**Performance**

**Report**

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| Name of service: | Yarram and District Health Service |
| Service address: | Devon Street YARRAM VIC 3971 |
| Commission ID: | 300933 |
| Home Service Provider: | Yarram & District Health Service |
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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 Yarram and District Health Service (**the service**) has been prepared by M Abjorensen, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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:**

* Yarram and District Health Service, 27957, Devon Street, YARRAM VIC 3971

**CHSP:**

* Community and Home Support, 25273, Devon Street, YARRAM VIC 3971
* Care Relationships and Carer Support, 25274, Devon Street, YARRAM VIC 3971

# 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 22 June 2023. The response acknowledges the deficits identified in the Assessment Team report and provides a description of planned corrective actions. Improvement actions include; staff training on consumer risk management, review of assessment and planning processes, newsletters to inform consumers on aged care services, the implementation of an electronic care management system and recruitment activities to improve integrated care delivery.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-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** |

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 2 Requirements (3)(a), (3)(b), (3)(e)

* + - Ensure assessment and planning is coordinated and sufficient, to capture consistent and accurate information, regarding the risks associated with the health and wellbeing of consumers, to inform safe and effective care delivery
    - Ensure consumer care plans are updated and reflective of consumers’ current and assessed needs and preferences to enable staff to provide quality care and services
    - Monitor adherence with service policies to ensure regular, and responsive, review of consumer care and services occur.

Standard 3 Requirement (3)(b)

* + - Maintain oversight over consumer risks identified through each service received, to ensure appropriate response, and interventions, occur in response to risks associated with the care of consumers.
    - Implement processes for incidents which occur outside of scheduled services, to ensure appropriate information is captured to inform appropriate risk management strategies.

# 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 representatives described staff as kind and caring and always respectful. Staff described how they ensure each consumer’s identity, culture and diversity is valued through listening to consumers, being respectful of consumer choices, opinions and wishes. Respectful and inclusive language and practices were documented in care plans and organisational policies and procedures.

Overall, consumers and representatives reported staff deliver services in accordance with the cultural background and preferences of consumers. For example, the service meets consumers’ preferences of the gender of staff delivering services. Staff provided examples of how they tailor their communication and services, in line with cultural and linguistic needs of consumers. Management advised a cultural diversity framework is under development. Training records show mandatory training on cultural safety is delivered to all staff.

Consumers and their representatives reported the service involves them in making decisions about their services. Staff provided examples on how they include consumers and representatives in the choice of services available, and decisions in the delivery of services. Policies and procedures relating to consumer choice, decision making and independence, guide staff practice in supporting consumer choice.

Consumers and representatives reported services support consumers to continue living independently in their own home. Staff and management demonstrated an understanding, and application, of dignity of risk principles. Risk assessments and management strategies are employed to support consumer choice, including where consumer’s decline services, recommended through allied health clinicians.

Consumers reported they understand their monthly statements, and invoices, and receive timely, relevant information from the service. Staff demonstrated how the preferences, and needs, of consumers, are taken into account to provide information in a way they understand. Consumer information packs include details on the type of services provided, complaints procedures, advocacy services. Statements, and invoices, are posted on a monthly basis, which includes a balance of unspent funds.

Consumers and representatives reported staff manage consumers’ personal information respectfully and confidentially. Staff described practices to protect the personal information of consumers, such as, handling paper based documents sensitively and secure storage protocols. Management advised of plans transition from paper based records of consumer information with the implementation of an electronic management system in July 2023. The service has systems to protect the personal information of consumers with password protection, role requirements to permit staff access and locked filing cabinets for paper based information.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(e) and (3)(f) 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. | Non-compliant | Non-compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Non-compliant | Non-compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant | Non-compliant |

Findings

Requirement (3)(a)

The Assessment Team reported the provider, in relation to the service, did not demonstrate assessment and planning, including risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. Encompassing both programs, the Assessment Team provided the following evidence relevant to my finding:

* Staff reported they only access information according to the service they deliver and information and evidence under Requirement (3)(b) in this Standard showed clinical staff reported care documentation does not always include allergies, medication summaries, and details of relevant medical professionals involved in the consumers care.
* Sampled consumers have multiple care files for each service delivered. Across care plans, information was inconsistent, spread across different locations and not collated, to demonstrate how risks inform safe and effective care.
* Information and evidence under (3)(f) in Standard 4 shows sampled care documentation did not contain information relating meals provided, or meal delivery services, to inform dietary requirements or preferences.
* Information and evidence under (3)(e) in this Standard shows staff described telephone based assessments for CHSP consumers as inadequate to address deterioration or changes in consumer care needs
  + One consumer receiving HCP services has a history of falls, wounds, a decline in mobility and living with dementia.
    - Staff reported the difficulties delivering personal care due to the consumer’s changed behaviours. Staff advised personal care is currently delivered by a family member and reported this contributes to carer strain.
    - The most current care plan relates to domestic assistance, dated January 2023. For nursing services, care plans and assessments were last completed in 2022, between February and July.
    - Assessment and planning does not identify risks to the consumer’s safety, health and well-being, despite recent incidents, including a fall resulting in hospitalisation, and changes to the consumer condition.
  + One consumer receiving CHSP services experiences dementia and lives alone.
    - While regular assessment was demonstrated for social support group services, the progress notes show assessment and planning for other services did not occur in response to the observed changes in cognitive function and mobility.
    - However, nursing staff were delivering services at the time of the Quality Audit and nursing care files were not accessible to the Assessment Team.
* Management attributed the deficits in effectiveness in assessment and planning to the paper-based consumer file system.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates assessment and planning does not consider risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services.

Where there are integrated services, the Requirement expects organisations to implement arrangements to share, and combine, relevant information about any risk to the consumer’s safety, health and wellbeing. Additionally, this Requirement expects organisations to ensure assessment and planning processes are effective, in order to support consumers to get the best possible care and services and ensure their safety, health and well-being aren’t compromised. I find this did not occur, as the provider, in relation to the service, was not able to demonstrate how information is effectively shared, and responded to, between services. I also find that for sampled consumers, known risks were not assessed in order to inform the delivery of safe and effective care and services.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

Requirement (3)(b)

The Assessment Team found the provider, in relation to the service, did not demonstrate assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. The Assessment Team provided the following evidence, across both HCP and CHSP programs, relevant to my finding:

* Consumer and representatives reported consumers require more services than they are currently receiving and do not recall discussions relating to advanced care planning.
* CHSP consumers with decreased cognitive capacity, mobility support needs, and increased falls risk, are not effectively identified or documented as requiring increased support based on their current conditions and needs.
* Management was unable to provide evidence of consistent discussions with consumers about advance care planning and end of life planning. Management advised improvements to record advanced care planning and end of life planning are required.
* Information and evidence for a consumer receiving HCP services, showed:
  + the representative described their family member is ‘not coping at home’ and requests for higher level care ‘continue to fall through the cracks’ and they have not been advised of dementia funding supplements.
  + Staff reported the required home modifications have not occurred due to funding constraints.
  + Care documentation did not reflect current needs, goals and preferences: June 2022 shows goals to remain at home and ensure support for the primary care giver in June 2022. However, staff described the personal care, delivered by the primary care giver, as contributing to carer strain.
* Information and evidence for a consumer receiving CHSP services, showed:
  + care documentation did not demonstrate how the consumer’s needs, goals and preferences have been identified for all services received.
  + While the representative stated they are ‘at long last getting help’, such as nursing, the social support group care documentation records changes in the consumer’s condition, and functional abilities, without evidence of actions taken to January 2019 – March 2023.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates assessment and planning does not identify or address the current needs, goals and preferences of consumers, including advanced care planning, if the consumer wishes.

For this Requirement, organisations are expected to do everything they reasonably can to plan care and services that centre on the consumer’s needs and goals and reflect their personal preferences. If an organisation can’t meet a consumer’s preferences for care and services, they will need to explain why, so the consumer can understand the reasons and look at other options. I find the provider, in relation to the service, has not demonstrated this has occurred to ensure consumers are receiving the services they need. I have considered that consumers were unable to describe and management were unable to provide examples of discussions regarding advance care and end of life planning. I have considered that management acknowledged improvement is required in this area. Furthermore, care documentation for two sampled consumers did not identify their needs, goals and preferences.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers.

Requirement (3)(e)

The Assessment Team found the provider, in relation to the service, did not demonstrate care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. The Assessment Team provided the following evidence, across both programs, relevant to my finding:

* With the exception of social support group services, six (both CHSP and HCP) sampled consumers’ care and services were not reviewed, or reassessed, in response to identified changes in cognitive capacity, mobility decline, falls resulting in hospitalisation and increased care needs relating to specific diagnoses, and general deterioration.
* Consumers and representatives reported they were unsure whether consumers could access additional services if their needs or preferences changed.
* Management reported that the service policy requires annual reviews of care plans and assessment, however, documentation and staff interviews show this is not occurring.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates the service does not review the care and services of consumers regularly, effectiveness, or in response to a change in condition or circumstance.

I have considered that assessment and planning processes did not ensure care and services meets consumers’ needs safely and effectively, and that care and service plans are up-to-date and meet consumers’ needs, goals and preferences. This is evidenced by the service’s failure to reassess the effectiveness of care and services for consumers who experiencing a decline in their condition, function and mobility, to ensure care plans meet consumers’ needs following general deterioration, and assessment of consumers to evaluate the effectiveness of services.

I have considered the service acknowledged the service does not adhere to their own procedures to review the care and services of consumers and consumer care plans have not been reviewed in over 12 months, or in response to a change in need.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers

Requirements (3)(c), (3)(d)

Consumers reported the service involves them through consultation during home visits, and regular contact with the service through telephone calls or communication with staff during scheduled services. Staff described how they partner with consumers and representatives through frequent communication to discuss care and services, in addition to home visits. Management described how assessment and planning involves other services involved in consumers’ care through care coordination meetings. While the Assessment Team found care documentation was segmented across each program delivered, such as clinical services or domestic assistance, sampled care documentation contained signed records of consumers, or representatives, for each service provided.

While feedback from some consumers and representatives described care plans are not consistently provided to them, all consumers and representatives reported they are satisfied with how the service has communicated the outcomes of assessments, and subsequent services, to them. Staff said care documentation is accessible to them. Management advised consumers, and their families are informed of any changes to assessment and planning through telephone calls or home visits. Care documentation is recorded in different ways for services across programs, however, the service is currently streamlining care planning processes, with the implementation of an electronic care planning system for all programs and services.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(c) and (3)(d) 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. | Non-compliant | Non-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)(b)

The Assessment Team reported the service demonstrated the effective management of high impact, high prevalence risks associated with the care of consumers, across all programs. The Assessment Team provided the following evidence relevant to my finding:

* Staff described risks and management strategies, associated with the care of consumers and consumers and representatives reported suitable care is delivered in relation to risks such as falls, diabetes, wound care and social isolation.
* Information and evidence in Requirement (3)(d) under standard 8, shows incidents, which occur outside of schedule services, do not inform management strategies or prompt review how personal and clinical care is delivered to apply new practices and responding appropriately and promptly to a consumer’s changing needs.
* For a CHSP consumer, progress notes over January 2019 to March 2023 record decline in cognitive function, injuries sustained through falls which occurred outside of service hours, increased tiredness and concerns raised by a consumer’s friend. There is no evidence that care delivery was changed to mitigate risk associated with the consumer’s decline until May 2023 when nursing services commenced.
  + Following a fall that occurred during the Quality Audit, the nursing staff advised they have requested the consumer remain in hospital, unable to return home due to the decline in their condition.
  + One staff said they have concerns for the consumer due to their decline.
* For a HCP consumer, management strategies were not reviewed in response falls requiring hospitalisation, changed behaviours associated with cognitive decline and insufficient package funds to deliver required services. The consumer experienced continued falls, posing risk to their safety, health and well-being.

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

This Requirement expects organisations to do all they can to manage risks related to the care of each consumer. This includes ensuring the risk is as low as possible whist supporting the consumer to maintain independence and choice, the use of risk assessments to identify ways to reduce the risk, and systems are in place to ensure a consumer’s changing needs are responded to promptly, such as, responding appropriately and promptly to a consumer’s changing needs.

I find the provider, in relation to the service, has not demonstrated this occurs through appropriate interventions to manage consumers risks where there is a change in consumer condition or need.

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

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

Consumers and representatives reported they were satisfied with the personal care and clinical care they receive. Staff demonstrated an understanding of the personal and clinical care needs of consumers and the application of evidenced based principles tailored to consumer care delivery, in accordance with their scope of practice. Care staff advised directives received from consumers, care documentation and care management informed personal care delivery. Whereas nursing staff, and allied health clinicians, reported clinical care is informed through evidenced based assessments to inform care delivery, tailored to consumer needs. Care documentation demonstrated oversight of wound care and falls management.

* Information and evidence under Requirement (3)(b) in this Standard shows one consumer’s wound resolved, the service identified their ongoing risk of wounds, and implement a management strategy for monthly nursing telephone consults.
* Additionally, the Assessment Team provided an example of safe and effective care delivery for pain management and wound care, managed through nursing staff; mobility equipment provision, managed through involvement of a general practitioner, and allied health clinicians and; targeted training delivered to care staff to meet the needs of a consumer.

While information and evidence under Requirement (3)(b) under Standard 2 shows assessment and planning does not address end of life planning or advanced care planning, the service was able to demonstrate the needs, goals and preferences of consumers nearing end of life are addressed through collaboration and coordination with relevant services. The Assessment Team provided an example where the provider, in relation to the service, has coordinated palliative care services through consultation with a consumer regarding their wishes. The representative advised they have access to appropriate services, and supports, during this period. Interviews with nursing staff, and documentation, demonstrates the needs, goals and preferences of consumers nearing the end of life are known by the service and documented, and care is provided to address individual care and comfort needs.

Consumers and representatives reported staff and clinicians recognise changes in consumers’ health and respond appropriately. Staff described how they liaise with nursing staff to coordinate care delivery in response to the changing needs of consumers. Progress notes in consumer files evidence consumer deterioration is identified and communicated within the service.

Consumers and representatives reported staff know consumers’ care needs and they do not have to repeat information or direct staff what to do. Information and evidence under Requirement (3)(a) in this Standard shows staff are provided with care directives from consumers, care documentation and case management staff. Management acknowledged separate consumer care files may impact staff accessibility of detailed consumer information, which will be addressed through the implementation of the electronic care management system. Care documentation included progress notes, care summary information and reference to consumer clinical needs, or changes, such as falls or wounds.

Information and evidence in Requirement (3)(d), under Standard 4, contains evidence of timely and appropriate referrals, in accordance with the intent of the Requirement. Consumers and representatives reported feeling confident to contact the service via telephone or discuss with staff attending their home to access further services such as allied health support, community nursing, foot clinic services or additional in-home care services. The Assessment Team provided examples of consumers referred to nursing services for wound care, allied health clinicians to improve mobility and recommendations for appropriate mobility aids.

Consumers and representatives reported staff take appropriate actions to protect them against infections, including risk associated with the transmission of COVID-19, such as staff wearing personal protective equipment. Staff have access to personal protective equipment and undertake regular COVID-19 rapid antigen tests. Antimicrobial stewardship is demonstrated through adherence to the guidance of medical practitioners’ guidance to nursing staff, administering medications.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) 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 | Compliant |

Findings

Consumers and representatives reported services support consumers to remain living in their own home, in accordance with their needs and goals. Staff described how the social support services, including group activities, respite and shopping assistance support consumers to continue living in their home, and engaged in rural communities. Consumer survey results showed 91% of respondents reporting they strongly agree that the service is helping them to do as much as they can for themselves, and that the service is improving their quality of life.

Consumers and representatives described the responsive and supportive interactions of service delivery staff which promotes consumer emotional and psychological wellbeing. Staff provided examples of strategies used to monitor, and respond to, the mood and emotional state of consumers through observations and discussions with consumers. Where concerns are identified, the service has processes to refer consumer to receive appropriate supports, such as counselling or social work services.

Consumers and representatives reported the service supports consumers’ participation within the community, to develop and maintain relationships and to do things of interest to them. Examples provided outlined consumer engagement in activities offered by the service in group, and individual, settings, in addition to support to access other community groups, outside of the organisation. Staff and management demonstrated how the service has overcome barriers in staffing shortages through referring consumers to community groups, aligned with consumer interests.

Consumers and representatives reported consumers receive consistent care and services and staff are aware of their care needs. Staff reported they can access information that is relevant to the services they deliver, such as social support staff, nursing staff, allied health clinicians and care staff. Care documentation contains information relevant, and proportionate to the services delivered, including, summary details and progress notes, available to the staff attending for the specified service. To overcome the separated record keeping, management advised weekly interdepartmental meetings occur to discuss the condition and needs of consumers, however, not all staff attend these meetings.

Consumers and representatives reported consumers can access additional supports through the service. Staff understand how to arrange referrals for consumers, based on consumer needs and circumstances. The service has appointed referral support staff to receive, and action, consumer referrals. Consumer documentation demonstrates timely and appropriate referrals to a range of services and supports for daily living, including, My Aged Care, home modifications, community groups and counselling services.

Consumers provided positive feedback in relation to meals provided through social support groups and meal delivery services, both of which are selected by consumers through menus provided. To ensure consumers are receiving the appropriate quality, quantity and variety of meals provided, staff advised they seek feedback from consumers. The Assessment Team observed consumers at the social support group following the meal service, with consumers commenting that they enjoy the service and meals.

* While care documentation did not contain information regarding the meals provided, I have considered this information under Requirement (3)(a) in Standard 2. However, I encourage the provider, in relation to the service, to record relevant meal, and dietary, information for consumers to ensure meals provided are suitable for the consumer’s needs, preferences and conditions.

Consumers and representatives reported that equipment they have been provided is appropriate and suitable for them. Consumer documentation showed equipment provided based on the recommendations of assessments conducted by allied health clinicians. Trial periods for consumers ensure equipment is appropriate and suitable, prior to purchase. Where equipment is provided through alternative funding bodies, the service supports consumers to engage with the equipment providers where issues or maintenance is required. The Assessment Team provided an example a consumer who received home modifications, bathroom aids and bedroom furniture. Care documentation showed this occurred in accordance with occupational therapist assessment recommendations and consistent with consumer goals to improve the safety and function within their home.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) 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. | 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

Consumers described how the service environment as welcoming, well-lit and optimises their sense of belonging and interaction. Staff encourage consumer attendance through transport services and welcome consumers on arrival. Observations showed the service environment was well-lit, comfortably warm with furniture arranged to facilitate social interaction.

Consumers reported they are able to enter, and exit, the service environment without restriction and described the environment as clean and well maintained. Staff explained the door to the social support group remains unlocked and consumers able to move freely indoors and outdoors. Observations showed the service environment was clean and well maintained, with doors unlocked to enable free access.

The service has effective processes and systems to manage preventative maintenance, required repairs and cleaning protocols to ensure furniture and fittings remain in working order. Staff understood processes to maintain and clean the service environment. Observations showed, and consumers reported, the furniture and equipment, is clean and suitable for use.

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 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 reported they receive information about feedback and complaints processes are encouraged to raise concerns with the service. Staff and management described feedback is encouraged during points of contact with consumers and their representatives. Feedback forms are available to consumers through information packs and at social support groups. Complaints registers showed records of feedback, inclusive of complaints and compliments, received from consumers.

Consumers and representatives provided feedback that they are aware of alternative methods for raising complaints. Interviews with management, and review of documentation, showed consumers receive information regarding external complaint bodies and advocacy services. While the Assessment Team identified language support services are not provided to consumers, management responded that the service has access to interpreter services, when required by consumers.

The service demonstrated open disclosure is used to resolve complaints, through escalation procedures followed by staff with assigned responsibilities to record, and address feedback. Management demonstrated complaints systems require evidence of open disclosure, prior to the closure of complaints. The Assessment Team provided an example of a representative who has raised concerns regarding a change to their services. In response, management showed documented discussions to resolve the complaint and transparency regarding the changed services.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services through trending and analysis of complaints. Documentation reviewed, including the feedback register, showed actions are taken in response to consumer feedback. For example, in response to consumer feedback, the service implemented alternative methods to share information with consumers who do not use social media platforms.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) 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 reported services are usually delivered by the same staff and occur as scheduled, with enough time allocated for staff to deliver care and services. Similarly, staff reported having enough time during scheduled visits, where services are rescheduled, staff arrange this to occur within the same week, wherever possible. To manage the challenges of workforce shortages, the service implemented strategies to ensure consumer care continuity and prioritisation of personal care and respite services. For example:

* Redeployment of environmental service staff to domestic assistance services to ensure sustainability of staffing numbers for personal care and respite services.
* Analysis of unfilled shifts to inform recruitment strategies.

Consumers and representatives described staff interactions as gentle, kind, caring and respectful of consumers’ choices. Staff, and management, spoke respectfully about consumers and provided examples of inclusive practices implemented to support consumers from culturally and linguistically diverse communities. While the service is currently developing a diversity framework, mandatory staff training includes diversity and inclusion modules.

The workforce delivering care and services have relevant competencies and qualifications to effectively perform their roles, evidenced through interviews with staff, management and documentation provided. Consumers and representatives provided positive feedback regarding the competency of staff involved in consumer care and services. The workforce has appropriate qualifications and certifications to perform their roles, and management oversees the competency of staff through recruitment processes, and an ongoing capacity.

The organisation has effective processes for recruitment, induction and workforce training delivered to staff, in accordance with their role requirements. Staff confirmed, and documentation evidenced, staff have completed induction processes and mandatory training assigned by the service. Management described planned recruitment strategies to address workforce shortages. The service maintains registers for staff training records, probity checks, vaccinations and industry required qualifications.

The service has systems and effective processes to monitor, and review, staff performance. Workforce performance is informed through feedback from consumers and representatives and annual performance reviews with staff. For the only subcontracted staff member, an allied health clinician, management seek feedback from consumers, in addition to reviews of progress notes and documentation of the services delivered.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e) 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. | 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

Requirement (3)(c)

While the Assessment Team reported effective governance systems relating to continuous improvement, financial governance, workforce governance and regulatory compliance, they were not satisfied effective governance systems were in place for information management systems. The Assessment Team provided the following evidence relevant to my finding:

* Information management:
  + Separate care plans are developed for each service, which results in multiple care plans for each consumers. Sampled care plans contained inconsistent information relating to consumer needs, goals, preferences and care directives.
  + While the workforce access information relevant to services they deliver, governance information management systems do not enable the workforce to coordinate, and evaluate the effectiveness of, care and services in relation to consumers’ condition, needs, goals and preferences.
  + Management acknowledged deficits in assessment and planning documentation and described planned improvements to address these areas.
  + Information and evidence under Requirement (3)(d) in Standard 2 shows how information management processes enable the workforce to access information to help them in their roles.

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 ineffective organisation wide information management systems.

While evidence shows areas for improvement in relation to how information is captured in care plans, it is not proportionate to find the organisation’s whole information management governance system ineffective due to one failure.

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

Requirements (3)(a), (3)(b), (3)(d) and (3)(e)

The provider, in relation to the service, engages consumer, and representatives, in the evaluation, design and development of consumer care and services. Sampled consumers and representatives reported they have participated in surveys conducted through the service. Consumer feedback is sought through surveys, feedback registers and input into activities delivered through social support groups. The March 2023 survey results shows consumer suggestions relating to the service centre, allied health services and communication improvements.

* The provider’s response includes evidence of a newsletter to improve communication, and information, provided to consumers.
* Information and evidence under Requirement (3)(a) in Standard 4 show 91% of 103 respondents strongly agree the service is helping them to do as much as they can for themselves, and that the service is improving their quality of life.

The service demonstrated the governing body is engaged in organisational planning and maintains oversight of quality care and service delivery. Interviews with management, and documentation reviewed, evidenced how organisational reporting structures, and established subcommittees, govern the quality of care, risk and clinical care delivery. Governance framework delegates responsibilities to maintain oversight, and accountability of the quality of care and services and performance against the Quality Standards. Additionally, information and evidence in Requirements (3)(c), and (3)(d) shows the board receives monthly reports regarding incidents, feedback trends.

The organisation has a risk framework for managing high impact and high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents.

In relation to managing high impact, high prevalence risks associated with the care of consumers, organisational policies and processes provide the workforce guidance in relation to the identification, management, reporting and monitoring of risks to consumers’ health and wellbeing to inform safe and effective delivery of care and services.

In relation to identifying and responding to abuse and neglect of consumers, the service delivers the workforce mandatory training in elder abuse prevention. Staff participate in mandatory training in elder abuse and prevention. Staff said they would immediately report any incidents of suspected abuse or neglect. Management discussed and documentation showed mandatory training completed by staff, and information regarding SIRS in home care has been emailed to staff to supplement training.

In relation to consumers supported to live the best life they can, interviews with consumers, representatives and staff showed how services support consumers to maintain independence, remain living in their own home and encourage consumers to live their best life. Information and evidence in Requirement (3)(c) under Standard 1 shows the organisation has an established policy and procedure to support consumers to make choices, exercise their independence and be supported to maintain financial independence.

In relation to incidents managed and prevented, the organisation has an established incident management system to record and management incidents. Incidents are trended and monitored through the quality system and reported monthly to the board. While prompt response was demonstrated following adverse incidents that occur during scheduled services, incidents which occur outside of these times are not recorded. Management acknowledged this as an area for improvement.

I have considered the Assessment Team provided examples of two consumer outcomes where effective management of high impact and high prevalent risks was not demonstrated. However, I have considered this information under Requirement (3)(b) in Standard 3, where segmented care planning and assessment processes impacted risk management interventions for two consumers, as opposed to ineffective governance of risk management framework and systems. Further, I do not consider it proportionate to deem risk management governance systems ineffective, or systemically deficient, based solely on these two examples.

The organisation’s governing body has a clinical governance framework that includes infection control, antimicrobial stewardship, minimising the use of restraint and open disclosure. The organisation has a clinical governance framework, monitored, and reported to the board through subcommittees, including the clinical quality and safety committee, the infection control and clinical standards committee. Management explained responsibility, and accountability for the quality of care, continuous improvement and minimising risks is shared across the governing body, management, clinicians and staff share.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(d) and (3)(e) 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-2)