**Performance**

**Report**

**1800 951 822**

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| Name: | Wesley Community Services Limited |
| Commission ID: | 200126 |
| Address: | Level 4, 220 Pitt Street, SYDNEY, New South Wales, 2000 |
| Activity type: | Quality Audit |
| Activity date: | 27 August 2024 to 30 August 2024 |
| Performance report date: | 18 October 2024 |

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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 6671 Wesley Community Services Limited  
Service: 17389 Burwood/Strathfield/Concord CACP Program  
Service: 22903 Wesley Home And Carer Support Services (Nepean)  
Service: 26445 Wesley Home Care Central Coast  
Service: 27765 Wesley Home Care Far North Coast  
Service: 27316 Wesley Home Care Hunter  
Service: 27316 Wesley Home Care Hunter  
Service: 26444 Wesley Home Care Illawarra  
Service: 27289 Wesley Home Care Mid North Coast  
Service: 17865 Wesley Home Care Northern Sydney  
Service: 17864 Wesley Home Care South Eastern Sydney  
Service: 17869 Wesley Home Care Western Sydney  
Service: 17868 Wesley Mission Homeless CACPS

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7430 Wesley Community Services Limited  
Service: 24684 Wesley Community Services Limited - Care Relationships and Carer Support  
Service: 24686 Wesley Community Services Limited - Community and Home Support

**This performance report**

This performance report has been prepared by A Cachia, 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 services it operates, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

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

* the Assessment Team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Team’s report received 11 October 2024.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not 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 | **Not 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 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 | **Not Compliant** |

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

# Areas for improvement

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

* Standard 3, Requirement (3)(b)
  + Ensure staff have skills and knowledge to:
    - report, document and manage clinical incidents.
    - ensure effective management of high-risk or high-prevalence risks associated with the care of each consumer.
* Standard 8, Requirement (3)(d)
  + Ensure effective risk management systems and practices are embedded into the HCP and CHSP programs, addressing identifying and responding to abuse and neglect of consumers.
  + Implement monitoring processes to ensure compliance with the organisation’s clinical incident data management, identifying trends and adequately reporting and escalating.

# 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

Consumers and their representatives said staff and management treat them with dignity and respect, with consumers sharing in different ways how they feel treated well across all services. Staff and management explained how they treat consumers with dignity and respect, sharing how they understand what is important to consumers and respect consumers identity, background and preferences. Documentation showed that organisational policies and procedures, including code of conduct and choice and decision-making policy promotes a culture of inclusion and diversity, which guides staff in the provision of inclusive, safe and consumer led services.

Consumers and their representatives said they are satisfied that consumers cultural needs and background are understood by staff, which reflects culturally safe care and services by making them feel valued and respected. Staff explained how they deliver culturally safe care and tailored services to consumers’ individual needs, with staff advising they spend adequate time engaging with consumers to determine strategies for meeting the needs of consumers with specific needs. Sampled care planning documentation showed culturally safe care and services embedded in assessments, guidance strategies and processes, including whether an interpreter is required and preferred language identified.

Consumers and representatives said they are informed about their care and service options available and are encouraged to actively make decisions about their care and delivery of services, as outlined in the service agreement. Staff were knowledgeable and explained how they support consumer decisions in line with the organisation’s policies and procedures. The Assessment Team sighted processes in relation to consumer consent being provided, prior to involvement of others in their care and services, as well as instances where capacity to make decisions is compromised.

Consumers and their representatives said each consumer is supported to take risks to enable them to live the best life they can, including remaining independent and active. Management explained how they inform and assess consumers are safe and supported when they choose to take risks. They were knowledgeable about the dignity of risk procedure and explained how they provide information to consumers to inform decision making. Documentation showed policies and procedures that guide staff in understanding the consumer, maximising independence, and their capacity in choosing to take risks.

Consumers and their representatives said they are satisfied with the information they receive, which is clear and easy to understand, including monthly statements. Consumers said, and staff confirmed, consumers receive copies of their care plans and staff often refer to care plans and make notes about their services. Staff provided examples of how they support consumers in understanding information through clear communication channels, including use of picture cards, letters and supporting the consumer in contacting their assigned coordinator to provide information and clarification when required. Sampled consumer documentation showed consumers are provided with information at the commencement of services, including the Charter of Aged Care Rights, monthly statements and care plan.

Consumers and representatives said they felt their privacy was respected, and personal information remained confidential. Staff were knowledgeable and provided examples of how they ensure a consumer’s privacy is maintained, by ensuring consent and privacy documentation are up to date. Documentation showed policies and procedures in place outlining protocol in protecting personal information.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 1 Consumer dignity and choice.

# 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

Consumers and their representatives are satisfied with how services support consumers needs, which was captured through the services assessment and planning process. Management explained the assessment and care planning process considers individual risk and informs the delivery of consumers’ care and services. Each service demonstrated current assessment and care planning, including consideration of risks to consumer’s health and well-being. Sampled care plans showed detail to guide the delivery of services, including the use of validated assessments, risks are identified and are documented. Although only one care plan outlined a non-response plan, staff were knowledgeable and could describe how they would respond in the instance this situation arose.

Consumers and representatives said care and services meet consumers’ needs and goals, including preferences taken into account. Staff demonstrated knowledge and explained how they access consumer information to deliver and plan services accordingly. Staff and management explained, and documentation showed the organisation’s process across all services for advance care planning and end of life wishes.

Consumers and representatives said they are actively involved in the decision-making process when developing or reviewing a care plan to ensure that it meets consumers’ needs. Management said they communicate with external organisations to determine the level of assistance consumers required to maintain a safe standard of living and access to appropriate supports in line with their care needs. Care planning documentation was reflective of the consumer and inclusive of those involved in the care of the consumer, including representatives.

Consumers and representatives described the care and services they receive, with consumers recalling being advised of information about their care and services. Staff described how they provide services and support in alignment with the consumers care plans that are made available on an electronic device, accessible by all staff involved in their care and services. Sampled consumer files evidenced demonstrated care planning and assessment documentation available for all consumers.

Consumers and representatives said they are satisfied with the regular reviews of care and services, confirming that staff make changes to meet consumers current needs and make contact on a regular basis. Staff and management said consumers’ care and services are reassessed annually, with the involvement of consumers and their representatives or when a change in circumstances occurs. Management explained that they obtain additional information from consumer’s carers and agencies to assist in determining the level of care consumers require.

Based on the evidence summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant | Not Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

Requirement 3(3)(b)

The Assessment Team reported that each service demonstrated effective management of high-impact and high-prevalence risks associated with each consumer. The Assessment Team provided the following evidence to support their assessment:

* The Assessment Team sighted the organisation’s policies and processes in place, including clear instruction all staff to manage high impact or high prevalence risks associated with the care of consumers, including risk management systems to monitor, identify and manage risks relating to consumer care.
* Staff described consumers on the vulnerable risk register, outlining how some identifying factors include living alone, risk of isolation, mobility restrictions and dementia. Furthermore, staff said they refer to the procedure to guide in identifying and assessing consumer risks and place an alert on consumer files when identified.
* The Assessment Team sighted consumer files identifying risks of falls, weight loss, behaviours, wounds and pressure injuries recorded in care plans, with requests for clinical support and updated assessment information and progress notes.
* The Assessment Team evidenced the organisation responding to high-impact or high-prevalence risk by reporting each incident and completing an analysis, with each incident recorded and reviewed.

In response to the Assessment Team’s report, the provider submitted a response outlining additional information and actions undertaken to address the deficiencies originally outlined in Requirement 8(3)(d). The response includes the following evidence relevant to my finding:

* The provider provided the following update and actions taken to address the deficiencies in relation to Consumer A:
  + Support workers continue to provide personal care, incontinence care and assistance with feeding and hydration from Monday to Friday to Consumer A.
  + The provider said the content of support worker documentation includes observations to Consumer A’s environment, incontinence and the personal care required, communication with and presence of family, skin integrity, pain, nutrition and hydration.
  + The provider said they have communicated with Consumer A’s family, including reiterating the importance of attending to Consumer A’s high care needs,
  + The provider said Consumer A’s goal remains unchanged, as communicated by Consumer A’s family, to continue care for Consumer A in the home rather than be placed in residential care. Furthermore, the provider said Consumer A’s family did not want to act on the residential care option to save residential respite allocation for a preferred period.
  + The provider said Consumer A is not receiving care or support from the organisation over the weekend due to limited Home Care Package (HCP) funding. The provider said Consumer A’s family are providing continence and hygienic care, including changing Consumer A’s continence pads every 4 hours over a 24-hour period, seven days a week.
  + The provider said support worker documentation reports skin integrity is being maintained, indicating regular care outside of the provider attending to care needs.
  + The provider said staff have been in communication with external agencies on multiple occasions to seek guidance where required and keep agencies informed in relation to Consumer A. Furthermore, the provider said they submitted an online report to an external agency outlining what has been occurring within Consumer A’s home.
  + The provider said communication with Consumer A’s general practitioner has been had by the organisation and Consumer A’s family separately outlining Consumer A’s care need for medical oversight, however the practice is not able to attend home visits. Furthermore, the provider said they are researching local practitioners to complete home visits.
  + The provider said Consumer A’s family have sought private clinical care services when there have been reports or concerns by support workers relating to skin integrity issues identified. The provider advised a wound was identified on Consumer A’s inner thigh in August 2024 and wound care was provided leading to healing by September 2024, with confirmation that there is currently no wounds or skin care concerns for Consumer A.
  + The provider said support workers report on the condition of Consumer A’s continence aids twice daily and documentation indicates good hydration and regular bowel movements.
  + The provider said Consumer A’s pain status is reported and documented twice daily by support workers and advised the family are administering liquid paracetamol four times a day. Furthermore, the provider advised Consumer A’s pain is fluctuating, with swelling noted by supports workers on the consumers wrists and right shoulder, which was reported to the family.
  + Explanation from the provider advised a risk assessment has been attended to, education has been provided to Consumer A’s family and a dignity of risk form has been signed following the provider discussing risks that present in Consumer A's condition, with the inability to mobilise or communicate, particularly if left on their own.

In coming to my finding, I have considered the Assessment Team’s report and provider’s response. This Requirement expects the organisation can demonstrate risk management related to the care of each consumer, including but not limited to managing pain, continence, pressure injuries and restrictive practices.

While information in Requirement 3(3)(b) suggests effective management of high-impact or high-prevalence risk associated with the care of each consumer, evidence outlined in the Assessment Team’s report and provider response, addressed under Requirement 8(3)(d) highlights concerns in relation to the provider’s ability effectively manage risks associated with the care of each consumer, specifically in relation to identifying and responding to abuse and neglect.

I acknowledge details relating to Consumer A appear to be an isolated circumstance identified by the Assessment Team, however, I find that the risks and severity associated with Consumer A is relevant to deficiencies in Requirement 3(3)(b). Furthermore, although the provider response begins to address the deficits identified, there is no evidence that at the time of my decision, the mentioned actions have been fully implemented nor embedded to support effective management of Consumer A’s circumstances. Therefore, I place weight on information outlined in the Assessment Team’s report.

Based on the information summarised above, on this occasion, I find the provider, in relation to the service, non-compliant with Requirement 3(3)(b) in Standard 3 Personal care and clinical care.

Requirement 3(3)(a), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g)

Consumers and representatives said consumers were satisfied with the care they receive and provided examples of tailored care. Staff were able to describe the care needs and identified consumer preferences. Management explained how home care package consumers receive a comprehensive clinical assessment that informs the care planning recommendations, with specific care plans developed for clinical procedures. Furthermore, they said they know care is safe and effective because the organisation monitors consumer’s conditions, refers consumers to external health providers when required, and receives regular feedback from consumers and care staff.

Consumers and their representatives said they recall the offer to discuss advanced care directives and end of life, with some consumers reporting how the organisation assisted in maximising comfort and felt consumer dignity was preserved. Staff and management said, and documentation showed how services are adjusted to the consumer’s needs, including working with external palliative care teams and general practitioners. Documentation showed information included in the welcome park for advanced care planning and instructions on how to complete an advanced care directive.

Consumers and their representatives said they felt confident staff know consumers well and would identify and report changes to overall health and well-being. Staff, including brokered staff were knowledgeable and understood their responsibilities when responding to consumer deterioration and change, providing examples of significant changes that occurred in consumers personal or clinical care needs. Documentation showed, and staff said deterioration in consumers’ health, cognition or physical function is recognised and responded to, in line with the organisation’s policies and procedures. Sampled care documentation identified staff recognised, reported and responded to consumer condition changes.

Information regarding consumers’ condition, needs and preferences is documented on a care plan and readily available to staff and others where responsibility for care is shared. Consumers, representatives and staff considered consumers’ needs and preferences are effectively communicated between staff. Staff said they communicate information about consumer’s conditions by submitting updated progress notes and discussing consumers amongst internal care staff involved with the consumer.

There are processes in place to ensure appropriate and timely referrals to individuals or other care and service providers. Staff were knowledgeable in understanding referral pathways and explained how they ensure timely referrals to external organisations are completed in response to consumer’s changing needs, including allied health providers. Documentation showed referrals are made in an appropriate and timely manner.

Consumers and representatives said they felt assured by the organisation’s commitment to take measures to protect consumers from infection, including hand hygiene and use of personal protective equipment (PPE). Staff said, and management confirmed, they are vigilant in their adherence to hygiene practices, including use of PPE. Documentation outlined each service has effective processes in place for the prevention and control of infection including management of an infectious outbreak.

Based on this evidence, I find the provider, in relation to each service, compliant with Requirements in Standard 3, Personal care and clinical care.

# 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 | Not Applicable |

Findings

Consumers and their representatives said the services and supports consumers receive help them to maintain quality of life and independence. Staff demonstrated an understanding of what is important to consumers and described how they help the consumer to maintain independence in line with their preferences. Management said staff are aware of work health safety principles and practices to ensure safe and effective services are delivered. Documentation showed processes are in place to identify and build services to meet consumers’ preferences and care planning documentation were written in a consumer centric way, including their interests and personal goals.

Consumers and their representatives said consumers enjoy services and supports for daily living, which promotes their emotional well-being, sharing positive feedback about feeling socially connected. Staff demonstrated sound knowledge of consumers and described strategies to ensure they are appropriately supported, including monitoring consumers well-being and mood. Documentation evidenced showed detailed information regarding consumer’s emotional, spiritual and psychological well-being.

Consumers described how they are supported to participate in their community within and outside the organisation’s service environment, have social and personal relationships and do things of interest to them, including attending and participating in activities. Staff demonstrated knowledge of consumers, including their social connections and being flexible to consumer preferences. Sampled care plans showed information on what was important to consumers, including their interests, preferred activities and information relating to consumer’s life stories and social needs.

Consumers and their representatives said they were satisfied with the organisation’s communication systems in place to ensure staff know consumer needs when changes occur. Staff described how to access, update and share consumer information with those involved in consumer’s care, and explained how they have access to updated information via the mobile application. Sampled care documentation showed progress notes and communication with representatives and other service providers.

Consumers and their representatives said they were satisfied with the referral process and provided examples of how they have been referred to allied health professionals to access equipment and home modifications. Interviews with staff and documentation showed consumers are referred to other individuals, organisations and providers of other care and services as needed, including referral pathways for carers to access respite services and support.

Consumers on a home care package are able to have meals delivered inclusive of administration fees, however accessing meals through their package is not specifically available. Consumers reported that the meals received are of sufficient quality and quantity and have no concerns regarding meals received. CHSP consumers were observed by the Assessment Team receiving and enjoying their meals at the centre-based service. Furthermore, staff were observed to be following food safety practices, including hand washing and hygiene.

Processes are in place to ensure equipment used to support daily living is safe, suitable, clean and well maintained. Consumers and their representatives said they are satisfied with equipment provided, describing equipment as safe, suitable, and maintained to assist consumers in their daily lives. Staff were knowledgeable of the processes in place to ensure equipment is clean, safe and well-maintained and provided examples of how they use and monitor the safety of equipment, such as reporting any issues to coordination staff if identified. Sampled consumer documentation showed equipment identified in the consumer home and progress notes sighted, including reports from occupational therapist assessments.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements, in Standard 4 Services and supports for daily living.

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

Findings

Consumers and their representatives said they always feel welcome and safe, sharing how consumers find it easy to navigate the social hub service environment. The Assessment Team observed staff ensuring the service environment is welcoming, spacious and easy to understand, including having staff who can speak the same language available for consumers to maintain interaction at the centre. Service environment signage is clearly displayed, and functions were observed to be well maintained.

The service environment was observed to be clean, safe and well-maintained. Consumers who utilise the services buses said the vehicles are clean, comfortable and always felt safe. Staff and management said they maintain the cleanliness of the environment, utilising venue assessments for community outings and escalating any identified issues as appropriate. Staff were knowledgeable in how to report maintenance requests. The environment was well laid out and provided spacious areas wide enough for consumers to move freely.

The social hub service has buses which appeared to be clean and well-maintained, with consumers sharing how furniture, fittings, and equipment are safe and suitable. Staff explained how fittings and equipment is well-maintained and checked regularly. Furthermore, the provider organises a contracted cleaning service to clean the premises thoroughly after hours. The Assessment Team observed handwashing facilities and personal protective equipment at the service environment maintaining a clean and well-maintained environment.

Based on this evidence, I find the provider, in relation to each service, compliant with all Requirements in Standard 5 Organisation’s service environment.

# 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

Consumers and representatives said they feel supported, comfortable and know how to provide feedback and make complaints. Staff and management were knowledgeable of the feedback and complaints process, and said they encourage consumers and representatives by providing information to assist with providing feedback or to make a complaint. Documentation showed information about the organisation’s complaints and feedback processes available, and policies and procedures are in place to guide staff on how to support consumers.

Consumers and representatives across each service said they were aware of and have access to advocacy and language services, including external supports such as the Commission. Staff said they support consumers access external advocacy support groups and services. Management was knowledgeable, and documentation showed they support consumers and representatives by providing advocacy service and complaints information in their information pack.

Consumers and representatives said they are satisfied that concerns raised are actioned to their satisfaction in a timely manner, explaining how each service keeps them informed throughout the process. Staff described how they escalate and record complaints regarding care and services and were knowledgeable and provided examples of how they demonstrate open disclosure. Management described the organisation’s complaints process, management systems and demonstrated appropriate action, including open disclosure of complaints.

Consumer representatives said they are satisfied the service listens to their feedback and makes necessary changes to ensure feedback is actioned promptly. Management described and provided examples of how service-wide improvements were made as a result of feedback and complaints. Documentation showed the organisation’s processes and procedures in place to report and identify improvement opportunities to inform quality improvement, which are trended, analysed and reported to the Board by management.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 6 Feedback and complaints.

# 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

Consumers and representatives were satisfied with the number of staff available, advising that staff arrive on time and have enough time to complete their duties. Staff said in different ways that they have sufficient time to complete their work effectively. Furthermore, they explained how they escalate when consumer services can longer be performed safely or effectively within scheduled timeframes, resulting in prompt increased service hours to support consumer needs. Management discussed workforce planning and analysis of workforce needs, and reported recruitment strategies to ensure scheduling sufficient resources and a mix of members are deployed to deliver safe and quality care and services.

Consumers and representatives said staff are kind, caring and respectful of their culture and identity. Staff were knowledgeable and provided examples, demonstrating how they treat each consumer respectfully and have an awareness of individual preferences and diverse needs. Management said, and documentation showed policies and procedures supporting the organisation’s consumer-centred approach.

Consumers and representatives provided positive feedback that staff understood consumers’ needs and effectively performed their roles. Staff said they work within their responsibilities, skills and scope of practice, holding qualifications and skillset to deliver adequate service delivery to consumers. Management explained how the selection criteria and knowledge requirements and competencies for each role guides the recruitment process. Documentation showed job descriptions for all positions, outlining responsibilities and staff compliance checks, including requests of relevant qualifications, licenses and registrations.

Consumers and representatives said they are satisfied with staff training and feel they are equipped to deliver quality care and services. Staff said the organisation provides an orientation on commencement along with mandatory training and a practical buddy support system. Management described the opportunity for further training needs are generally identified through the organisation’s annual education survey, incident and complaint system. Documentation showed quarterly meeting minutes evidencing training needs related to regulatory and legislative changes are recorded.

Consumers and their representatives said each service is in regular contact with consumers and they feel comfortable providing feedback on staff performance. Staff and management said systems are in place to regularly assess, monitor and review staff performance, including formal annual reviews and regular information opportunities, including team meetings and one-on-one support. Management described the process for monitoring and reviewing staff performance through annual performance reviews and explained each service use feedback from consumers and staff appraisals to inform training needs. The Assessment Team sighted performance appraisals are regularly completed with staff.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 7 Human resources.

# 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. | Compliant | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Not Compliant | Not Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Not Applicable |

Findings

Requirement 8(3)(d)

The Assessment Team reported the provider did not demonstrate that the organisation has effective risk management systems and practices to support consumers receiving care under the Home Care Packages (HCP) program, specifically in relation to responding to identifying and responding to abuse and neglect. The Assessment Team provided the following evidence to support their assessment:

* Staff and management did not demonstrate they acted on their responsibilities to identify, respond and report suspected or observed abuse and neglect.
* The provider could not demonstrate or provide evidence of effective processes in place to identify and respond to abuse and neglect of vulnerable HCP consumers outside of service provision hours.
* Consumer A
  + Consumer A was identified as lying in urine and excrement up to their shoulders, experiencing pain during care provided, along with detailed skin integrity issues identified.
  + During a home assessment, Consumer A was showing severe signs of deterioration, unable to weight bear, requiring full assistance for all aspects of personal care.
  + Pressure care screening identified Consumer A at high risk of developing pressure injuries, and during an occupational therapy assessment Consumer A was identified to have a mid-thoracic spine pressure injury, with the wheelchair cushion having no pressure care.
    - Continence aids were identified as only being changed twice daily, with the consumer opening their bowels outside of support worker hours resulting in the consumer staying in excrement until the following morning.
    - The assessment recommendation outlined Consumer A was better suited to a residential aged care facility to receive 24/7 care and access to appropriate supports.
  + Additional pressure injury identified during provision of person care which was escalated within the organisation, with the occupational therapist and Consumer A’s high needs communicated to the consumers family, reiterating what a home care package can provide and the recommendation for Consumer A to access private carers to meet their needs.
  + Staff providing regular person care said the bed is wet every morning and Consumer A appears to be in pain when being turned, noticing Consumer A’s facial expressions as grimacing and tears in their eyes.
  + During the assessment, management said a case conference was organised to respond to the issues identified for Consumer A to be discussed with the consumer’s family and consider advocacy options for the consumer or public guardian involvement.
* Management said clinical oversight was implemented in July 2024, with a senior manager responsible for clinical care, aiming to have a team of registered nurses.
* The Assessment Team sighted evidence of elder abuse involving psychological harm for a CHSP consumer, which was identified and responded to, and documented in the incident register.

In response to the Assessment Team’s report, the provider submitted a response outlining additional information and actions undertaken to address the deficiencies. The response includes the following evidence relevant to my finding:

* The provider advised that the circumstances and findings surrounding Consumer A is an isolated incident and does not reflect the provider’s usual practice of vigilance and timely reporting of any signs of abuse or neglect.
* The provider provided the following update and actions taken to address the deficiencies in relation to Consumer A:
  + Support workers continue to provide personal care, incontinence care and assistance with feeding and hydration from Monday to Friday to Consumer A.
  + The provider said the content of support worker documentation includes observations to Consumer A’s environment, incontinence and the personal care required, communication with and presence of family, skin integrity, pain, nutrition and hydration.
  + The provider said they have communicated with Consumer A’s family, including reiterating the importance of attending to Consumer A’s high care needs,
  + The provider said Consumer A’s goal remains unchanged, as communicated by Consumer A’s family, to continue care for Consumer A in the home rather than be placed in residential care. Furthermore, the provider said Consumer A’s family did not want to act on the residential care option to save residential respite allocation for a preferred period.
  + The provider said Consumer A is not receiving care or support from the organisation over the weekend due to limited Home Care Package (HCP) funding. The provider said Consumer A’s family are providing continence and hygienic care, including changing Consumer A’s continence pads every 4 hours over a 24-hour period, seven days a week.
  + The provider said support worker documentation reports skin integrity is being maintained, indicating regular care outside of the provider attending to care needs.
  + The provider said staff have been in communication with external agencies on multiple occasions to seek guidance where required and keep agencies informed in relation to Consumer A. Furthermore, the provider said they submitted an online report to an external agency outlining what has been occurring within Consumer A’s home.
  + The provider said communication with Consumer A’s general practitioner has been had by the organisation and Consumer A’s family separately outlining Consumer A’s care need for medical oversight, however the practice is not able to attend home visits. Furthermore, the provider said they are researching local practitioners to complete home visits.
  + The provider said Consumer A’s family have sought private clinical care services when there have been reports or concerns by support workers relating to skin integrity issues identified. The provider advised a wound was identified on Consumer A’s inner thigh in August 2024 and wound care was provided leading to healing by September 2024, with confirmation that there is currently no wounds or skin care concerns for Consumer A.
  + The provider said support workers report on the condition of Consumer A’s continence aids twice daily and documentation indicates good hydration and regular bowel movements.
  + The provider said Consumer A’s pain status is reported and documented twice daily by support workers and advised the family are administering liquid paracetamol four times a day. Furthermore, the provider advised Consumer A’s pain is fluctuating, with swelling noted by supports workers on the consumers wrists and right shoulder, which was reported to the family.
  + Explanation from the provider advised a risk assessment has been attended to, education has been provided to Consumer A’s family and a dignity of risk form has been signed following the provider discussing risks that present in Consumer A's condition, with the inability to mobilise or communicate, particularly if left on their own.
* The provider highlighted governance structures in place to oversee the identification and management of all incidents of abuse and neglect, including how they regularly review incident reporting systems to ensure they remain effective.
* The provider outlined reporting processes and systems are in place that require staff to report suspected abuse or neglect immediately. This includes having access to their dedicated Team Leader that can immediately report the incident to the management team for the incident to be addressed in a timely manner. Staff members are also able to document concerns in the progress notes that is regularly reviewed by consumers' dedicated Care Advisors to ensure appropriate actions are taken swiftly to protect the consumer and mitigate risks.
* The provider advised that two key continuous improvement activities have been identified, with a planned completion date for 31 January 2024:

1. Train all relevant staff members against the policies and procedures relating to recognising and responding to elder abuse; and,
2. Include this training during the induction to ensure all support workers are equipped with knowledge to recognise and report any abuse identified during service provision.

* The provider advised they have reviewed processes to ensure that any future concerns raised outside of service hours are escalated and addressed promptly.
* The provider referred to the Assessment Team’s report which outlined the organisation’s ability to identify and respond to elder abuse in response to psychological harm towards a Commonwealth Home Support Package (CHSP) consumer.
* Explanation, with evidence provided, outlining a review of related to policies and procedures to be developed, detailing clear guidelines and procedures for identifying, reporting, and responding to elder abuse within home care services. The provider advised the policy aims to protect the rights, safety, and well-being of our consumers by fostering a culture of zero tolerance for elder abuse, promoting early intervention, and ensuring appropriate support and care for victims.
* Explanation in the continuous improvement plan outlined all referrals to be monitored and tracked to external agencies, ensuring each case is recorded, and follow-up actions are documented.

In coming to my finding, I have considered the Assessment Team’s report and provider’s response, which demonstrates the provider has effective risk management systems and practices to support consumers, however deficiencies in the organisations ability to identify and respond to abuse and neglect was identified in this Requirement.

This Requirement expects the organisation to have systems and processes that help identify and assess risks to the health, safety and well-being of consumers. It is expected that the service’s risk management system identifies and evaluates incidents. This is based on effective risk management systems and practices required, including high-impact or high-prevalence risks, identifying and responding to abuse and supporting consumers to live the best life they can. I find this did not occur, as the organisation did not demonstrate action on responsibilities to identify, respond, report or observe abuse and neglect occurring to its consumers and have therefore considered this information under my finding for Requirement (3)(b), in Standard 3.

I acknowledge the providers response to the Assessment Team during the Quality Assessment and to the Assessment Team report to address Consumer A’s circumstances, however I place weight on the inaction demonstrated in the five months prior and identified neglect outside of service provision hours that was brought to management’s attention during the Assessment. Furthermore, although the provider response begins to address the deficits identified, there is no evidence that at the time of my decision, the actions mentioned have been implemented nor embedded to support effective management of Consumer A’s circumstances. Therefore, I place weight on information outlined in the Assessment Team’s report.

Based on the information summarised above, on this occasion, I find the provider, in relation to the service, non-compliant with Requirement 8(3)(d) in Standard 8 Organisational governance.

Requirement 8(3)(e)

The Assessment Team reported the provider did not demonstrate that they are utilising an effective clinical governance framework, particularly in relation to minimising the use of restraint. The Assessment Team provided the following evidence to support their assessment:

* Staff interviewed advised they could not remember when they had training related to restrictive practices and stated it is never used, and all referred to lap restraints as an example of restrictive practices.
* Management said training was conducted approximately 3 years ago, however no evidence was supplied to the Assessment Team. Furthermore, management said restrictive practices are never used and not applicable in the self-assessment against the Requirement.
* The provider has a restrictive practices policy that was given to the Assessment Team on day two of the site visit after initially stating on 27 August 2024 there was no policy in place.
* The restrictive practices policy outlined staff and senior management responsibilities to identify any use of restrictive practice in the home environment, including the duty to advocate on behalf of the client to uphold consumer rights.
  + Consumer A
    - The Assessment Team identified an occupational therapist home assessment report in March 2024 outlined Consumer A has no sitting balance and falls forward in their seat.
    - Progress notes from May 2024 outlined Consumer A’s family member advised the registered nurse providing wound care that Consumer A sits in the wheelchair for long hours.
    - During the Quality Assessment, management provided care documentation outlining Consumer A is being restrained by their family when they are sitting in the wheelchair.

In response to the Assessment Team’s report, the provider submitted a response outlining additional information and actions undertaken to address the deficiencies. The response includes the following evidence relevant to my finding:

* Explanation, with evidence provided, outlined the organisation's policy promoting a restraint-free environment where consumers can live with dignity and independence. The provider emphasised they do not implement or authorise any restrictive practices, however when situations arise where restraint may be necessary for the safety and well-being.
* Explanation outlined in the organisation’s plan for continuous improvement, to implement a system for more regular and structured communication with consumers and their families to proactively identify any instances where restraints may be used outside of our service hours.
* Explanation outlined in the organisation’s plan for continuous improvement, to formalise a protocol to refer consumers to specialised organisations if restraints are necessary.
* Explanation outlined in the organisation’s plan for continuous improvement, to provide additional staff training on identifying and reporting restraints, particularly focusing on incidents that occur outside of serviced hours.
* Explanation outlined in the organisation’s plan for continuous improvement, to improve communication with consumers and their families regarding their rights and explain the organisation’s commitment to a restraint free environment. Encourage open reporting of any concerns related to restraints used outside of service provision.
* Evidence of the organisation’s clinical governance framework.
* Consumer A
  + The provider acknowledged the failure to assess the use of restraint that occurred outside service provision hours, resulting in the risk not being mitigated for five months, advising the organisation has taken steps to prevent such occurrences in future.
  + Explanation relating to restrictive practices was had between the provider and Consumer A’s family, acknowledging Consumer A’s family previously restrained Consumer A when they were sitting in a wheelchair. The provider said Consumer A’s family confirmed this was no longer occurring as they now sit in a princess chair which tilts back to provide safe and supportive positioning. Furthermore, all staff have been advised to immediately notify the care advisor in the event there are any suspected or observed restraints being used.
* The provider acknowledged the gap identified in assessing the restraint in the case of Consumer A and explained as an organisation they remain committed to upholding a restraint-free environment.

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 a failure in the clinical governance framework.

In relation to the Assessment Team’s concerns that staff are not consistently trained in relation to restrictive practices, I find this is more closely aligned to the intent of Requirement (3)(d), in Standard 7, which expects a workforce that is trained, equipped and supported to deliver the outcomes required. While the Assessment Team’s report outlines deficiencies, I find the additional information in the Assessment Team report and provider response addresses process improvements, including proactive monitoring and communication, referral process for restrictive practices, risk management for consumer safety and refined incident monitoring to undergo.

While both the Assessment Team report and provider response outlines and acknowledges deficiencies in relation to Consumer A being subjected to restrictive practices, I find this did not occur. Although the Assessment Team have provided information indicating Consumer A is being restrained by the family, there is no sufficient evidence indicating that the provider is applying restraint to Consumer A directly. Furthermore, information indicated Consumer A was not able to mobilise, assessment information outlined Consumer A had no sitting balance and would fall forward when seated. Therefore, the organisation’s responsibilities, although to minimise the use of restraint, on this occasion I do not find the use of restraint, noting this was put in place by Consumer A’s family, is not considered restrictive given the individual circumstances.

Although the Assessment Team have provided information demonstrating deficiencies in clinical governance to minimise the use of restraint, I have considered all information available to me and place weight on all information available to me in the Assessment Team report and the provider’s response. I find the additional information and acknowledgement from the provider in relation to this Requirement, as described in their response, satisfactory and addresses the Assessment Team’s concerns.

Based on the information summarised above, I find the provider, in relation to each service, compliant with Requirement 8(3)(e) in Standard 8 Organisational governance.

Requirements 8(3)(a), 8(3)(b) and 8(3)(c)

Consumers and representatives said they are satisfied with the quality of services and are encouraged to participate in the development, delivery and evaluation of care and services, including having the opportunity to provide feedback via surveys and other mechanisms. Management explained how they engage consumers through various mechanisms and provided examples on how management seek input and feedback from consumers to improve care and services, including through the consumer advisory body. Documentation showed policies and procedures including quality care and advisory body policy.

The provider’s governing body (the Board) promotes a safe, inclusive, and quality care and are accountable for its delivery of services. Consumers and staff said they are satisfied that each service promotes a culture of safe, inclusive and quality care. Management explained how the Board was composed of suitably qualified members with relevant experience to govern the organisation. Documentation showed regular meeting agendas and minutes from management and the Board, along with evidence of discussion around quality and compliance matters.

Interviews with consumers and staff, and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are systems and practices in place to ensure effective financial governance including monitoring consumer unspent funds and effectively communicating monthly statements, in line with the organisation’s risk management process regarding financial sustainability. Documentation evidenced demonstrated the organisation’s compliance with care management and package management capping requirements, third-party fee arrangements and exit fee charges.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b) and (3)(c) in Standard 8 Organisational governance.

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)