City of Holdfast Bay - Alwyndor Aged Care - HOVE

Performance Report

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**Commission ID:** 600049

**Provider name:** Alwyndor Aged Care - City of Holdfast Bay

**Assessment Contact - Site date:** 8 February 2021

**Date of Performance Report:** 15 April 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others
* the Assessment Team’s report for the Assessment Contact – Site conducted 29 September 2020
* the Performance Assessment Report dated 12 November 2020 for the Assessment Contact – Site conducted 29 September 2020.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team assessed Requirement (3)(c) in relation to Standard 8. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(c) in Standard 8. This Requirement was found Non-compliant following an Assessment Contact - Site conducted 29 September 2020.

The Assessment Team recommended Requirement (3)(c) in Standard 8 as met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 8 Requirement (3)(c) and find the service is Compliant with Requirement (3)(c).

At an Assessment Contact - Site conducted 29 September 2020, in relation to Standard 8 Requirement (3)(c), it was found the service was unable to demonstrate an effective system for ensuring brokered providers were meeting their regulatory responsibilities, that brokered staff were competent in their role or there were monitoring process in place to ensure brokered providers were providing services in accordance with the Aged Care Quality Standards. In response to the Non-compliance, the service has implemented a range of actions to address the deficiencies identified which are detailed in the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*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.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact – Site conducted 29 September 2020 and have recommended this Requirement as met. Improvements implemented by the service in response to the Non-compliance include, but are not limited to:

* A reduction in the usage of brokered services.
* Developed a register of brokered service providers which includes agreement execution, professional registrations, statutory declarations, police certificates, insurances, and performance review details.
* Updated brokerage service agreements with all brokered services.
* Developed a Contractor/Brokerage service provider performance report template to provide information to the organisation regarding their compliance against regulatory requirements. Reviews have been completed with two of the 15 brokered service providers. Outstanding reviews are expected to be completed by the end of April 2021.
* Revised the Client exit survey to identify areas of concerns for consumers receiving brokered services.
* Developed a system to audit brokered service providers.

In relation to Standard 8 Requirement (3)(c), information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated the organisation has effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service demonstrated how audit outcomes and feedback are used to identify and drive improvements in the delivery of consumer care and services. In relation to financial governance, meeting forums are used to facilitate monitoring of key data, including the number and growth rates of packages, revenue utilisation, service hours and unspent consumer funds.

The organisation’s workforce governance framework ensures there are sufficiently skilled and qualified staff to provide care and services to consumers. There are processes to ensure compliance with legislative requirements and feedback and complaints processes ensure information is actively used to improve results for consumers.

For the reasons detailed above, I find the approved provider, in relation to the City of Holdfast Bay – Alwyndor Aged Care - Hove, Compliant with Requirement (3)(c) in Standard 8.

# Areas for improvement

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