable.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 Feedback and complaints

# HCP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and representatives demonstrated an awareness of how to raise any concern with management. Consumers and representatives stated they feel confident raising concerns and that actions would be taken. Staff are aware of feedback processes and support consumers to provide feedback.

The service provides information on advocacy and interpreting services to consumers. The complaints register evidenced documented complaints and staff advocating on behalf of consumers.

The service demonstrated that appropriate action is taken in response to complaints and feedback and an open disclosure process is used when things go wrong.

The service demonstrated that feedback and complaints are used to improve the quality of care and services. Consumers and representatives are satisfied the service listens to their concerns and takes action as necessary.

This Quality Standard for the Home care packages service is assessed as Compliant as all of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

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

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

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(c) | HCP | Compliant |
|  |  |  |

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

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

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

# STANDARD 7 Human resources

# HCP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The service demonstrated that the workforce is planned to ensure there is enough staff to provide consumers with care and services. Consumers reported all staff have adequate time to complete care and services without rushing them.

The service demonstrated and consumers confirmed that workforce interactions are kind, caring and respectful of the consumer’s identity, culture and diversity.

While the service recruits members of the workforce with relevant qualifications and conducts interviews to assess worker competence, not all staff demonstrated they have the knowledge to effectively perform their roles. The Assessment Team identified that some support workers were performing tasks outside the scope of the role.

Staff recently had training on elder abuse and the quality standards. However, the service did not demonstrate that staff and support workers are supported to deliver effective safe, care and services.

The service demonstrated that performance and monitoring of staff is undertaken when things go wrong and when they become aware of any performance concerns.

This Quality Standard for the Home care packages service is assessed as Non-compliant as one or more of the specific requirements has been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

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

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

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

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

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

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

Findings

While the service recruits members of the workforce with relevant qualifications and conducts interviews to assess worker competence, not all staff demonstrated they have the knowledge to effectively perform their roles. The Assessment Team identified that some support workers are working outside the scope of their role and using equipment incorrectly.

The approved provider did not respond to the Assessment Team’s report.

Based on the evidence (summarised above) the service does not comply with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(d) | HCP | Not Compliant |
|  |  |  |

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

Findings

Consumers and representatives are satisfied with the services delivered by support workers and other staff. Staff stated they received orientation and ongoing training.

Case managers did not demonstrate adequate training in case coordination. Once aware of clinical risk there was limited evidence case managers explored other avenues to deliver better quality or safer care.

The service does not ensure subcontractor service providers’ staff are trained and equipped to deliver services that are subcontracted. No monitoring of subcontracted service providers supporting consumers takes place. Management said this is the responsibility of the consumer/representative who is self-managing the home care package.

Staff said formal and informal training occurs on an ongoing basis to develop their knowledge to effectively perform their roles. However, information on how to support consumers with deteriorating health, diabetes and medication needs does not occur.

While staff have opportunities for education, the service did not demonstrate that staff and support workers are supported to deliver effective care and services as evidenced in failures in Standard 2 and Standard 3.

The approved provider did not respond to the Assessment Team’s report.

Based on the evidence (summarised above) the service does not comply with this requirement.

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

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

# STANDARD 8 Organisational governance

# HCP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers and representatives are encouraged to participate in the development, delivery and evaluation of care and services in consultation with the service through feedback and case conferencing.

The service did not demonstrate that the governing body promotes a culture of safe inclusive quality and care services and that it is accountable for its delivery.

The service did not demonstrate that it has organisational wide governance systems to monitor processes across the organisation fully in place. For example:

* The service did not demonstrate that it had information management systems to support the privacy of consumer information.

Opportunities for improvement are informed through consumers’ feedback, incidents, staff input, internal audits, industry changes and from networking with peak bodies providing aged care and documented in the continuous improvement register.

Consumers and representatives stated they were satisfied with statements they receive. However, the monthly statements reviewed were not always itemised.

The organisation ensures regulatory compliance and monitors changes to aged care law through funded agency channels, peak bodies, and government departments.

The organisation’s feedback and complaints system support consumers and representatives to provide feedback.

While the service has a risk management process, risk management is not always effective in identifying and managing care related risks.

The service does not have a clinical governance framework. Clinical care needs of consumers are not monitored and reported to the governing body. The service does not collate clinical data and use this information to improve care and services and educate staff.

This Quality Standard for the Home care packages service is assessed as Non-compliant as one or more of the specific requirements has been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) | HCP | Not Compliant |
|  |  |  |

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

Findings

The service did not demonstrate that regular monitoring of subcontracted service providers is undertaken. Feedback from subcontracted support workers and nursing services is not sought to inform the future care needs or emerging clinical risks for consumers.

The service has some consumers who live in supported residential care. The service pays the supported accommodation organisation for the care they deliver, for example, with meals assistance and to support consumers to partake in social activities. However, any deterioration of the consumer’s health and wellbeing, the consumer’s pressure care requirements and other clinical issues are not monitored by TSC Home and Community Care.

The approved provider did not respond to the Assessment Team’s report.

Based on the evidence (summarised above) the service does not comply with this requirement.

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

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

Findings

The service uses ‘WeChat’ a social messaging platform to communicate with a large proportion of consumers and their families. This information is not always transferred and documented in the consumers’ file. Management could not describe how the privacy and safety of information shared in this platform is protected.

The service demonstrated an effective continuous improvement system and had used adverse incidents to inform broader staff training.

Consumers and representatives stated they were satisfied with statements they receive. However, the monthly statements are not always itemised, and show blocks of service time delivered.

Some staff are working outside the scope of their role.

Management advised that policies and procedures are updated as a result of information from peak bodies and the Department. While the service had information on the upcoming implementation of the serious incident response scheme to home services they were unaware of meeting requirements such as clinical governance.

The organisation’s feedback and complaints system is effective

The approved provider did not respond to the Assessment Team’s report.

Based on the evidence (summarised above) the service does not comply with this requirement as the service has not complied with all sub-requirements.

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

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

Findings

The service has a risk management process; however, risk management is not always effective in identifying and managing care related risks. The management of risk was generally understood to be the responsibility of the family by care staff and to some extent the same understanding is held by care coordination staff.

The service demonstrated it does identify and respond to instances of abuse and neglect of consumers. Relevant training has been undertaken.

Consumers are satisfied they are supported to live the best life they can, consumers interviewed were happy with services provided stating that the services they get allow them to live an independent lifestyle.

Incidents witnessed during shifts are recorded and noted in consumers’ care planning documentation, however, not all incidents led to an appropriate response.

The approved provider did not respond to the Assessment Team’s report.

Based on the evidence (summarised above) the service does not comply with this requirement.

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

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

Findings

The service does not have a clinical governance framework. Clinical care needs of consumers are not monitored and reported to the governing body. The service does not collate clinical data and use this information to improve care and services including staff education.

The service does not monitor clinical care issues, this includes antimicrobial stewardship and minimising the use of restraint or monitoring restrictive practices.

Management stated that they do not have any consumers requiring clinical or using potential restraints such as bed frames and bed poles, staff gave examples of these items being in place for some consumers.

The approved provider did not respond to the Assessment Team’s report.

Based on the evidence (summarised above) the service does not comply with this requirement.

# Areas for improvement

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

|  |  |  |
| --- | --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | HCP | Not Compliant |
| Requirement 2(3)(a) | HCP | Not Compliant |
| Requirement 2(3)(d) | HCP | Not Compliant |
| Requirement 2(3)(e) | HCP | Not Compliant |
|  |  |  |
| Standard 3 Personal care and clinical care | HCP | Not Compliant |
| Requirement 3(3)(a) | HCP | Not Compliant |
| Requirement 3(3)(b) | HCP | Not Compliant |
| Requirement 3(3)(c) | HCP | Not Compliant |
| Requirement 3(3)(d) | HCP | Not Compliant |
| Requirement 3(3)(e) | HCP | Not Compliant |
| Requirement 3(3)(f) | HCP | Not Compliant |
|  |  |  |
| Standard 4 Services and supports for daily living | HCP | Not Compliant |
| Requirement 4(3)(d) | HCP | Not Compliant |
|  |  |  |
| Standard 7 Human resources | HCP | Not Compliant |
| Requirement 7(3)(c) | HCP | Not Compliant |
| Requirement 7(3)(d) | HCP | Not Compliant |
|  |  |  |
| Standard 8 Organisational governance | HCP | Not Compliant |
| Requirement 8(3)(b) | HCP | Not Compliant |
| Requirement 8(3)(c) | HCP | Not Compliant |
| Requirement 8(3)(d) | HCP | Not Compliant |
| Requirement 8(3)(e) | HCP | Not Compliant |