**Performance**

**Report**

**1800 951 822**

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| Name of service: | Wagga Wagga Meals on Wheels |
| Service address: | 1 Rural Place WAGGA WAGGA NSW 2650 |
| Commission ID: | 200539 |
| Home Service Provider: | Wagga Wagga Meals on Wheels Inc |
| Activity type: | Quality Audit |
| Activity date: | 24 July 2023 to 27 July 2023 |
| Performance report date: | 6 October 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 Wagga Wagga Meals on Wheels (**the service**) has been prepared by F.Nguyen, 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:**

* Wagga Wagga Meals on Wheels Inc, 26510, 1 Rural Place, WAGGA WAGGA NSW 2650

**CHSP:**

* Community and Home Support, 24134, 1 Rural Place, WAGGA WAGGA NSW 2650

# 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 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 17 August 2023.

# 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-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 2(3)(a) – HCP*

Improve processes for oversight around assessment and planning to ensure that safe and effective care and services are being provided by the subcontracted service provider.

* *Requirement 2(3)(b) – HCP*

Improve processes for oversight to ensure that consumers current needs, goals and preferences are being captured by the subcontracted service provider to ensure that these are being met.

* *Requirement 2(3)(e)*

Improve processes for oversight to ensure that services and reviews occur regularly by the subcontracted service provider.

* *Requirement 8(3)(b)*

Improve processes for the organisation’s governing body to promote a culture of safe, inclusive and quality care and services and is accountable for their delivery, including oversight of subcontracted care and services.

* *Requirement 8(3)(c)*

Improve processes in regard to effective organisation wide governance systems relating to the following:

(ii) continuous improvement

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities

(vi) feedback and complaints

* *Requirement 8(3)(d)*

Improve processes for oversight in regard to effective risk management systems and practices, including but not limited to the following:

(i) managing high impact or high prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) supporting consumers to live the best life they can

(iv) managing and preventing incidents, including the use of an incident management system.

* *Requirement 8(3)(e)*

Improve processes for oversight where clinical care is provided—a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship

(ii) minimising the use of restraint

(iii) open disclosure.

# 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

Requirement 1(3)(b) – CHSP

The Assessment Team recommended Requirement 1(3)(b) not met for CHSP consumers, as they were not satisfied that care and services are culturally safe. The Assessment Team provided the following evidence relevant to my finding:

* Management reported that the service has not provided training in culture and safety to staff and volunteers, and this was confirmed by staff and volunteers who reported that they have not received training.
* The Assessment Team sighted the volunteer handbook and noted that it did not contain information on cultural awareness.

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* Training will be provided for volunteers and staff around cultural awareness with Meals on Wheels NSW providing multiple training options.
* The service’s Volunteer Handbook and Consumer Rights Policy now speaks to and also promotes cultural awareness.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates that care and services are culturally safe. Based on the above evidence, the Decision Maker finds Requirement 1(3)(b) compliant.

Requirement 1(3)(d)

The Assessment Team recommended Requirement 1(3)(d) not met, as they were not satisfied that care and services supports each consumer to take risks to enable them to live the best life they can. The Assessment Team provided the following evidence relevant to my finding:

* Documentation discussed with consumers regarding risks is not included in care planning, and evidence seeking adverse effects of alcohol is not signed by consumers.
* CHSP consumers are able to order wine with their meals, this information is included in the information pack as an expression of interest. Consumers are able to specify if they would like red or white wine and sign the form. Licencing for alcohol sales is held by Meals on Wheels (MOW) NSW. If the consumer has expressed interest in purchasing wine, the service will contact the consumer to ask risk-based questions, which include if the alcohol will impact current medications, or if the consumer has an alcohol dependency. However there is no requirement for the consumer to sign these, and the evidence gathered by the service is verbal only.
* The service has a ‘work health and safety’ policy which highlights the assessment of risks. The Assessment Team did not sight evidence of completed assessments in consumer files or completed home safety assessment in consumer care planning documentation as stated in the policy.

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* The Wine Offer Expression of Interest has been reviewed to include consumer’s signature which is placed in their file. Any changes to the Meals on Wheels consumer’s meal orders will trigger a risk assessment against their known dietary requirements.
* The brokered service provider conducts a risk assessment when they believe a consumer is at risk when undertaking activities. They will be forwarded to the service to be kept in the consumer’s file.
* A Home Safety Assessment form has been developed to be completed by volunteers or staff for new consumers and on annual reassessment. The results will be kept on the consumer’s file.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates that care and services supports each consumer to take risks to enable them to live the best life they can. Based on the above evidence, the Decision Maker finds Requirement 1(3)(d) compliant.

Requirement 1(3)(f) – CHSP

The Assessment Team recommended Requirement 1(3)(f) not met for CHSP consumers, as they were not satisfied that care and services for each consumer’s privacy is respected, and personal information is kept confidential. The Assessment Team provided the following evidence relevant to my finding:

* The Assessment Team noted that contractual obligations of volunteers to adhere by the service’s privacy and confidentiality agreement, had not been signed or recorded by all volunteers.
* The Assessment Team sighted volunteer employment files and noted that the service could not demonstrate that all volunteers had signed this document.
* The service has a policy handbook that covers CHSP supports and services and includes information on privacy and confidentiality. The document notes that all staff and volunteers will receive training regarding confidentiality and privacy, however the service could not demonstrate that training had occurred.

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* Confidentiality is covered in the Meals on Wheels Volunteer Handbook and discussed at their initial training. All volunteers & staff to sign the Confidentiality, Privacy & Code of Conduct before the start of their next shift and a hard copy will be placed in their file.
* The service will organise a training to incorporate Privacy, Confidentiality and Code of Conduct.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates that care and services for each consumer’s privacy is respected, and personal information is kept confidential. Based on the above evidence, the Decision Maker finds Requirement 1(3)(f) compliant.

Requirement 1(3)(a)(b - HCP)(c)(e)(f - HCP)

All consumers said that the service treats them with dignity and respect, and that their identity is valued. All CHSP consumers advised that the volunteers and staff always treated them with dignity and respect, and that there has never been an instance where they felt that they were treated disrespectfully. HCP consumers interviewed said that staff undertaking their services were lovely, and they felt respected. A review of CHSP client intake documentation demonstrated the service seeks information including languages spoken, the need for an interpreter, and if the consumer identifies as Aboriginal or Torres Strait Islander.

Consumers could describe how staff valued what was important to them. Volunteers spoke about what treating consumers with respect means to them, which included treating everyone the same regardless of colour, and could provide examples of diversity in consumers receiving meals, including religion, culturally and linguistically diverse (CALD) backgrounds. Staff reported that they have undertaken cultural training in roles they have held outside MOW.

All CHSP and HCP consumers said that they are satisfied that they are able to have choice and are able to communicate their preference for how care and services are delivered and managed. All CHSP consumers interviewed said that the service contacts them by phone to discuss their future meal order, and that there is a menu they receive that enables them to select their meals. HCP consumers reported that they were able to make decisions about their care. Management advised that CHSP consumers are supported to make their own decisions and exercise choice.

The service could demonstrate information is provided to consumers that enables them to exercise choice. CHSP consumers receive menu’s and elect the frequency of their delivery. The service contacts them to take their order each week. Management said for consumers who are unable to understand the process, the service will assist them. Management provided a recent example of enabling consumers to exercise choice. A referral was received from MAC regarding CHSP services. The service when contacting the consumer noted that she became agitated and said that she did not need meals as her daughter cooks. The service sent her a menu and a handbook for her information and will do a follow up call to see if she would like to commence meals. All HCP consumers interviewed said that they do not receive any services from MOW, and that their meals and supports are provided by the subcontracted provider. The service provides CHSP consumers an information pack on commencement, including information on remaining independent at home.

All consumers advised that the service and staff respect their privacy. Management reported that to access consumer information on the electronic management system, they need to log onto the system using passwords. Hardcopy consumer files were sighted to in secure cabinets in locked room, and the building is alarmed when vacant. HCP consumers are provided a copy of a ‘Welcome Booklet’. The booklet alerts consumers to privacy and confidentiality and seeks consent to share information with other providers and services. The Assessment Team sighted a consent to share information form that is signed and dated by the consumer and witness.

# 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. | Non-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. | Non-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. | Non-compliant | Non-compliant |

Findings

Requirement 2(3)(a)

The Assessment Team recommended Requirement 2(3)(a) not met for HCP consumers, as they were not satisfied that 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. The Assessment Team provided the following evidence relevant to my finding:

* The service was unable to provide adequate evidence to satisfy the Assessment Team that food allergies or special dietary requirements were consistently and accurately entered in the electronic client management system for CHSP consumers. Additionally, the service was unable to demonstrate that it was aware of the risks associated with the care for HCP consumers.
* The service did not have access to detailed assessments conducted by the brokered service provider, such as clinical or risk assessments nor did the service require a report from the brokered service provider.
* The Assessment Team sighted the service’s Support Planning policy which stated that the care plan would recognise and address the requirements of consumers with complex care needs. This policy did not specifically refer to identifying and assessing consumer risks or provided guidance on strategies to mitigate it.
* Management stated that assessments were conducted at least annually as per policy and staff were in regular contact with consumers. However, the Assessment Team were unable to sight documented evidence that assessments were undertaken as per policy. Case notes for the selected consumers did not demonstrate that the service regularly asked consumers if there had been any changes to their food allergies, sensitivities, intolerances or special dietary requirements. The assessment form (paper-based) was only completed once during intake.
* For HCP consumers, management was unable to demonstrate that the service had oversight over HCP consumers’ risks. The service did not request or obtain any reports on HCP consumers including incidents. The Assessment Team acknowledged that the service had commenced obtaining incident reports for HCP consumers during the quality audit.

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* Staff to be reminded of the importance of the dietary requirements being recorded in the electronic records.
* All consumers files to be checked and amended to reflect their dietary needs. As stated in Meal Services Policy consumers are asked on the client intake assessment form if they have any dietary requirements. Allergies & dietary requirements are also to be discussed at the annual reassessment.
* The Support Planning Policy has been updated to include ‘Identify and assess consumer risks and provide guidance to strategies to mitigate it’.
* The brokered service provider conducts risk assessments for all consumers, which are now supplied to the service to include in their electronic files.
* Oversight of HCP assessment care plans & risk assessment to be included as standard practice. The service has recently employed a new Finance Officer and increased the hours to enable them to link care plans, goals and risk assessments. It will also enable the service to visit HCP consumers to verify services are completed to consumers satisfaction.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate that embedded processes for 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.

Based on the above evidence, the Decision Maker finds Requirement 2(3)(a) non - compliant.

Requirement 2(3)(b)

The Assessment Team recommended Requirement 2(3)(b) not met for HCP consumers, as they were not satisfied that 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. The Assessment Team provided the following evidence relevant to my finding:

* The service did not have access to detailed assessments conducted by the brokered service provider, such as clinical or risk assessments, however, the service has access to the care plans, budgets, resident care summaries, consumer’s goals, services and procedures, and case notes.
* The Assessment Team observed that care plans were not individualised. Care plans are transaction-based and detailed the day of the week, date the particular service was commenced, time started, care service, who provided the service, hours and cost. Examples of care services included AM services, PM services, package management fees, continence care, care management fees, wound care and social support. The Resident Care Summary contained additional information about the AM/PM service such as making the bed or cleaning the bathroom. However, this was not provided to consumers/representatives.
* Consumers also had services in their care plans that they were not receiving services for, such as wound care. When asked, management responded with ‘it’s there just in case they need it.’
* The Goals Services and Procedures had consumer goals, care service (needs) and procedures (actions). However, this was also not provided to consumers/representatives. Additionally, this included some services consumers were not necessarily receiving.
* Management were not sure if the brokered service provider discussed advanced care plans for HCP consumers. The Assessment Team were unable to sight evidence that consumer’s advanced care plans were incorporated into their care plans.

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* The Resident Care Summary, Goals, Services and Procedures to be included in information for HCP consumers.
* The brokered service conducts advanced care plans with consumers. They are held by the brokered service to be acted upon as needed. The brokered service provider will now provide the service with a copy of the advanced care plans, which are noted in consumers electronic files.
* The brokered service conducts assessments of each consumer. It includes mobility status, mobility aids used and vision/hearing abilities.
* Each consumer is consulted regarding their goals and procedures annually, or as needed. The goals, services and procedures must be completed on the database before a care plan can be updated. Therefore, each service relates to a goal, service or preference. The care plan may say only AM or PM service but under the goals services and procedures it lists what action is required for each service.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate that an embedded process for 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. Based on the above evidence, the Decision Maker finds Requirement 2(3)(b) non-compliant.

Requirement 2(3)(e)

The Assessment Team recommended Requirement 2(3)(e), as they were not satisfied that 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. The Assessment Team provided the following evidence relevant to my finding:

* CHSP consumers reported that initial assessments were conducted on intake and if they had changes to their preferences, they informed the service. However, if consumers developed food allergies/sensitivities/intolerances after staff had conducted their intake assessments, management were not able to demonstrate knowledge of processes to ensure that the additional dietary requirements were identified, recorded and communicated.
* The service was unable to demonstrate that it had adequate oversight over the care plan reviews/reassessment for HCP consumers. Management trusted the brokered service provider to conduct care plan reviews annually or when needs changed. Management did not know which consumer’s care plans were due for review or if there were any care plans overdue for review.
* There were no status reports or audits conducted. Management had started receiving incident reports as a result of the quality audit and the data was being entered in the incident register. However, management did not check if the consumers would benefit from a reassessment or if it warranted a care plan review. Consequently, the Assessment Team found that the service had not met this requirement.
* The brokered service provider staff interviewed stated that they reviewed the care plans as needs changed or at least annually as per their policy. They said they did not send any care plan reports to the service as this had not been requested. The updated care plans were uploaded into Easy Lifestyle Homecare system, but they also maintained it in their own electronic client management system.

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* The brokered service conducts advanced care plans with consumers. They are held by the brokered service to be acted upon as needed. The brokered service will now provide us with a copy of the advanced care plans, which is noted in their electronic files.
* Oversight of HCP assessment care plans & risk assessment to be included as standard practice. The service has recently employed a new Finance Officer and increased the hours to enable them to link care plans, goals and risk assessments. It will also enable the service to visit HCP consumers to verify services are completed to consumers satisfaction.
* The service’s incident register will be monitored monthly, and any patterns of recurring incidents will be discussed with the brokered service provider. The service is investigating the purchase of a new consumer record management system which will report when consumers are due for a review.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate that an embedded process for care and services to be reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Based on the above evidence, the Decision Maker finds Requirement 2(3)(e) non- compliant.

Requirement 2(3)(a - CHSP)(b – CHSP )(c)(d)

CHSP consumers interviewed provided mixed feedback regarding the identification of risks with meals. Staff reported that each new client was required to have a Client Intake and Assessment form completed which identified food allergies and dietary requirements. Staff stated that the electronic consumer management system (Antares Food Service) had a function where consumers’ allergies/special dietary requirements were highlighted. Staff also stated that they keep in regular contact with consumers so this assisted with identification of preferences.

CHSP consumers stated that they articulated their preferences with the staff, and this was respected. Staff stated that typically consumers rang to inform them if they did not like a meal. Staff recorded this in the case notes and made sure to update the consumer’s order template. Staff would check the temperature before delivering it, the Assessment Team sighted evidence that these were clearly documented in the consumers’ files.

CHSP and HCP consumers and a representatives confirmed their involvement in the assessment and planning process. They reported that they were given options and they ultimately made their own decisions regarding their care and services. Management stated that the brokered service provider liaised with other health professionals where required. The Assessment Team sighted the services Support Planning Policy which indicated that care plans were developed with the consumers and their advocates where nominated.

CHSP consumers’ variable meal preferences and availability for deliveries were managed through a flexible meal delivery service, electronic client management system and run sheets. The electronic client management system was updated to reflect consumer preferences in terms of meals and delivery days to maintain the currency of information. The run sheets provided important consumer information such as additional instructions if the consumer required meal heating service and special dietary information. HCP consumers interviewed confirmed that they received a copy of their care plan. Staff interviewed stated that they had sufficient details/information about the care and services required for them to be effective in their roles. Staff stated that the run sheets made it easy for them and the volunteers.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Not applicable |
| Requirement 3(3)(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 | Not applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Not applicable |
| 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 | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not applicable |
| 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 | Not applicable |

Findings

Requirement 3(3)(a)

The Assessment Team recommended Requirement 3(3)(a) not met, as they were not satisfied that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care. The Assessment Team provided the following evidence relevant to my finding:

* The service was unable to provide adequate evidence to satisfy the Assessment Team that it had sufficient oversight over HCP consumers' personal and clinical care. The service was unable to provide documented evidence that it obtained information on HCP consumers from the brokered service provider such as details on clinical care provided. Management was unable to articulate examples of specific consumers’ clinical care needs when asked. For these reasons, the Assessment Team found that the service had not met this requirement.

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* The brokered service provider will provide more details of the clinical care provided to the consumers. The brokered service currently provides more instruction on wound management & medication management such as insulin administration on the daily run sheets used by the staff when providing this service. Included in this is the instructions on what to do if there is an irregularity in the consumers expected readings. This information will be added to the database in the Goals Services and Procedures. The brokered service provider will also provide Wagga Wagga Meals on Wheels with a monthly report of clinical services administered so we can verify with consumers that the services are being provided. Spot audits will be carried out on the monthly visits.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate deficiencies in relation to this Requirement.

I have considered that consumers and representatives expressed satisfaction with the care and services consumers receive, there was no evidence indicating that an incident or complaint had occurred due to the lack of personal or clinical care provided.

I have considered that the deficiency is in relation to the lack of oversight over HCP consumer’s personal and clinical care under Requirement 8(3)(e).

Based on the above evidence, the Decision Maker finds Requirement 3(3)(a) compliant.

Requirement 3(3)(b)

The Assessment Team recommended Requirement 3(3)(b) not met, as they were not satisfied that there is effective management of high-impact or high-prevalence risks associated with the care of each consumer. The Assessment Team provided the following evidence relevant to my finding:

* The service was unable to provide adequate evidence to satisfy the Assessment Team that it had sufficient oversight over HCP consumers' clinical care needs. The service had not historically been involved in HCP consumers’ personal care and clinical care including incidents and risks. Consequently, the Assessment Team found that the service had not met this requirement.

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* The brokered service provider is supplying Wagga Wagga Meals on Wheels with incident reports which are added to an incident register for trends to be addressed, and prevention strategies implemented.
* The brokered service provider to provide all assessments undertaken with consumers regarding falls, wound management etc. be sent to us on completion for review and uploaded to their consumer files.
* The brokered service provider conducts risk assessments when people first commence their services with the subcontracted service provider and revisions to occur regularly when conducting reassessments for Home Care Package consumers. The subcontracted provider also conducts risk assessments on activities that could be deemed a risk for consumers.
* The brokered service provider has been advised that if a Priority 1 SIRS incident occurs, they are to advise the Wagga Wagga Meals on Wheels Manager immediately so it can be reported to the Aged Care Quality & Safety Commission. The revised Service Delivery policy reflects the procedure.
* As part of our continuous improvement a new internet and telephone system is being purchased to enable secure communications to the Manager at all times.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate deficiencies in relation to this Requirement.

I have considered that consumers reported that the brokered service providers undertook assessments and identified risks during the care planning process, there was no evidence indicating that high-impact or high-prevalence risks associated with the care of each consumer are not effective management.

I have considered that the deficiency is in relation to the lack of oversight over HCP consumer’s personal and clinical care under Requirement 8(3)(d).

Based on the above evidence, the Decision Maker finds Requirement 3(3)(b) compliant.

Requirement 3(3)(c)

The Assessment Team recommended Requirement 3(3)(c) not met, as they were not satisfied that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. The Assessment Team provided the following evidence relevant to my finding:

* The service stated that end of life care was not provided by the brokered service provider and was unsure about how it managed advanced care planning.
* The service was unable to provide adequate evidence to satisfy the Assessment Team that it had sufficient oversight over HCP consumers end of life care needs. As such, the Assessment Team found that the service had not met this requirement.

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* The brokered service conducts advanced care plans with consumers. They are held by the brokered service to be acted upon as needed within the care plan. The brokered service will now provide us with a copy of the advanced care plan, which is noted in their electronic files. The brokered service provider partner with palliative care provider to provide end of life care needs so that their comfort is maximised and their dignity preserved. All reports received from Palliative Care provider are to be passed to us to be included in the consumer’s files. Regular visits by Wagga Wagga Meals on Wheels will be scheduled to monitor services provided.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate deficiencies in relation to this Requirement.

I have considered that the deficiency is in relation to the lack of oversight over HCP consumer’s personal and clinical care under Requirement 8(3)(b).

Based on the above evidence, the Decision Maker finds Requirement 3(3)(c) compliant.

Requirement 3(3)(d)

The Assessment Team recommended Requirement 3(3)(d) not met, as they were not satisfied that 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. The Assessment Team provided the following evidence relevant to my finding:

* The service was unable to provide adequate evidence to satisfy the Assessment Team that it had sufficient oversight over HCP consumers' clinical care needs. The service did not historically obtain incident reports from the brokered service provider or conducted consumer file audits. As such, potential trends of consumers deteriorating had not been captured. Therefore, the Assessment Team found that the service had not met this requirement.

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* The service’s incident register will be monitored monthly, and any patterns of recurring incidents will be discussed with the brokered service provider. The service is investigating the purchase of a new CRM which should report which consumers are due for a review.
* Care staff work closely with consumers and report any perceived deterioration to the Registered Nurse, or Care Manger for further assessment. The Care Manager will include in the monthly reports any perceived deterioration of consumers which require further assessment. The brokered service provider will refer consumers to mental health services or other health services as required and agreed to by the consumer. This information will be kept on the consumer’s file.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate deficiencies in relation to this Requirement.

I have considered that consumers reported that although deterioration or change of a consumer’s condition had occurred, the brokered service provider had sufficient processes for escalation, strategies and interventions.

I have considered that the deficiency is in relation to the lack of oversight over HCP consumer’s personal and clinical care under Requirement 8(3)(d).

Based on the above evidence, the Decision Maker finds Requirement 3(3)(d) compliant.

Requirement 3(3)(e)

The Assessment Team recommended Requirement 3(3)(e) not met, as they were not satisfied that 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. The Assessment Team provided the following evidence relevant to my finding:

* The Assessment Team sighted case notes, care plans, resident care summaries, goals services and procedures for several consumers. It was apparent to the Assessment Team that there was not effective communication and information sharing between the service and the brokered service provider in relation to HCP consumer clinical needs.
* Whilst some information was shared between the service and the brokered service provider, the care plan, resident care summary, and goals services procedure did not contain sufficient detail to enable the service to have adequate oversight over the clinical care needs of the consumers. There had been no expectations or parameters set regarding the level of detail, information, or documentation the brokered service provider must share with the service. For these reasons, the Assessment Team had found that the service had not met this requirement.

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* The service has requested and started to receive all incident reports. A Monthly report will include Assessments, Risk Management, Advanced Care Plans, Clinical Assessments. The service will meet with Care Managers and consumers monthly to discuss any concerns raised in the reports. Monthly reports will be presented to Management Committee at the monthly meeting for review and discussion.
* The service has requested the brokered service provider to increase the level of detailed information or documentation in their consumer care summary, goals service and procedures to allow adequate oversight over the clinical care needs of the consumers.
* The service will establish a Consumer Advisory Body to provide a forum where any concerns or suggestions from the Body can be tabled and reported to the Management Committee.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does demonstrate that 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.

Based on the above evidence, the Decision Maker finds Requirement 3(3)(e) compliant.

Requirement 3(3)(f)(g)

Consumers and a representative reported that the brokered service provider made referrals when required. The brokered service provider staff stated that referrals to other healthcare practitioners or specialists were made promptly when required. They said that typical referrals were made to allied health professionals such as occupational therapists, physiotherapists, and podiatrists.

Consumers and a representative confirmed that infection control practices were followed by the brokered service provider. Management stated that the service had the brokered service provider’s infection prevention and control policy. Management had observed staff using personal protective equipment when they were on site for a meeting. Initially, management stated that the service was not notified if consumers contracted COVID-19. Brokered service staff stated that infection prevention and control was part of the training provided to staff and they had policy and procedure implemented.

# 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. | Not applicable | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Not applicable |

Findings

Requirement 4(3)(d - HCP)

The Assessment Team recommended Requirement 4(3)(d) not met for HCP consumers, as they were not satisfied that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. The Assessment Team provided the following evidence relevant to my finding:

* The Assessment Team sighted consumers’ care plans, resident care summary and goals services and procedures. These documents did not have information relating to interests and lifestyle support needs and preferences.
* The Assessment Team acknowledged that the case notes reflected that the consumers attended activities and social events. However, there were no documents that staff referred to in order to gain an understanding of the consumer as a person, what was important to them and their preferences for services and supports of daily living. Whilst some information was shared between the service and the brokered service provider, the care plan, resident care summary, and goals services procedure did not contain sufficient details to enable the service to have adequate oversight over the services and supports for daily living of the consumers.

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* The service’s response from Requirement 2(3)(b) in relation to assessment and planning:
  + The Resident Care Summary, Goals, Services and Procedures to be included in information to HCP consumer.
  + The brokered service conducts Advanced Care Plans with consumers. They are held by the brokered service to be acted upon as needed. The brokered service will now provide us with a copy of the Advanced Care Plan, which is noted in their electronic files.
  + The brokered service conducts assessments of each consumer. It includes mobility status, mobility aids used and vision/hearing abilities.
  + Each consumer is consulted regarding their goals and procedures annually, or as needed. The goals, services and procedures must be completed on the database before a care plan can be updated. Therefore, each service relates to a goal, service or preference. The care plan may say only AM or PM service but under the goals services and procedures it lists what action is required for each service.
* The service has requested and started to receive all incident reports from the brokered service provider. A monthly report including assessments, risk management, advanced care plans and clinical assessments. The service will meet with the Care Manager and consumers monthly to discuss any concerns raised in the reports. Monthly reports will be presented to Management Committee at the monthly meeting for review and discussion. The service has requested the brokered service provider to increase the level of detailed information or documentation in their consumer care summary, goals service and procedures to allow adequate oversight over the individual needs of the consumers.
* The service will offer to establish a Consumer Advisory Body to provide a forum where any concerns or suggestions from the Body can be tabled and reported to the Management Committee.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does demonstrate that 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.

Based on the above evidence, the Decision Maker finds Requirement 4(3)(d) compliant.

Requirement 4(3)(a)(b)(c)(d – CHSP)(e)(f - CHSP)(g - HCP)

CHSP consumers provided positive feedback about how the services and supports received allowed them to do the things they want to do, maintained their independence, and optimised their health, wellbeing, and quality of life. HCP consumers provided examples of how the services and supports they received helped to maintain their independence, well-being, and quality of life. The brokered service provider staff and the service stated that they enabled and encouraged consumers to do as much for themselves as possible. They demonstrated that they understood what was important to consumers and ensured that the services provided assisted them to maintain their independence and optimise their quality of life.

CHSP consumers reported expressed confidence that staff and volunteers would recognise when they are feeling low and would provide support. HCP Consumers and a representative advised that the brokered service provider offered a lot of activities in which they could engage. The brokered service provider staff articulated that the activity program was available for consumers. They had a chapel, and a priest came regularly. Staff would recognise if consumers required emotional support and provided individualised care. They would also refer consumers if needed. Management confirmed that they received a copy of the activity program.

CHSP consumers interviewed said that they still go out into their communities. Some explained while they are still able to cook, they receive the meals for convenience. HCP consumers and representatives provided feedback on the opportunities they have been given to build and maintain relationships, pursue activities of interest to them and participate in their community. The brokered service provider staff articulated that there was a range of activities available to consumers. Management was aware of the various activities offered by the brokered service provider.

CHSP consumers confirmed that they were able to communicate their needs or preferences by calling the office or notifying volunteers who then forwarded the information for them. The Assessment Team sighted run sheets which demonstrated that needs and preferences were communicated to volunteers. This included allergies and consumer-specific instructions such as meal heating assistance.

CHSP consumers were asked if the service were supportive in connecting them with other lifestyle supports and services, they expressed their confidence that the service would assist them but explained that they had not needed to do this yet. HCP consumers confirmed that if they needed additional support services the staff assisted with this process. The service staff and management stated that if they identified CHSP consumer deterioration or changed care needs, they would contact the family and offer assistance with MAC referrals. The brokered service provider staff stated that they referred consumers to external care and service providers when required. They explained that most referrals were made to allied health services and this was managed in line with their procedures.

CHSP consumers receiving meal services reported that there was adequate meal variety and that it was sufficient in quantity. Staff articulated that they relied on consumer feedback to understand their individual preferences. When consumers informed them of preferences, they immediately record it in the consumer’s file. Staff explained that when a consumer’s preferred meal was unavailable, they rang the consumers to inform them and gave other options for them to choose from prior to meal delivery.

Consumers were satisfied with the equipment provided to them through their home care packages. They did not report any issues or concerns with the quality or safety of the equipment. Management stated that the brokered service provider sent them purchase orders if a piece of equipment was not in the care plan. The equipment was purchased brand new. When asked about what happens if a consumer had issues with brand new equipment, management responded that consumers were responsible for ringing where the equipment was purchased from. The brokered service provider staff explained that they purchased brand-new equipment through the consumers’ HCP. They added that if there were any issues with the purchased item, that they would ensure that consumers were safe first. They would then assist the consumers to contact the equipment provider and go from there.

# 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. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

All individual requirements within Standard 5 are not applicable, therefore standard 5 is not applicable and was not assessed as part of the Quality Audit.

# 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. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Requirement 6(3)(c)

The Assessment Team recommended Requirement 6(3)(c) not met, as they were not satisfied that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. The Assessment Team provided the following evidence relevant to my finding:

* The service could not demonstrate from the complaints register that the principle of open disclosure is being documented by the service. A number of complaints received did not have the reason why the consumer complained, and if the consumer was satisfied with the response to the complaint.
* In the event the complaint was from an HCP consumer, management said they would talk to the consumer, and possibly their representative. Information would also be passed to the brokered service provider. The brokered service provider also has their own human resources department to manage staffing issues. Management said they would follow up with the brokered service provider to ensure the complaint was resolved, however, there is no evidence that complaint information is provided to the service from the brokered service provider.

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* The brokered service provider has a complaints register; the service will provide Wagga Wagga Meals on Wheels with a copy of any complaints as part of their monthly reporting. The report will include actions taken to resolve complaints.
* Complaints will be filed into a central database and reviewed for trends or repeated incidents, which can be investigated further and improvements made.
* Establishment of a Consumer Advisory Body will provide an alternate avenue for consumers to communicate their complaints or concerns.
* Any complaints received by volunteers or phone are recorded in the volunteers or consumers file and transferred to the continuous improvement database for resolution.
* A report of complaints will be tabled at each Management Committee meeting.
* Training in Open Disclosure will be provided to staff and volunteers and information added to Volunteer Handbook.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate deficiencies in relation to this Requirement.

I have considered that consumers reported that consumers interviewed said that they had not had the need to make complaints and staff were able to provide examples to the Assessment Team where they had apologised when things had gone wrong, such as when they were late for a service.

I have considered that the deficiency is in relation to the lack of oversight for effective organisation wide governance systems relating to feedback and complaints under Requirement 8(3)(c)(vi).

Based on the above evidence, the Decision Maker finds Requirement 6(3)(c) compliant.

Requirement 6(3)(d)

The Assessment Team recommended Requirement 6(3)(c) not met, as they were not satisfied that feedback and complaints are reviewed and used to improve the quality of care and services. The Assessment Team provided the following evidence relevant to my finding:

* The service could not demonstrate that feedback and complaints are reviewed, and that information received is used to improve the quality of care and services or is used to identify trends.
* Management advised that most complaints involved meals and included consumers reporting that there was not enough meat for example in the meal.
* Management reported that the service provides CHSP consumers with an annual survey to gauge supports, services and staffing, and the Assessment Team noted that consumers were satisfied or very satisfied.
* A review of the complaints register demonstrated that complaints or feedback had not been recorded consistently. The Assessment Team noted that while complaint had been lodged, some had the actual complaint omitted, while others did not record the action taken.
* No complaints and feedback are provided regularly to the Management Committee for consideration or action. A review of the monthly managers’ report does not include feedback and complaints from either CHSP or HCP consumers.
* While the Assessment Team was satisfied that complaints and feedback had been received by the service and often resolved, there is no evidence to demonstrate actions undertaken or consumer satisfaction to the response, due to lack of documentation.

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* The service will establish a Consumer Advisory Body to provide feedback and suggestions to improve service to consumers.
* Annual surveys are conducted for CHSP consumers by Wagga Wagga Meals on Wheels. Information from these surveys will be collated and provided to the Management Committee to inform improvements in the service.
* Any complaints and compliments are registered and transferred to the Continuous Improvement Record database. It is then given a risk rating, make note of the actions taken to resolve any complaint and record any improvement to be made in the service. Staff will follow up with consumers to ensure the issue has been resolved satisfactorily.
* All staff have been reminded to provide full details of any complaints received and actions taken to resolve the issue. Guidelines will be provided to all staff on the procedures of collecting information on complaints and steps to be taken to compliment the information given at training. This will ensure full details are collected and what actions were taken to deal with complaints.
* The brokered service provider has a complaints register. The service will provide Wagga Wagga Meals on Wheels with a copy of any complaints as part of their monthly reporting. The report will include actions taken to resolve complaints. Complaints will be filed into a central database and reviewed for trends or repeated incidents, which can be investigated further and improvements made to the quality of care and services. Establishment of a Consumer Advisory Body will provide an alternate avenue for consumers to communicate their complaints or concerns.
* A report of complaints will be tabled at each Management Committee meeting.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate deficiencies in relation to this Requirement.

I have considered that consumers reported that consumers interviewed said that they had not had the need to make complaints and staff were able to provide examples to the Assessment Team where they had apologised when things had gone wrong, such as when they were late for a service.

I have considered that the deficiency is in relation to the lack of oversight for effective organisation wide governance systems relating to feedback and complaints under Requirement 8(3)(c)(vi).

Based on the above evidence, the Decision Maker finds Requirement 6(3)(d) compliant.

Requirement 6(3)(a)(b)

The service was able to demonstrate that consumers were encouraged and supported to provide feedback. All HCP and CHSP consumers sampled said that if they had issues, they would have no hesitation in contacting the service, however those sampled said they had no reason to complain. CHSP consumers are provided a copy of an information handbook, which discusses how feedback, complaints and compliments are encouraged by the service and provides contact information to enable contact with Meals on Wheels, and to the Commission. HCP consumers receive a welcome booklet, which provides information on contacting Easy Lifestyle Home Care, or to the Commission if an unsatisfactory response has occurred.

The service could demonstrate that advocacy services sought when needed and used by the service; and that information such as language and complaints services were provided to consumers if required. CHSP and HCP consumers are provided with information and a form to enable consumers to nominate someone to act as an advocate. The Assessment Team sighted completed forms on consumer files. Management spoke about how CHSP and HCP consumers are provided an information handbook on commencement, which includes information on how to make complaints to Meals on Wheels and to the Aged Care Quality and Safety Commission, and this was sighted by the Assessment Team.

# 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. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Requirement 7(3)(a) – HCP

The Assessment Team recommended Requirement 7(3)(a) not met, as they were not satisfied that 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. The Assessment Team provided the following evidence relevant to my finding:

* Management advised that for HCP consumers receiving care from the brokered service provider, notifications of unfilled shifts or rescheduled supports were not provided to the service. Cancellation of services were only noticed when information to generate monthly statements was provided, and this could be weeks after the service had not been delivered.

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* The brokered service provider has contingency plans in place for staff absences. They have a list of emergency staff available to cover staff absences. Alternatively, the rostered staff will be reallocated to cover any absences. The brokered service provider’s business plan provides enough full time and casual staff to provide all services. Contingency plans are in place to cover any staff absences. As part of the monthly report the brokered services provider will advise of any scheduled services not provided.
* The Consumer Advisory Body, as well as our interactions with consumers on our monthly visits, will provide an avenue for consumers to voice any concerns in this area. Consumers will be advised of our monthly visits where we will be available to discuss any concerns.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate deficiencies in relation to this Requirement.

I have considered that consumers reported that HCP consumers interviewed said that they are satisfied with care and services, that staff or volunteers had enough time to complete supports and services, and that they always turned up on time. Staff sampled reported that they felt there was enough time available and believed that they were able to manage supports and services.

I have considered that the deficiency is in relation to the lack of oversight under Requirement 8(3)(b).

Based on the above evidence, the Decision Maker finds Requirement 7(3)(a) compliant.

Requirement 7(3)(c)

The Assessment Team recommended Requirement 7(3)(c) not met, as they were not satisfied that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The Assessment Team provided the following evidence relevant to my finding:

* While the service could demonstrate that staff and volunteers delivering CHSP services were competent and had knowledge to undertake their roles; the service was unable to provide evidence that it was aware of, or knew, if staff delivering care and supports to HCP consumers were qualified or competent.
* The service was unable to demonstrate that all volunteers had read and understood the volunteer handbook or were aware of the code of conduct and the service’s requirements for confidentiality.
* The Assessment Team sighted the volunteer handbook and noted that upon commencement and volunteers must undertake training at irregular intervals. Volunteers sampled reported that training had not taken place.
* All volunteers are required to sign documentation to acknowledge receipt and agreement to the terms and conditions of their employment including a code of conduct, and a privacy and confidentiality agreement. The service could not provide evidence that all volunteers had signed copies of these documents.
* Management said HCP consumers receive care and supports from staff employed through the brokered service provider. For clinical care, the brokered service provider has a registered nurse and an enrolled nurse. However, management could not confirm that clinical care being delivered to HCP consumers is being undertaken by staff with current registrations and qualifications, or that care staff were competent.

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* All volunteers have been asked to review and sign the Code of Conduct and Confidentiality & Privacy Agreement. Volunteers are given a copy to keep for their records and signed copy if kept in their files.
* Training session will be undertaken on a regular basis. We have sought advice for Meals on Wheels NSW for training packages available.
* Current qualifications and registrations of all staff providing clinical care has been received and filed. Settlers have been advised that this information is to be kept up to date and we are advised accordingly.

In coming to my finding for CHSP consumers, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does demonstrate that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

In coming to my findings for HCP consumers, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate deficiencies in relation to this Requirement. I have considered that the deficiency is in relation to the lack of oversight for effective organisation wide governance systems relating to workforce governance under Requirement 8(3)(c)(vi).

Based on the above evidence, the Decision Maker finds Requirement 7(3)(c) compliant.

Requirement 7(3)(d)

The Assessment Team recommended Requirement 7(3)(d) not met, as they were not satisfied that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. The Assessment Team provided the following evidence relevant to my finding:

* The service was unable to demonstrate that staff and volunteers were trained and supported to deliver all outcomes required by the Aged Care Quality Standards.
* Management advised that staff providing supports and services to HCP consumers are managed by the brokered service provider. Management advised that the brokered service provider has told them that their staff have received training, but confirmed they did not know what topics staff had been trained on.
* Management reported that they had recently attended abuse and neglect training, however staff did not attend. Information contained in the managers’ report for 1 May 2023 reported that the service is liaising with the NSW Department of Aged and Disability on training staff and volunteers to recognise abuse and neglect. To date, training for SIRS consisted of a casual conversation to staff by management.
* All staff and volunteers sampled reported that they had not received training on the Serious Incident and Response Scheme (SIRS) or received training in identifying or responding to abuse and neglect.
* While the volunteer handbook provides steps to correct handwashing and a diagram, there is no evidence that staff understood information contained in the handbook or had received additional training or information.

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* Training will be undertaken by staff and volunteers in privacy, complaints, open disclosure, cultural awareness, SIRS. Training will include policies and procedures to deliver outcomes required by the standards. Each position has a job description with required qualifications included in the description. Through annual performance reviews staff will be able to request any training or support in areas that will help them to provide improved quality of care. As changes occur in standards and requirements staff will be kept abreast of these new requirements through regular staff meetings.
* Volunteers are engaging with consumers under our initiative with Glen 20 and Woolworths to provide additional infection control by providing all consumers with Glen 20.
* Current qualifications and registrations of all staff providing clinical care has been received and filed. The brokered service provider has been advised that this information is to be kept up to date and we are advised accordingly.

In coming to my finding for CHSP consumers, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

In coming to my findings for HCP consumers, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate deficiencies in relation to this Requirement. I have considered that the deficiency is in relation to the lack of oversight for effective organisation wide governance systems relating to workforce governance under Requirement 8(3)(c)(vi).

Based on the above evidence, the Decision Maker finds Requirement 7(3)(d) compliant.

Requirement 7(3)(e)

The Assessment Team recommended Requirement 7(3)(e) not met, as they were not satisfied that there is regular assessment, monitoring and review of the performance of each member of the workforce. The Assessment Team provided the following evidence relevant to my finding:

* The service was unable to demonstrate that staff and volunteers receive regular assessments, review, or monitoring.
* The service provides CHSP consumers an annual survey, which includes questions relating to the consumer experience with volunteers and staff. The Assessment Team sighted the 2022 survey, and noting consumers were all satisfied or very satisfied, and some provided additional comments.
* Management confirmed that the service has not undertaken recent staff performance appraisals, and all staff interviewed confirmed that they had not had a performance appraisal recently.
* Performance for staff undertaking HCP was not provided or known by the service. A consumer satisfaction survey is undertaken at Settlers apartments which sought how satisfied consumers were of staff. While 85% of consumers indicated they were satisfied, it was unclear how HCP consumer responses were identified from other residents.

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* Supervision and support are important for ensuring that staff and volunteers are supported in their work and that their work is carried out effectively. Additionally, supervision sessions provide an opportunity to follow up on staff development issues noted in staff developments reviews. The small number of staff working in Wagga Wagga Meals on Wheels means that ongoing supervision and support is continuously provided informally.
* To ensure staff have an opportunity to formally address problems or issues formal staff appraisals will be recommenced over the next month.
* Volunteers are also provided with support and supervision on an ongoing basis and receive additional guidance through volunteer meetings which are held as required and quarterly newsletters.
* With our advertised visits to the brokered service provider HCP consumers will have the opportunity to discuss any staffing concerns and offer feedback on staff performances. There will also be an opportunity for consumers to give feedback through annual surveys.

In coming to my finding for CHSP consumers, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce occurs.

In coming to my findings for HCP consumers, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate deficiencies in relation to this Requirement. I have considered that the deficiency is in relation to the lack of oversight for effective organisation wide governance systems relating to workforce governance under Requirement 8(3)(c)(vi).

Based on the above evidence, the Decision Maker finds Requirement 7(3)(e) compliant.

Requirement 7(3) (a – CHSP) (b)

The service could demonstrate that the workforce providing supports and services to CHSP consumers was planned and had the number of mix of staff and volunteers. Consumers said that staff or volunteers had enough time to complete supports and services, and that they always turned up on time. Volunteers interviewed said that there was sufficient time to undertake deliveries or activities and tidy up afterward.

The service could demonstrate that interactions by staff and volunteers with consumers, were always kind, caring and respectful. All consumers sampled said that the service and staff are caring and respectful; and all said they felt safe. All staff and volunteers interviewed knew the consumers they work with and spoke respectfully about consumers. No staff or volunteers had witnessed a consumer being treated disrespectfully.

**Standard 8**

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | Non-compliant | Non-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. | Non-compliant | Non-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. | Non-compliant | Non-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. | Non-compliant | Not applicable |

Findings

Requirement 8(3)(a)

The Assessment Team recommended Requirement 8(3)(a) not met, as they were not satisfied that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. The Assessment Team provided the following evidence relevant to my finding:

* The service is unable to demonstrate that consumers are engaged in the development, delivery or evaluation of care and services, however, the Assessment Team acknowledged that management has considered the implementation of a consumer forum to sample new meals prior to release.

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* Assessment Team’s evidence from Requirement 7(3)(e):
  + The service provides CHSP consumers an annual survey, which includes questions relating to the consumer experience with volunteers and staff. The Assessment Team sighted the 2022 survey, and noting consumers were all satisfied or very satisfied, and some provided additional comments.
  + Information is gathered at both the service and the brokered service seeking consumer feedback on staff and volunteers.
* Establishing a consumer advisory body consisting of consumers and advocates to engage in development, delivery and evaluation of care and services, consumers and advocates will be invited to participate.
* The service states that annual surveys are conducted for both HCP and CHSP services. The results are collated and added to the continuous improvement plan. The results are presented to the management committee.
* Visits to the brokered service provider, HCP consumers will have the opportunity to discuss any concerns and offer ideas or suggestions to improve the service. These ideas and suggestions will be added to the continuous improvement plan and presented to the management committee.

In coming to my findings, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does demonstrate that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Based on the above evidence, the Decision Maker finds Requirement 8(3)(a) compliant.

Requirement 8(3)(b)

The Assessment Team recommended Requirement 8(3)(b) not met, as they were not satisfied that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The Assessment Team provided the following evidence relevant to my finding:

* The service could not demonstrate that the governing body promotes safe and inclusive care as information including risks, complaints, and feedback for both CHSP and HCP consumers and services, are not presented or considered by the Management Committee.
* Deficiencies were also evidenced in examples from:
  + Requirements 2(3)(a)(b – HCP)(e)
  + Requirement 3(3)(c)
  + Requirement 7(3)(a)

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* The management committee will be included in all training sessions on SIRS, cultural awareness, abuse & neglect, conflict management, confidentiality and open disclosure.
* The monthly reports will include continuous improvement, incidents, brokered service provider report, open disclosure, complaints & feedback.
* Evidence was demonstrated by the service as outlined in:
  + Requirements 2(3)(a)(b – HCP)(e)
  + Requirement 3(3)(c)
  + Requirement 7(3)(a)

In coming to my finding for CHSP consumers, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does demonstrate that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate that the organisation’s governing body has an embedded process that promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

Based on the above evidence, the Decision Maker finds Requirement 8(3)(b) compliant for CHSP consumer and non-compliant for HCP consumers.

Requirement 8(3)(c)(ii)(iv)(vi)

The Assessment Team recommended Requirement 8(3)(c)(ii)(iv)(vi) not met, as they were not satisfied organisation wide governance systems are in place in relation to continuous improvements, workforce governance and feedback and complaints. The Assessment Team provided the following evidence relevant to my finding:

* In relation to continuous improvement
  + The Assessment Team sighted the service’s continuous improvement plan (CIP) and noted that the plan only contained four entries. The plan commenced in April 2023.
  + While the Assessment Team noted that items included in the CIP had been discussed during Management Committee meetings, the items were not identified by the service as continuous improvements in the meeting minutes.
  + The Assessment Team noted that the CIP did incorporate improvements that targeted HCP supports and services and were not CHSP-specific.
  + The service has a continuous improvement policy which states that feedback and complaints, and WHS incidents or accidents will be linked to the CIP and identified as areas of improvement. The service does not receive incidents, accidents, complaints, or feedback from HCP consumers, and could not demonstrate that the policy was being adhered to.
* In relation to workforce governance as outline in Requirements 7(3)(c)(d)(e).
* In relation to feedback and complaints as outline in Requirements 6(3)(c)(d).

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* In relation to continuous improvement
  + all future management committee meetings items included in the CIP, discussed by the committee, will be identified as continuous improvements in meeting minutes. The requested incident reports from our brokered service provider will also be identified as areas for improvement.
* In relation to workforce governance
  + Volunteers have been asked to reread Code of Conduct, Privacy & Confidentiality documents and sign. These updated documents are being included in their files.
* In relation to feedback and complaints
  + The brokered service provider has a complaints register. The service will provide Wagga Wagga Meals on Wheels with a copy of any complaints as part of their monthly reporting. The report will include actions taken to resolve complaints. Complaints will be filed into a central database and reviewed for trends or repeated incidents, which can be investigated further and improvements made. This information will be added to the Continuous improvement database. Establishment of a Consumer Advisory Body will provide an alternate avenue for consumers to communicate their complaints or concerns. A report of complaints will be tabled at each Management Committee meeting.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not effective organisation wide governance systems for continuous improvement, workforce governance and feedback and complaints.

Based on the above evidence, the Decision Maker finds Requirement 8(3)(c)(ii)(iv)(vi) non-compliant.

Requirement 8(3)(d)

The Assessment Team recommended Requirement 8(3)(d) not met, as they were not satisfied that there are effective risk management systems and practices relating to:

(i) managing high-impact or high-prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) supporting consumers to live the best life they can

(iv) managing and preventing incidents, including the use of an incident management system.

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

* In relation to managing high-impact or high-prevalence risks
  + The service could not demonstrate that effective systems are in place to manage high-impact or high prevalence risk relating to the care of consumers and was unable to demonstrate the reporting processes for high risks, including the escalation processes to the Management Committee.
  + The service does not receive reports of incidents incurred by HCP consumers and were unaware of recent incidents involving falls. The Assessment Team has sighted a number of falls and hospitalisations for HCP consumers in consumer care planning documentation that corresponded with information provided by HCP consumers. This information has not been received by the service or considered by the Management Committee.
* In relation to identifying and responding to abuse and neglect of consumers
  + Staff and volunteers sampled said that they had not received training on abuse and neglect or training on SIRS, but if they suspected anything, would report it to management.
  + Volunteers spoke about how they would report to the service if they had concerns, however, they had not had any formal training on abuse and neglect. The service has an Abuse statement and policy; however, no staff or volunteers spoke of having the policy to guide them.
* In relation to managing and preventing incidents
  + The service does not require staff or volunteers to attend the office and complete an injury or near miss form. This information is provided verbally to management or written on a run sheet. Management then enters the information into the incident management system, including assigning the level of likelihood and severity. The corresponding level corresponds with the risk matrix. The service was unable to provide evidence of the course of action or who was responsible for each level of risk identified.
* Deficiencies were also evidenced in examples from:
  + Requirements 2(3)(b)(d)

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* In relation to managing high-impact or high-prevalence risks
  + Volunteers or staff undertake an initial risk assessment of consumers homes on the first visit. Any risk to volunteer, staff or consumer are documented and measures put in place to manage any concerns. Risks are documented in the Continuous Improvement database to ensure measures are put in place to rectify or manage risks.
* In relation to identifying and responding to abuse and neglect of consumers
  + From monthly reporting of incidents and trends to identify repeated falls or high prevalence risks we will engage with the consumer or brokered service provider to monitor and document consumers conditions and needs, communicate and coordinate with consumers and other service providers such as physios, and provide timely and appropriate assessments or referrals as needed. These actions will form part of our monthly management incident reports to be tabled at the monthly committee meetings.
* In relation to managing and preventing incidents
  + The manager is a member of the Wagga Wagga Elder Abuse Collaborative Team, which meets monthly. The members include representatives from Aged & Disability Commission, NSW Police, local aged care services, Relationships Australia, Legal Aid. Training modules on abuse & neglect are being sourced from Meals on Wheels NSW and Aged & Disability Commission. Sessions will commence shortly for volunteers and staff.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate that the organisation has effective risk management systems and practices, including but not limited to managing high-impact or high-prevalence risks, identifying and responding to abuse and neglect of consumers and managing and preventing incidents, including the use of an incident management system.

Based on the above evidence, the Decision Maker finds Requirement 8(3)(d) non-compliant.

Requirement 8(3)(c)(i)(iii)(v)

The service was able to demonstrate that the service has effective organisation wide governance systems relating to information management, financial governance, regulatory compliance.

* In relation to information management
  + The service currently records and manages CHSP and HCP consumer care planning information on separate databases. CHSP consumer information is entered and updated within the service, with HCP consumer information including detailed progress notes, is accessed through the Settler’s central management system (CMS).
  + Volunteer files are paper-based and kept in a folder located in a locked cupboard. Additional volunteer information is recorded on the service’s server and enables management to view evidence of vaccinations, driver’s licences, and police checks.
  + Volunteers use run sheets when delivering meals containing limited information. Incidents, complaints, or feedback are entered onto the sheets, and passed to the service for entry into the risk management system.
* In relation to financial governance
  + The service demonstrated they have effective financial management and reporting systems in place to manage finances and resourcing needed to deliver safe and quality care to consumers.
  + Management advised:
    - the service employs a financial officer to undertake financial management
    - the financial report is tabled by the Treasurer at each Management Committee meeting
    - an external financial service is used to undertake an annual audit.
    - The Treasurer’s report was sighted in all Management Committee meeting minutes.
* In relation to regulatory compliance
  + Relevant information sources used by the service to ensure regulatory compliance include:
    - Accessing the Commission website and attendance of webinars
    - Department of Health and Aged Care
    - Meals on Wheels NSW
  + Management reported that when information regarding legislative or regulatory arise, this is sent to the Management Committee. The Assessment Team sighted information regarding changes to the Aged Care Standards and to CHSP funding in the tabled managers’ report dated 3 July 2023.

Requirement 8(3)(e)

Despite the Assessment Team’s recommendation that this Requirement is not applicable, the Decision Maker deems that Requirement 8(3)(e) is to be included in the Performance Report as the service provides clinical care and services as outlined in Standard 3 – Personal and Clinical Care.

The service did not demonstrate that a robust clinical governance framework is in place to guide staff and to ensure consumers receive quality clinical care. For example:

* Evidence from Requirement 3(3)(a):
  + The service was unable to provide adequate evidence to satisfy the Assessment Team that it had sufficient oversight over HCP consumers' personal and clinical care. The service was unable to provide documented evidence that it obtained information on HCP consumers from the brokered service provider such as details on clinical care provided. Management was unable to articulate examples of specific consumers’ clinical care needs when asked.
* Evidence from Requirement 3(3)(b):
  + Brokered service provider staff interviewed stated that they conducted assessments and uploaded this in their own electronic client management system. The assessments were not uploaded into the client management system. They stated that reports from the subcontracted provider were not requested by the service, as such they did not complete reports. They occasionally called the service if there were any concerns and added that the only report they had sent the service were incident reports which had only recently been requested. At the time of the assessment, they sent 3 incident reports to the service which all occurred in July 2023.
  + The Assessment Team sighted the Service Delivery policy which contained a section on Abuse and SIRS. This had SIRS definition, types of reportable incidents and a workflow. The workflow did not mention a procedure for the brokered service provider nor indicate who had the responsibility of reporting to the Commission.
  + The service was unable to provide adequate evidence to satisfy the Assessment Team that it had sufficient oversight over HCP consumers' clinical care needs. The service had not historically been involved in HCP consumers’ personal care and clinical care including incidents and risks.
* Evidence from Requirement 3(3)(e):
  + Management stated that a copy of the signed care plan was uploaded into the client management database. The service acknowledged that the assessments conducted by the brokered service providers were not necessarily shared.
  + The Assessment Team sighted case notes, care plans, resident care summaries, goals services and procedures for several consumers. It was apparent to the Assessment Team that there wasn’t effective communication and information sharing between the service and the brokered service provider in relation to HCP consumer clinical needs.
  + Whilst some information was shared between the service and the brokered service provider, the care plan, resident care summary, and goals services procedure did not contain sufficient detail to enable the service to have adequate oversight over the clinical care needs of the consumers. There had been no expectations or parameters set regarding the level of detail, information, or documentation the brokered service provider must share with the service.
  + Upon the Decision Maker’s request for evidence regarding clinical governance oversight, the service was unable to provide sufficient evidence to meet the Requirement. The service was not able to evidence that they have oversight over clinical care needs or knowledge of a clinical governance framework.

The Decision Maker deems Requirement 8(3)(e) as non-compliant.

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)