**Performance**

**Report**

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| Activity type: | Assessment contact (performance assessment) – site |
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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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 643 RSL LifeCare Limited  
Service: 17268 Ada Caring Connections CACPs  
Service: 27036 LifeCare at Home South Coast QLD  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7432 RSL LifeCare Limited  
Service: 24949 RSL LifeCare 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 Assessment Contact (performance assessment) – site report was informed by a site assessment, observations, review of documents and interviews with staff and older people/representatives.
* the provider’s response to the assessment team’s report received on 6 June 2025.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **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 | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **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 2, Requirement (3)(a)
* Relevant risks to a consumer’s safety, health and well-being to be assessed, discussed with the consumer, and included in planning and documenting a consumer’s care.
* Workforce assessment and planning skills match the type and complexity of the consumer’s needs, such as specialised clinical or cultural skills.
* Best practice, validated risk and assessment tools inform the planning and documentation of care and services.
* Standard 2, Requirement (3)(b)
* Documented care and services plan centre on the consumer’s needs and goals and reflect their personal preferences.
* Care and service plans are individualised and tailored to the consumer, articulated to provide clear and consistent safe and effective care.
* Consumer’s wish for end-of-life experience is documented if the consumer wishes.
* Standard 2, Requirement (3)(c)
* Carry out ongoing assessment and planning with the consumer, their representative and others who the consumer wants to involve in the assessment and planning of their care and services.
* Standard 2, Requirement (3)(d)
* Effective communication and documentation of ongoing assessment and planning with consumers.
* Care and services plan is documented and reflects the outcomes of the assessment and planning for each consumer.
* Relevant risks to a consumer’s safety, health and well-being need to be documented in the care and services plan to ensure consumer safety is not compromised.
* Standard 2, Requirement (3)(e)
* Care and services plans are up-to-date and meet the consumer’s needs, goals and preferences.
* Consumer’s care and services plan is reviewed when the consumer’s condition changes, situations change and incidents or accidents happen.
* Standard 3, Requirement (3)(a)
* Refer to and use available best practice guidance to deliver safe and effective care and implement in services.
* Personal and clinical care is tailored and based on an assessment of a consumer’s needs, goals and preferences.
* Care and services improve the consumers physical and mental state, spiritual emotional and social life.
* Standard 3, Requirement (3)(b)
* Effective management of high impact and high prevalence is underpinned by clinical governance systems for quality and safety and utilises risk assessments to reduce risk.
* Review how personal and clinical care is delivered to individuals to apply new practices and respond appropriately and promptly to a consumer’s changing needs.
* Assess, monitor and mitigate risks related to the personal and clinical care for each consumers as well as common and prevalent higher impact risks on the health and well-being of consumers.
* Standard 3, Requirement (3)(d)
* Respond to deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition.
* Have systems and processes, relative to the services they deliver, that support the workforce to recognise, and respond to a consumer whose function, capacity or health condition changes or deteriorates.
* Standard 3, Requirement (3)(e)
* Consumer care and service plans show evidence of updates, reviews and communication alerts. This includes information from multiple sources, updates from reassessments and their results.
* The workforce has information about delivering safe and effective personal and clinical care and understanding the consumer’s condition, needs, goals and preferences.
* Actively communicate with others, internally and externally, to make sure that care

and services are delivered without any disruptions.

* Standard 8, Requirement (3)(c)
* Effective information management systems and process give appropriate members of the workforce access to information that helps them in their roles.
* Have enough skilled and qualified members of the workforce to deliver the inherent requirements of each standard.

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(b) | Care and services are culturally safe | 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 |

Findings

A consumer’s representative confirmed their request for a home care worker of the same gender, which was fulfilled. Staff said they were supporting regular consumers and where knowledgeable of their needs, goals and preferences. Management discussed the availability of language translation services, and augmented communication to support consumer communication and choice. Documentation demonstrated emotional and spiritual preferences, culture, background, language and goals were documented. Training records showed culturally safe training has occurred.

Consumers confirmed discussions with and consideration given to supporting their dignity of risk and wishing to make their own choices. Management said identified consumer risks were documented and strategies discussed to mitigate the risk with the consumer. Documentation shows policies are in place to support consumer’s, the workforce and the provider with dignity of risk.

Based on the information summarised above, I find the provider, in relation to each service, compliant with Requirements (3)(b) and (3)(d) 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. | Not Compliant | Not 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. | Not Compliant | Not 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. | Not Compliant | Not 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. | Not Compliant | Not 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. | Not Compliant | Not Compliant |

Findings

Requirement 2(3)(a)

The Assessment Team reported that each service did not demonstrate assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. The Assessment Team provided the following evidence to support their assessment:

* The Assessment Team identified consumer risks associated with their care was either absent or incorrectly documented. Additionally, strategies nor detailed information was provided to staff to minimise these risks or guide delivery of safe care.
* The Assessment Team sighted consumer files and discussed with staff, identified risks of various diagnoses including pressure injuries and cognitive decline, which were not considered by the provider to support consumer health and well-being. Validated assessment tools were not used to identify risk and deterioration.
  + The Assessment Team identified one consumer who was included on a clinical meeting agenda; however, meeting minutes evidenced no clinical risks or outcomes were discussed.
* Staff said they aim to complete reassessments and assessments face to face, however, find this difficult to attend all consumers; acknowledging how some risks are missed due to completing the assessment over the phone.
* Management provided an internal audit report of consumer care files to the Assessment Team, whereby outstanding reassessments were identified, some dignity of risk forms were incomplete for high risk consumers, and risk notifications and/or alerts were not identified for high risk consumers.
  + During the internal audit, it was reported that there is a lack of cohesion between management and coordinators on the assessment and process for all consumers.
* During feedback with the Assessment Team, the provider acknowledged the organisation is working on strengthening the organisation’s clinical governance and addressing operational risks identified.

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 relevant to my finding:

* Explanation that an increased focus for complex consumers is in place, including a refreshed comprehensive clinical assessment for high risk and complex consumers completed.
* Explanation that the organisation has undertaken actions toward the remediation of gaps outlined within the Assessment Team report, including the resolution of all client-specific concerns, a review of clinical governance systems, and the implementation of a targeted plan for continuous improvement.

In coming to my finding, I have considered the Assessment Team’s report and provider’s response, which demonstrates the provider has taken steps to support ongoing assessment and planning with consumers, however deficiencies in the organisations ability to identify and respond to assessment and planning was identified. This Requirement expects the organisation to assess care and services, ensuring it meets each consumer’s needs, goals and preferences and optimise their health and well-being. While a consumer might have some risks with their health and abilities, they still have goals they want to achieve, roles that have meaning, and want to live as well as they can.

I find this did not occur, as while I acknowledge the steps taken by the provider to address deficiencies, evidence has not addressed this Requirement sufficiently to ensure needs, goals and preferences were identified for sampled consumers. I have considered that the providers response provides an explanation of actions taken to address the deficits identified, however, there is no evidence that at the time of my decision, the mentioned actions have been implemented nor embedded to support effective management of sampled consumers 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 non-compliant in relation to Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

Requirement 2(3)(b)

The Assessment Team reported that each services assessment and planning did not identify and address the consumer’s current needs, goals and preferences, including advanced care planning and end of life planning. The Assessment Team provided the following evidence to support their assessment:

* The Assessment Team identified that consumer care plans were not individualised or tailored to each consumer’s specific circumstances. Additionally, sighted care plans did not have sufficient detail to set out clear clinical and personal care needs, making it difficult for staff to provide appropriate and consistent care.
* The Assessment Team sighted sampled consumer care plans, including:
  + Consumer A, who was identified as living with various comorbidities. While the consumer’s care and services plan provided instruction on how to report health and well-being issues, details of medical conditions, medical issues and alerts specific to the consumer were not documented.
  + Consumer B, was identified on the high-risk register with a current condition of lymphoedema to bilateral lower legs and oral medication for lower leg cellulitis. The Assessment Team identified that risks, alerts or status are not documented by the provider.

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 that the provider has undertaken actions toward the remediation of gaps outlined within the Assessment Team report, including the resolution of all client-specific concerns, a review of clinical governance systems, and the implementation of a targeted plan for continuous improvement.
* Explanation in relation to Consumer A, the provider explained that the care plan would be updated and provided to staff once the registered nurse has been scheduled to complete holistic clinical review. Further explanation, outlining how the provider escalated concerns to the general practitioner requesting a psychiatric referral for Consumer B, should this be appropriate.

In coming to my finding, I have considered the Assessment Team’s report and provider’s response, however deficiencies in the organisations ability to identify consumer’s needs, goals and preferences in the assessment and care planning was identified in this Requirement. The intent of the Requirement is that organisations are expected to do everything they reasonably can to plan care and services. While 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 assessment and care planning to meet Consumer A or Consumer B’s circumstances. For reasons above, I am of the view this has not occurred and have placed weight on the Assessment Team’s report.

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

Requirement 2(3)(c)

The Assessment Team reported the provider’s assessment and planning was not ongoing and in partnership with the consumer and did not include other persons the consumer wished to involve. The Assessment Team provided the following evidence to support their assessment:

* The Assessment Team identified a lack of involvement of other persons involved in and responsible for the care and service planning and delivery.
* The Assessment Team sighted sampled consumers, including Consumer C who presented with cognitive decline and change behaviours, along with recent hospitalisations, due to transition to a residential care facility.
  + The Assessment Team sighted the consumers care and services plan did not reflect information between all people and organisations involved in the consumers’ care.

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 that the provider has undertaken actions toward the remediation of gaps outlined within the Assessment Team report, including the resolution of all client-specific concerns, a review of clinical governance systems, and the implementation of a targeted plan for continuous improvement. The provider advised that Consumer C has moved into permanent aged care.

In coming to my finding, I have considered the Assessment Team’s report and provider’s response. The intent of this Requirement requires the provider to carry out assessment and planning with the consumer, their representative and others whom the consumer wants to involve. Assessment and planning are also expected to include other organisations, or services.

I find this did not occur for consumers sampled by the Assessment Team, including Consumer C, as the provider did not demonstrate nor provide evidence that ongoing partnerships were in place. I have considered that the providers response provides an explanation of actions taken to address the deficits, however, there is no evidence that at the time of my decision, the mentioned actions have been implemented nor embedded to support effective management of Consumer C’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 non-compliant in relation to Requirement (3)(c) in Standard 2 Ongoing assessment and planning with consumers.

Requirement 2(3)(d)

The Assessment Team reported the provider’s assessment and planning was not ongoing and in partnership with the consumer and did not include other persons the consumer wished to involve. The Assessment Team provided the following evidence to support their assessment:

* The Assessment Team identified outcome of consumer assessments and planning was not effectively communicated where care and services were provided, nor to the consumer.
* Staff said care plans are not always provided to the consumer.
* Management provided care plans to the Assessment Team for review, whereby management advised one consumer had not received communication in relation to their assessment or care plan.

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 that the provider has undertaken actions toward the remediation of gaps outlined within the Assessment Team report, including the resolution of all client-specific concerns, a review of clinical governance systems, and the implementation of a targeted plan for continuous improvement.
* The provider advised the Consumer C has now moved permanently into a residential aged care facility.
* Explanation that the organisation has commenced in classroom training in June 2025 to focus on client communication, documentation and accurate data maintenance. Additional explanation and emphasis for staff to receive the latest information in the care plan, to safeguard consumers during all services.

In coming to my finding, I have considered the Assessment Team’s report and provider’s response. The intent of this Requirement requires providers to communicate outcomes of assessment and planning effectively to consumers, and document in care and services plan that are readily available to consumers, where care and services are provided. While an explanation and some understanding was demonstrated to address the deficits identified, no evidence was submitted to demonstrate effective communication was occurring, to consumers or others, where care and services are provided. Therefore, at the time of my decision, I find the provider did not meet the Requirement as there is no evidence that the mentioned actions have been implemented nor embedded to support effective communication to consumers. Therefore, I place weight on information outlined in the Assessment Team report.

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

Requirement 2(3)(e)

The Assessment Team reported the provider’s assessment and planning was not ongoing and in partnership with the consumer and did not include other persons the consumer wished to involve. The Assessment Team provided the following evidence to support their assessment:

* The Assessment Team identified sampled consumer files, including Consumer C who within a six month period experienced behavioural changes, substance us and hospitalisation, with no consistent care plan reviewed completed to reflect the updated changes occurring.
  + The Assessment Team sighted the incident register whereby Consumer C was involved in five incidents in total across the six months.
  + Validated assessments could not be identified or located, nor were services effectively implemented to address Consumer C’s critical health conditions.
* The Assessment Team sighted organisational policies and procedures which outline prompts for reassessment for when consumers experience a change in circumstance.

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 that the provider has undertaken actions toward the remediation of gaps outlined within the Assessment Team report, including the resolution of all client-specific concerns, a review of clinical governance systems, and the implementation of a targeted plan for continuous improvement.

In coming to my finding, I have considered the Assessment Team’s report and provider’s response. The intent of this Requirement requires providers to regularly review care and services plans to ensure changes in consumers health or abilities are identified, and services and supports are implemented to minimise the impact of any loss of ability, supporting consumers day-to-day lives with dignity.

I find this did not occur, as deficiencies were identified in the organisation’s ability review care and services when circumstances change or incidents impact on consumer needs, goals or preferences. I have considered that the providers response provides an explanation of actions taken to address the deficits identified, however, there is no evidence that at the time of my decision, the mentioned actions have been implemented nor embedded to support effective management of Consumer C’s circumstances.

Based on the information summarised above, on this occasion, I find the provider non-compliant in relation to Requirement (3)(e) 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. | Not Compliant | Not 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)(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. | Not Compliant | Not 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. | Not Compliant | Not Compliant |

Findings

Requirement 3(3)(a)

The Assessment Team reported each consumer does not receive safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, tailored to their needs, or optimises their health. The Assessment Team provided the following evidence to support their assessment:

* The Assessment Team noted deficits in provider level clinical oversight results, as staff did not receive ongoing support and guidance of what was expected of them for consumers clinical assessment and planning.
* Management addressed specific concerns raised relating to some consumers, advising that some assessments were in draft form yet to be completed or not initiated.
* Management acknowledged that the internal audit report outlined this Requirement as being at serious risk to complex consumer circumstances, leading to potential concerns for other unknown consumer circumstances.
* The Assessment Team sighted sampled consumer care files identifying risk of falls, insulin dependency and additional comorbidities. In response to the Assessment Team, management could not provide updated or current documentation for requested consumers sampled to demonstrate strategies or interventions in place to support consumers sampled.
* The provider was unable to demonstrate how they manage and monitor that their personal care services were best practice.

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 that the provider has undertaken a range actions such as clinical oversight for high clinical care needs and identified consumers with unstable blood sugar levels.
* Management said the high-impact and high-prevalence clinical risk policy is under review and provided sampled consumers with updated care and services plans.

In coming to my finding, I have considered the Assessment Team’s report and the provider’s response, which demonstrates the provider has taken steps to support effective personal and clinical care for some sampled consumers. However, at the time of my decision, while I have considered the provider’s response and initial actions taken, deficits remain present in the organisation’s ability meet the intent of this Requirement. The intent of the Requirement is to ensure organisations refer to relevant national guidance about how to deliver safe and effective services, make certain personal and clinical care is tailored and based on and assessment of a consumer’s needs, goals and preferences, and is optimising the consumer’s health and well-being.

I have considered and placed weight on the absence of information and documentation requested including, but not limited to, medication plans, risk assessments for self–administration of medication, training delivered to staff, alerts on hypo and hyper symptomology, and a diabetes management plan as evidence that the provider could not demonstrate the delivery of best practice care and services that is tailored to the needs of consumers to optimise their health and well-being.

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

Requirement 3(3)(b)

The Assessment Team reported the provider is not providing effective management of high-impact and high-prevalence risks associated with the care of each consumer. The Assessment Team provided the following evidence to support their assessment:

* Clinicians could not describe nor provide evidence of prevention and management strategies for high-impact and high-prevalence consumer risk.
* The Assessment Team sighted relevant policies and procedures, which did not include trends, analyses, or responses to risks and is tailored to residential facilities.
* The Assessment Team sighted sampled consumer care files. Upon requesting information and evidence, the provider could not describe nor provide evidence of prevention and management strategies for specific high risk consumers.

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 by the provider advised the organisation has reviewed and updated the policy to reflect home care specific needs, including the feedback outlined by the Assessment Team.

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.

I find this did not occur for sampled high risk consumers, as while risks were known by staff, these risks were not effectively managed to ensure appropriate mitigation strategies were implemented. I have considered that the providers response provides an explanation of actions taken to address the deficits identified, including steps the provider has taken to support effective personal and clinical care, however, there is no evidence that at the time of my decision, the mentioned actions have been implemented nor embedded to support effective management of consumer circumstances or organisational policy reform. Therefore, I place weight on information outlined in the Assessment Team’s report.

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

Requirement 3(3)(d)

The Assessment Team reported the provider is not recognising nor responding to deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition in a timely manner. The Assessment Team provided the following evidence to support their assessment:

* The Assessment Team sighted sampled consumer care files, identifying Consumer C who reported depressed feelings. Observation of documentation did not evidence any follow up, mental health assessment or interventions put in place to support Consumer C.
* The Assessment Team interviewed management, asking what the expectation of staff is when reporting requirements for consumers experiencing deterioration or displaying decline. Management said staff are to review and follow the organisation’s policies and procedures.
* The Assessment Team sighted relevant policies and procedures, dated June 2024.

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 and evidence by the provider addressed Consumer C’s circumstances outlining a case conference with the consumers representative, updated care plan, and completed dignity of risk form.

In coming to my finding, I have considered the Assessment Team’s report and provider’s response. This Requirement expects the organisation can demonstrate recognising and responding to deterioration or change in consumer’s mental health, cognitive or physical function, capacity or condition in a timely manner.

I find this did not occur. While the provider has taken steps to support effective personal and clinical care, such as reviewing policy, I have identified deficiencies in the organisation’s ability respond to deterioration or change in consumer circumstances. At the time of my decision, evidence was not submitted to support deterioration, change recognised or responded in relation to additional sampled consumers outlined in Assessment Team’s report. By way of evidence, I would expect to see a reassessment after each recognised change in condition such as a falls assessment, referrals to other organisations, updated medications charts, correspondence with the consumer’s general practitioner or a root cause analysis of delirium and outcomes are documented in the consumers assessment and care planning documentation. Therefore, I place weight on information outlined in the Assessment Team’s report.

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

Requirement 3(3)(e)

The Assessment Team reported the provider is not documenting, communicating or reporting information about consumers conditions, needs and preferences within the organisation, and with others where responsibility for care is shared. The Assessment Team provided the following evidence to support their assessment:

* The Assessment Team sighted sampled consumer files, identifying consumer files did not consistently demonstrate the inclusion of persons involved in consumers care. Additionally, documentation and information relating to consumers health conditions was not documented or available to staff to provide personal care.

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 and evidence by the provider demonstrated some information sharing in response to addressing consumer circumstances, including liaising with the consumers representatives and medical professionals.

In coming to my finding, I have considered the Assessment Team’s report and provider’s response. This Requirement expects 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.

I find this did not occur. I have given considerable weight to the interdependency between standard 2 Ongoing assessment and planning with consumers and Standard 3 Personal and clinical care. Enlivening safe and effective personal and clinical care is not possible without planning and assessment. Given the weight placed on all Requirement in Standard 2 as non-compliant, with regard to Requirement (3)(e) the provider was not able to evidence the implementation of communication systems and processes to support safe and effective personal and clinical care. 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 non-compliant in relation to Requirement (3)(e) 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)(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 |

Findings

Consumers said culture was very important to them, and the provider assisted in maintaining their spiritual and emotional connections. Staff and management described how they support consumers’ wellbeing and quality of life by providing reassurance, listening and talking during care and services. Management confirmed there are policies and procedures in place to guide staff practice in relation to emotional, spiritual and psychological wellbeing. documentation evidenced support provided to consumers and how care and services support consumers wellbeing.

Consumers and representatives confirmed the provider supports them to attend regular community activities. Support workers said they support consumers, including what is important to them and what they like to do. Care planning documentation was evidenced that it was written in a way that was consumer-focused, and included interests, needs, preferences, and goals.

Consumers confirmed they have regular workers, who turn up on time and they do not have to explain what is needed during their service. Support workers said they were satisfied with the information they receive around changes to care plans and to requests from consumers to change their service on a particular day. Management and coordinators confirmed information is shared with other service providers and brokered services. Documentation evidenced regular communication within the service and with external providers of care and services.

Consumers confirmed assessments and discussions with their coordinators and referrals to other organisations. Staff and management discussed the process of making non-clinical referrals for wellbeing services, advocacy, meals, equipment or community/activity groups. Documentation evidenced policies and procedures in place to guide staff when making referrals to other providers or services.

Based on the information summarised above, I find the provider, in relation to each service, compliant with Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 4 Services and supports for daily living.

# 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 interviewed confirmed they knew how to provide feedback and complaints as they had recently received the consumer handbook from the service which contained information around providing feedback and complaints. Staff said they had various ways to documents consumer complaints, such as through an application on their mobile. Management and coordinators confirmed consumers and representative are asked if they like to provide feedback or to make a complaint.

Consumers said they had been offered language translation services and felt comfortable raising any concerns with the provider. Support workers confirmed they would support consumers or representatives to make a complaint. Management said during the initial meeting and ongoing at reviews consumers and representatives were informed of their rights to an advocate, languages services, and other methods for raising and resolving complaints. The consumer handbook and agreement confirmed information about how to access advocacy, language services and how to make an external complaint were listed.

Consumers and their representatives confirmed receiving feedback following a complaint and receiving an apology. Management said they apologise to the consumers and representatives, investigate the matter, action any changes and discuss actions taken with the consumer and representative. Documentation showed open disclosure was practiced and recorded in the electronic information management system.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant | Not Compliant |

Findings

The Assessment Team reported ineffective organisation wide governance system for information management and workforce governance across Home Care Packages and Commonwealth Home Support Programme. The Assessment Team provided the following evidence to support their assessment:

Requirement 8(3)(c)

The Assessment Team reported the provider demonstrated appropriate action in relation to continuous improvement, financial governance, regulatory compliance and feedback and complaints. The provider was not able to demonstrate appropriate action had been taken in relation to information management, and workforce planning. Practices were noted to be consistent across all services assessed. The Assessment Team provided the following evidence to support their assessment:

* (i) Information management
  + The provider utilises an electronic client management system to ensure staff have access to consumer information as required for their role, however the organisation was not able to demonstrate the information accessed by the staff was relevant, accurate and provided in a timely manner.
  + Care and service plans were not updated following a change in consumers’ condition.
* (iv) Workforce planning
  + The organisation acknowledged staffing issues at provider management level, the difficulty of recruiting in regional area and the recent resignation of a registered nurse and senior staff not being backfilled while on leave.
  + Management acknowledge a lack of workforce plan.
  + Staff shortages are impacting on service provision at the service level, particularly for clinical care. The provider is currently two registered nurses short in Kandos and Mudgee, leaving one registered nurse to carry the full load of clinical work for the region.

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 by the provider advising that the organisation is undertaking ongoing recruitment for coordinators, quality assurance coordinators and registered nurses.
* Explanation that the organisation has appointed a head of workforce position, responsible for strategic oversight of workforce optimisation and capacity planning, to improve recruitment, scheduling and frontline utilisation.

In coming to my finding, I have considered the Assessment Team’s report and the provider’s response, which demonstrates continued deficiencies in the organisation’s information management and workforce governance. The intent of this Requirement in relation to information management requires the organisation to have effective information management systems and process give appropriate members of the workforce access to information that helps them in their roles, while also making sure consumers can access information about their care and services.

I find this has not occurred. At the time of my decision, I have also considered evidence collected in all Requirements across Standard 2, giving weight that the provider has not complied with the Requirements. The concurrent obligation in information management is that tailored information is made available to the workforce and to consumers. I am of the view that this has not occurred, as outlined in Standard 2 for consumer examples mentioned. Additionally, workforce governance places an obligation on the organisation to ensure they have enough skilled and qualified members of the workforce. While I acknowledge the providers response outlining recruitment is ongoing, deficiencies in relation to workforce governance continue as the provider did not provide evidence, nor demonstrate the progress or completion of recruitment. Therefore, I place weight on the Assessment Team’s report.

Based on the information summarised above, on this occasion, I find the provider non-compliant in relation to Requirement (3)(c).

Other elements of Standard 8

* (ii) Continuous improvement
  + The provider has a plan for continuous improvement.
  + The Assessment Team reviewed the action plan set up by the provider and noted many actions had been completed and all were being addressed.
* (iii) Financial governance
  + The provider demonstrated effective financial management and reporting systems information which is provided to the Board through the regional manager report. The provider also monitors and address consumer unspent or overspent funds, third party payments, invoices and statements for HCP consumers.
* (v) Regulatory compliance
  + The organisation has legal support who advise on any regulatory and legislative changes. Updates pertaining to specific business units are summarised and emailed to the Board, leadership and operational teams.
* (vi) Feedback and complaints
  + The organisation maintains systems and process to ensure complaints and feedback are effectively recorded, escalated, actioned and investigated
  + Consumers and representatives have access to the feedback and complaints system, and they can make a verbal, paper based or electronic based complaints. Consumers and representatives variously described how they felt supported and encouraged to raise their concerns with the organisation.

1. The preparation of the performance report is in accordance with section s68A – assessment contactof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)