**Performance**

**Report**

**1800 951 822**

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| --- | --- |
| Name of service: | Warrigal Community Care - Goulburn |
| Service address: | 7 St Aubyn Road GOULBURN NSW 2580 |
| Commission ID: | 200057 |
| Home Service Provider: | Warrigal Care |
| Activity type: | Quality Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 27 April 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 Warrigal Community Care - Goulburn (**the service**) has been prepared by M Cooper, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Warrigal Community Care - Goulburn, 17856, 7 St Aubyn Road, GOULBURN NSW 2580
* Warrigal Community Care - Goulburn EACH, 17857, 7 St Aubyn Road, GOULBURN NSW 2580
* Warrigal Community Care - Goulburn EACH Dementia, 17858, 7 St Aubyn Road, GOULBURN NSW 2580

**CHSP:**

* Care Relationships and Carer Support, 25080, 7 St Aubyn Road, GOULBURN NSW 2580
* Community and Home Support, 25081, 7 St Aubyn Road, GOULBURN NSW 2580

# 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 19 April 2023.
* Aged Care Act 1997 (Cth)
* Aged Care Quality and Safety Commission Act 2018 (Cth)
* Aged Care Quality and Safety Commission Rules 2018 (Cth)
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022 (the Guidance)
* Commonwealth Home Support Programme manual 2022 -2023
* Home Care Package Program operational manual a guide for home care providers Version 1.3 – January 2023

# Assessment summary for Home Care Packages (HCP)

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

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

# Areas for improvement

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

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

The Assessment Team reports that the Approved Provider is ensuring care and services delivery is respectful of consumer diversity whilst providing consumers with accurate and timely information to support consumer decision making. The Provider is protecting consumer information and respecting the privacy and confidentiality of consumers.

Having regard to the Assessment Team’s report, the Provider’s response at the time of the audit, the Provider’s written response, the Provider’s obligations under the Aged Care Act 1997 and the Guidance, I have reasonable grounds to form the view that the Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as six of the six specific requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as six of the six specific requirements have been assessed as compliant.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

The Assessment Team reports that the Approved Provider is working towards developing processes and procedures that will ensure uniform care planning documentation whilst updating care plans. The Provider was able to produce care planning documentation for all consumers sampled. The Provider is also discussing advanced care plans with consumers when reviewing care plans or documenting the outcome.

However, the Provider is not using validated assessment tools to identify all risks to consumers. The Provider was not able to ensure all staff have access to all consumer information. The Provider is not currently documenting consumer information into a centralised management system that enables the service to identify deterioration of consumers, changes to needs, or changes to preferences.

Requirement 2(3)(a) HCP

The Assessment Team reports that the Approved Provider advised that initial consumer information is gathered from the ACAT assessment if it is recent. Additional information is collected through undertaking an assessment or review, including a clinical assessment if the consumer is receiving a level 3 or 4 HCP package. Levels 1 and 2 HCP consumers are assessed by the coordinator, however if concerns have been identified, they are referred to the clinical team for further assessment. Where health concerns are identified, care and services are reviewed and tailored to the consumer, or referrals made to external providers.

While the service uses an internal online tool to identify falls risks to consumers, and undertakes a PAS assessment, the service could not demonstrate that care planning documentation identified additional risks through the use of other validated assessment tools such as pain and skin integrity, for example, Consumer 1 (HCP 4) pain assessment notes his medication for pain relief and the doses he has been prescribed or used

Management and clinical staff interviewed advised that the need for validated assessment tools has been identified by the service, and a suite of assessment tools are currently being considered for use by home services.

A review of the continuous improvement plan noted the service identified some consumers with cognitive impairment were still awaiting a PAS assessment. The Assessment Team sighted care planning documentation for consumer 1 noting he last had a clinical review on 1 December 2022, but there was a note stating an updated PAS needs to be completed.

Care staff said that if they had concerns relating to consumer health and safety they ring the service and document their progress notes. The service has a high impact and high prevalence policy and procedure dated 12 April 2022.

Response to Assessment Team’s report

Requirement 2(3)(a)

The Approved Provider has supplied a number of documents in its response to the Assessment Team’s report. These include Consumer 1’s clinical assessment 1 December 2022, Consumer 1’s care plan (unsigned dated 11/8/2021), Warrigal Care of the clinically deteriorating resident/consumers policy and procedures, cognitive report for Psychogeriatric Assessment Scale (PAS), deteriorating customer review request form.

Warrigal Southern Highlands home services has an ‘assessment and reassessment’ policy and procedures in place which is completed for all levels of HCP consumers. The registered nurse completes the assessment and reassessment care planning document for HCP Level 3 or 4 consumers, using validated assessment tools and service plans. CHSP care planning and assessments are generated and completed via the services electronic system, then a printed copy is stored at the consumers home folder.

The registered nurse uses validated tool when assessing the risk to the consumer. The electronic management system (HCM) contains the following of validated assessment tools, Falls Risk Assessment tool, Behaviour Assessment tool, Pain Assessment tool, Cognitive Assessment tool, Wound Assessment tool which is included in the wound chart, Diabetic Assessment tool, Infection Antimicrobial Assessment.

Consumer 1 had an annual client reassessment on the 1 December 2022 conducted by the RN using validated assessment tools and a behaviour, pain and falls assessment was completed. Consumer one was initially assessed using the psychogeriatric assessment scale (PAS) with a score of 21 (severe impairment) and lives with dementia as his condition had not changed this did not trigger a reassessment. Warrigal Southern Highlands home services has a process for ensuring that all deterioration or changes in consumers are recognised and respond to in a timely manner, as documented in the Care of clinically deteriorating residents/consumers policy and procedures (refers requirement 3(3)(d) below) the service has implemented the deteriorating consumer review request form that is completed by care staff when there is a recognised need for a review.

It is noted that Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. Section 19AD of the User Rights Principle 2017 also creates a legal obligation for an Approved Provider to provide written care and service plan. The Home Care Packages Program operational manual at chapter 7.1 states that ‘Providers must undertake initial and ongoing assessment and planning to meet Standard 2 of the Aged Care Quality Standards’.

The Guidance and Resources for Providers to support the Aged Care Quality Standards articulates the purpose and scope of standard 2 which is part states ‘The plan needs to be regularly reviewed so that changes in a consumer’s health or abilities are picked up.

In reviewing the documentation supplied by the Approved Provider is it noted that on page 2 of Consumer 1’s Service Plan there is a notation that a cognitive assessment was done which included a PAS score of 21. Further to this at point 1.3 on page 4 of the Plan there is a notation that ‘RN will attend PAS assessment as needed and regular clinical follow ups every 3 months or as needed or requested by the family’. Therefore, I am of the opinion that the Provider has demonstrated that it has systems in place to meet its obligations to comply the Standards and in relation to this consumer.

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s written response and the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as five of the five specific requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as five of the five specific requirements have been assessed as compliant.

# 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. | Not applicable | 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

The Assessment Team reports that the Approved Provider is providing safe and effective clinical care that demonstrates best practice whist ensuring consumers are receiving specialised services that are tailored to their individual needs and preferences. High impact and high prevalence risks are being effectively managed. The Provider is implementing a new centralised management system that will enable all consumer information to be located together, and process notes containing possible deterioration can be viewed electronically in real time.

However, the Assessment Team reports that the Provider is not recognising and responding to possible deterioration or identifying trends due to the current care plan and documentation systems in place.

Requirement 3(3)(d)

Most consumers and/or representatives said that they thought staff could identify if they were feeling low or unwell. Some staff were unsure or stated that they would not discuss if they were unwell with staff.

The Assessment Team sighted an entry in the incident register where Consumer 2 (HCP 3) had an unwitnessed fall and hit her head. The service was able to demonstrate that they responded to the change in the consumer once aware of the incident though the following, Consumer 2’s husband told staff of the fall and staff contacted the coordinator. The registered nurse was notified so a follow up could be undertaken, however further medical assistance was not required as the consumer had already notified her medical practitioner.

Clinical staff confirmed that Consumer 2 was not categorised as a vulnerable isolated consumer as she lives at home with her husband, and lives in a residential facility where there is further assistance if needed. The consumer’s husband confirmed the fall but said he didn’t tell the service as medical attention was sought. However, he was not aware there was a responsibility for the service to do follow up. The Consumer’s husband said that the service is in contact with Consumer 2 regularly and knows what is going on.

All staff interviewed reported that if they notice changes in a consumer’s emotional, physical, or mental well-being, they would, report concerns immediately to the service by phone and discuss concerns with the coordinator, contact an ambulance if it was an emergency, document the incident or concern as a progress note in the consumer record which is kept at the consumer’s home

The Assessment Team noted that all staff have been provided with a stop and watch pack which includes, stop and watch guide, deteriorating customer review request form, care of clinically deteriorating resident/customer policy and procedure.

The Assessment Team sighted dementia specific information that had been disseminated to staff as part of the weekly staff updates, including documentation from Dementia Australia:

* 17 March 2023 Pain in dementia
* 27 January 2023 Information on aggressive behaviours in dementia
* 3 February 2023 agitative behaviours in dementia

The service has a care of clinically deteriorating resident/customer policy and procedure which identifies risks using a traffic light system where green is usual, yellow is caution, and red is danger. Risks identified by the policy include respiratory rates, pulse, blood pressure, temperature, pain, and blood glucose levels.

While the Assessment Team acknowledges that the service has implemented procedures to assist in identifying deterioration of consumers including the development of deterioration form to be used by staff, and training on stop and watch; the service is unable to demonstrate fully that all deterioration or changes in consumers are recognised and responded to in a timely manner. This is due to information contained in progress notes being located offsite and collected monthly from the consumer’s folder, and consumer information and care planning documentation located on two separate electronic systems.

Information entered will be accessible by management and clinical staff and alert the service and clinical team to changes or deterioration in consumer health, and enable monitoring of trends.

The Assessment Team acknowledges that this has been identified in the continuous improvement plan, and that the service is currently investigating the purchase of a new centralised management system within the next few months. This will enable progress notes to be entered in real time by staff using iPad supplied by the service.

Response to the Assessment Team’s report

Requirement 3(3)(d)

There is a process in place and a ‘care of the clinically deteriorating resident/consumer’ policy and procedure which staff refer, to ensure that all deterioration or changes in consumers are recognised and responded to in a timely manner. While information is kept in the consumers home there is a process in place for documents be filed monthly until electronic file and upload it into electronic information management system (IMS). All care staff are trained through toolbox talks to describe what they need to do if they recognise a change in the consumers condition.

This involves calling the coordinator and following a ‘Stop and Watch’ tool located in the consumer’s home folder followed up with filling out an incident report form. Coordinators communicate with consumers families about consumers if they have been involved in an incident and discussions are held regarding the requirement for increased services and when appropriate. There is a continuous improvement related to a new centralised management system which has been the subject of a thorough organisational assessment and a submission has been prepared for the board approval in April 2023.

Requirement 3(3)(e)

The Assessment Team reports that the Approved Provider has advised that the service communicates consumer’s condition, needs and preferences within the service and with others externally who provide care and supports in consumer care plans located at the consumer’s home. All consumers sign a consent to share information form, enabling the service to share information with other services and providers responsible for consumer care.

Staff are provided consumer information in care plans that are located in the consumer’s home, and information such risks and access to the home. When queried by the Assessment Team how new staff or staff from agencies receive information such as access to the home, management advised that this is included on the paper-based roster that is emailed every fortnight to staff.

Consumer risks are documented in the care plan. There is also a mobility plan which provides ambulatory information such using aids in the home or out in the community, directs staff to remind consumer to lift feet if shuffling, and to ensure spaces in the home aren't cluttered to reduce trip hazards. When changes to consumers' risk have been identified, or the consumer has become unwell, this information is communicated to staff in the weekly update.

While the service has put in place a number of processes to share consumer information, the current system relies on electronic consumer information to be stored on two separate systems, and care plan documentation and recent progress notes are located in consumer’s homes.

The Assessment Team acknowledges that the service is currently purchasing a new centralised management system which will consolidate consumer care plans, rostering information, and gather real time progress notes through iPads provided to staff.

Response to the Assessment Team’s report

Requirement 3(3)(e)

All care staff have access to the individual service plans which is the main source of information regarding consumers. Service plans are available to all staff at the point of care and are located in the consumers CHSP and HCP home folders. Coordinators and support workers record progress notes in the consumers home folder which is then collected every month for filing and also uploaded to the electronic file for each consumer.

Coordinators and management communicate to care staff via email and or phone immediately if there is a change in the condition, needs and preferences, this is then documented and communicated with all participants involved in the care of the consumer.

It is noted that Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. In considering the issues raised I note that the Guidance and Resources for Providers to support the Aged Care Quality Standards states in part that the ‘scope and purpose’ of Standard 3 ‘Consumers and the community expect the safe, effective and quality delivery of personal and clinical care. The Standard applies to all services delivering personal and clinical care specified in the ‘Quality of Care Principles 2014’.

In relation to requirement 3(3)(d) the Guidance states in part ‘This requirement explains how organisations are expected to respond to deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition. A consumer may experience health conditions or impairments that restrict their capacity or abilities. How these restrictions affect the consumer’s day to day activities or function also depends on the consumer’s personal circumstances and environment’. More importantly, when considering the issues raised by the Assessment Team in their report, the Guidance clearly states that ‘Organisations are expected to have systems and processes, relative to the services they deliver, that support the workforce to recognise, and respond to a consumer whose function, capacity or health condition changes or deteriorates’. This includes ways for the workforce, consumers, and others to identify and escalate concerns so that the organisation can assess the situation and take action.

I note that the Assessment Team raised concerns that the information pertaining to the consumers is kept in progress notes located off site, and care planning information is located in two separate electronic systems. However, there is no requirement for this information to be collated into a single database. In the case study cited by the Assessment Team the consumer’s fall was reported by her husband who called medical attention. As soon as the Provider’s staff were made aware, they followed the establish procedures to ensure the safety of the consumers. To achieve compliance with the requirement the Provider must show that it has effective systems and processes in place and I am satisfied that it does have such a system.

In relation to requirement 3(3)(e)

This requirement focuses on the communication processes that organisations are expected to have, so that their workforce has information about delivering safe and effective personal and clinical care and understanding the consumer’s condition, needs, goals and preferences. The information the workforce has access too should help them provide and coordinate care that respects the consumer’s choices. Good information management systems mean the consumer doesn’t have to keep repeating their story. The Guidance also states that ‘how information is communicated can vary, but the method needs to be efficient and fit the situation’

It its report the Assessment Team raised concerns in relation to the consumer’s information being stored in separate locations. When considering the intent of this requirement and for the reasons I have stated in my consideration of requirement 3(3)(d) I am satisfied that Provider has complied with this requirement.

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s written response, the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with requirement 3(3)(d) and 3(3)(e).

The Quality Standard for the Home Care Packages service is assessed as compliant as six of the six applicable requirements have been assessed as compliant.

# Standard 4

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| --- | --- | --- | --- |
| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being, and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

The Assessment Team reports that the Approved Provider is ensuring each consumer gets safe and effective services and supports for daily living whilst promoting each consumer’s spiritual, emotional and psychological well-being. The Provider is assisting each consumer to participate in the community, have social and personal relationships and to do things that interest them. The Provider is communicating within the organisation, and with others for care is shared. Referrals to individuals, other organisations and providers of other care and services and being provided in a timely and appropriate manner.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

# Standard 5

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

Findings

The Assessment Team reports that the Approved Provider provides a welcoming and functional service environment to the satisfaction of consumers. The environment is safe, clean and well-maintained and it enables consumers to freely access indoor and outdoor spaces. Furniture and fittings are clean and safe, well maintained and suitable for consumers.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as three of the three specific requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as three of the three specific requirements have been assessed as compliant.

# 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

The Assessment Team reports that the Approved Provider is providing consumers with information on how to make a complaint and ensuring complaints are actioned using an open disclosure process. The Provider is using feedback and complaints to trend and improve services.

Having regard to the Assessment Team’s report, comments made by the Approved Provider at the time of the audit, the Approved Provider’s written response and the Provider’s obligations under the Aged Care Act 1997 and the Age Care Quality Standards, I have reasonable grounds to form the view that the Provider has complied with this Standard..

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as four of the four specific requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as four of the four specific requirements have been assessed as compliant.

# Standard 7

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| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | 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

The Assessment Team reports that the Approved Provider is enabling staff enough time to complete the services in addition to providing systems and processes to ensure there are enough staff to deliver safe, quality care and services. New staff are given induction, orientation, and buddy shift on commencement. All staff have annual performance reviews and all roles have a current position description and duty statement. Ongoing and mandatory training and monitoring completion by staff is being scheduled.

However, the Provider is not ensuring training and competencies are for tasks within the duties of the position description and are in line with best practice.

Requirement 7(3)(d)

The Assessment Team reports that Provider has position descriptions for all staff roles. The registered nurse and endorsed enrolled nurse roles must maintain registration with the Australian Health Practitioner Regulation Agency (AHPRA), and staff fulfilling management roles possess relevant tertiary qualifications. The service is currently in the process of employing a clinical care manager who must have AHPRA registration.

A review of position descriptions noted that there is no requirement for care staff to hold qualifications, however management advised that staff are trained and supported to undertake their roles.

While not all care staff have aged care qualifications, management advised that those staff without a Certificate III or IV, undertake domestic assistance duties when they commence, and are provided with buddy shifts at each stage of their development. Once they feel comfortable, they may progress to providing personal care including showering. A review of the service’s continuous improvement plan notes that staff are not trained and competent in the delivery of personal care, however this is being addressed with the implementation of the buddy system.

The service demonstrated that it has implemented ongoing mandatory training for aged care workers and were able to demonstrate staff had undertaken training in the following, Infection control, Covid 19, Department of Health’s aged care module detailing PPE and COVID-19, donning and doffing practical assessment and WHS policy.

Management advised that where specific tasks are involved in consumer care such as BGL monitoring, staff are trained internally on the procedure, a toolbox talk is provided where staff are shown how to prick the consumer’s finger, and glucose levels recorded. Staff are observed and tested by the registered nurse or enrolled nurse and are tested for competency.

The Assessment Team viewed the training competency records for staff. While blood glucose monitoring and showering a consumer is still to be added, the Assessment Team noted that staff have been deemed competent and trained in the application and management of patches, and the administration of insulin devices including, Clikstar, Flexpen, Innolet, Kwikpen, Novopen4, Solostar, Byetta and Victoza.

One staff member interviewed confirmed that they had been trained in insulin administration, however they themselves don’t do it, the other girls do. When questioned further, they were uncertain if it was insulin or blood glucose testing that was being undertaken. The confusion between what constituted testing for BGL and the administering insulin was concerning for the Assessment Team, especially in light that they had been deemed competent.

The Assessment Team raised with management that staff have been trained in administering insulin, and management advised that while this is not a role for care staff. The executive advised training was a result of a consumer seen administering insulin through clothing.

Due to evidence where non-qualified non-clinical staff have undertaken training and have been deemed proficient in the application of patches and injection of insulin, the Assessment Team believes that the service is unable to demonstrate that staff are trained to deliver the outcomes required by the Standard.

Response to the Assessment Team report

The Provider has stated that at the time of the assessment, the management told the assessment team that care staff do not administer insulin, they support the consumer while he self-administers insulin. The care staff attend a competency which is titled insulin administration, however the medication role matrix states that care staff cannot administer insulin. The care staff are provided with information about how to support the consumer with administration. The insulin administration competency has been sent to the Medication Advisory Committee (MAC) to be reviewed and a policy and procedures has been developed to describe the role of care staff with instant support in home services. It needs to be noted that the consumer is no longer on injectable insulin and is now taking oral medication for his diabetes and is no longer on patches for pain relief. Goulburn Home Services have no other consumers requiring insulin administration. A blood glucose level (BGL) competency is in place in and all care staff in the service have completed the competency this is recorded by training and entering into a register.

In its response, the Provider also supplied a copy of the Medication Roles Matrix which clearly sets out the skill level that members of its workforce need before they can administer medication. Page 43 of the Provider’s Medtrax Medication booklet provides clear instructions on how to use various insulin injection devices. The booklet also facilitates an assessment of the competency of the staff member administering the insulin. However, more importantly, the Provider has made in quite clear that although staff have been provided with information or trained in the injection of insulin the medication roles matrix dictates who and who cannot undertake this function.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. The Guidance states that the intent of requirement 7(3)(d) is in part, that the ‘organisation’s support for the workforce to deliver the outcomes for consumers in line with the Quality Standards. Meeting this requirement will support the workforce in their day-to-day practice and can protect against risk and improve the care outcomes for consumers’. Also ‘It’s expected that members of the workforce receive the ongoing support, training, professional development, supervision and feedback they need to carry out their role and responsibilities’. It would appear that the Approved Provider has trained or given information to staff on the administration of insulin not with the view of having them do the administering but to recognise when the consumer is not doing it correctly and therefore, a staff member who is authorised to undertake this work can assist.

Having regards to the Assessment Team’s report and the comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards, I have reasonable grounds to form the view that the Approved Provider has complied with requirement 7(3)(d).

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as five of the five specific requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as five of the five specific requirements have been assessed as compliant.

# Standard 8

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

Findings

The Assessment Team reports that the Approved Provider is ensuring all governance and financial information is accountable and transparent whilst Identifying gaps in compliance and implementing effective risk and incident management systems and practices. The Provider is supplying ongoing support and training to ensure that governance systems are understood by staff at all levels and identifying that existing documentation requires review and update to reflect new SIRS requirements, and the identification or abuse and neglect in the elderly.

However, the Assessment Team reports that the Approved Provider is not currently able to capture and share all consumer information across the service on a centralised management system.

Requirement 8(3)(c)

In relation to information management the Assessment Team reports that the Approved Provider is capturing consumer information on a number of separate systems, which makes it difficult to identify trends, consumer deterioration or up to date consumer information. For example, scanned progress notes, dignity of risk forms and all assessments and reassessments are located on consumer records located on the service’s server; while correspondence and contact notes appear on the centralised management system. Current progress notes are located in hard copy at consumer’s homes and returned to the office monthly.

Management acknowledged that the current system does not enable trends or information to be easily accessed and are currently finalising the implementation of a new centralised management system in line with the organisation’s move to better technology platforms.

The service currently uses a home care management system that it has identified as a legacy system, unable to undertake current functionalities. The service has chosen to replace the programme rather than invest in updating the current version.

While the service is currently unable to demonstrate effective information management systems, the Assessment Team has sighted information on the new system replacement including scope of works and proposal and acknowledges that this will enable the service to better monitor and maintain consumer information when it is implemented.

Response to Assessment Team’s report

The service does have adequate information systems in place information management systems are supported by electronic information systems (EIMS), the continuous improvement system is supported by the ionMY, a platform that supports the monitoring of activities in relation to quality standards. Staff are provided with training and information about these systems to support them in their roles. A meeting structure is in place to ensure that the sharing of information and reporting to the appropriate key stakeholders supports effective information management. There is an audit an instant management system in place and key information is reported to the board on a regular basis.

The service has chosen to replace the present system as the current system is unable to be updated, this information was provided to the Assessment Team during the quality audit. The organisation has an effective and secure EIMS, clinical audit system, the current operational audit system is being replaced by an overarching governance, risk and compliance system linked to the age care quality and safety standards that will capture a wide range of data including, for example, complaints and feedback that will provide the organisation and service with greater, near real time, visibility of the service especially risks.

Other forms of information management for both staff and residents include newsletters, social media, emails and annual reports.

The organisation wide risk management system and practises in place, include but are not limited to managing high impact or high prevalence risks associated with the care of residents, identifying and responding to abuse and neglect of residents, supporting residents to live the best life they can and managing the preventing incidents, including the use of an incident management system.

Warrigal has incident support line officers who support the reportable incident process and conduct audits to monitor and provide information about the effectiveness of incident reporting. The audit findings are shared with management who complete an action plan as required.

Warrigal has clear reporting lines service clear responsibilities and accountabilities for reporting obligations and documenting all information and all incidents and SIRS as documented in the reportable incidents policy and procedure.

Warrigal has a robust system to develop, update and review policies, procedures and forms. Warrigal has a document register which is used as a tool to plan and monitor when documents are due for review or need updating due to legislative changes.

Any documents for review are then scheduled with the quality operational quality and compliance (OQAC) team. The team follows the flow chart provided to ensure that document changes have had full consideration across the clinical and specialist practices areas within Warrigal. We seek advice when required to ensure the information is best practice and meets legislative requirements.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. The Guidance states that the intent of requirement 8(3)(c) ‘Organisation wide governance is about how the organisation applies and controls authority below the level of the governing body’. Authority flows from the governing body to the Chief Executive Officer (or similar role), then, to the executive or management team and throughout the organisation. This requirement lists the key areas that an organisation needs for effective organisation wide governance systems. These systems should take into account the size and structure of the organisation. They should also help to improve outcomes for consumers.

Information management

Effective information management systems and process give appropriate members of the workforce access to information that helps them in their roles. It also makes sure consumers can access information about their care and services. These systems cover how an organisation maintains, stores, shares and destroys information and how it controls privacy and confidentiality. Information that supports consumers to make decisions should be relevant and accurate and provided in a timely manner.

As indicated in my response to requirement 3(3)(d) the Guidance states that an Approved Provider must have effective information management systems and process in place. The Guidance does not stipulate that this information must be contained within one database and through the use of the word ‘systems’. I am of the view that this data can be stored across a number of databases providing there is an overarching process to guide staff on how to access these systems to enter and retrieve data. To achieve compliance with the requirement the Provider must show that it has effective systems and processes in place and I am satisfied that it does have such a system.

Having regards to the Assessment Team’s report and the comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards, I have reasonable grounds to form the view that the Approved Provider has complied with requirement 8(3)(c).

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as four of the four applicable requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as four of the four applicable requirements have been assessed as compliant.

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