People Who Care

Performance Report

48 James Street
GUILDFORD WA 6055
Phone number: 08 9379 1944

**Commission ID:** 500289

**Provider name:** People Who Care (Inc.)

**Assessment Contact - Desk date:** 11 June 2020

**Date of Performance Report:** 3 July 2020

# 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 7 Human resources** | **Compliant** |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| 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 - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with the members of the organisation’s management team
* the provider’s response to the Assessment Contact - Desk report received 24 June 2020.

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as Compliant as one of the five specific requirements have been assessed as Compliant. The Assessment Team assessed Requirement (3)(d) in relation to Standard 7. All other requirements in this Standard were not assessed.

The Assessment Team recommended Requirement (3)(d) in Standard 7 as met. I have considered the Assessment Team’s findings, evidence documented in the Assessment Team’s report and the provider’s response to come to a view of compliance with Standard 7 and find the service is compliant with Requirement (3)(d).

The Assessment Team found the organisation demonstrated effective systems for management of recruitment, training and monitoring of regulatory requirements to support and deliver the outcomes required by these Standards.

There are induction and orientation processes for staff, including volunteers and all staff have completed mandatory training in line with their scope of practice and allocated training plan.

There are processes to manage and monitor key performance indicators and ensure compliance with regulatory responsibilities, such as police certificates, drivers’ licences, mandatory training and induction processes. Monthly reports are generated to monitor compliance.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the service’s last assessment and have recommended this requirement as met. The Assessment Team’s report outlined the following actions and improvements since the last Assessment Contact - Site:

* All staff, including volunteers have completed an induction process and mandatory training components in line with allocated training plans.
* The organisation’s SMS human resource monitoring system was upgraded in November 2019. Information relating to staff interviews, police certificates, drivers’ licences, induction and mandatory training is captured in the system.
* Monthly reports are generated from the SMS system by the Human resources team to monitor compliance with key areas. A monthly Human resource report is provided to the Chief executive officer (CEO) to monitor and ensure key performance indicators are achieved.
* Documentation viewed by the Assessment Team demonstrated compliance for staff against key areas, including police certificates, mandatory training, drivers’ licences and induction.

The provider’s response to the Assessment Team’s report demonstrated they agreed with the findings.

For the reasons detailed above, I find the provider, in relation to People Who Care does comply with Requirement (3)(d) in Standard 7.

# STANDARD 8 COMPLIANTOrganisational 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 Quality Standard is assessed as Compliant as one of the five specific requirements have been assessed as Compliant. The Assessment Team assessed Requirement (3)(c) in relation to Standard 8. All other requirements in this Standard were not assessed.

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

The Assessment Team found the organisation demonstrated effective systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The organisation has upgraded their information management system to assist with timely and accurate information. The upgrade has enhanced management and monitoring of key performance indicators and regulatory responsibilities, such as police certificates, drivers’ licences, mandatory training and induction processes. Monthly reports are generated to monitor compliance.

There are relevant policies and procedures in place for continuous improvement and open disclosure.

The organisation has induction and orientation processes for staff and volunteers, and all staff and volunteers have completed mandatory training in line with their scope of practice and allocated training plan. Management demonstrated effective recruitment practices as well as regulatory compliance for staff and volunteers in relation to police certificates and drivers’ licences.

## 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 service’s last assessment and have recommended this requirement as met. Deficiencies identified related to information systems, continuous improvement, workforce governance and regulatory compliance. The Assessment Team’s report outlined the following actions and improvements since the last Assessment Contact - Site:

* The organisation’s SMS human resource monitoring system was upgraded in November 2019. Information relating to staff interviews, police certificates, drivers’ licences, induction and mandatory training is captured in the system. The CEO and key staff have direct access to the SMS system.
* Monthly reports are generated from the SMS system by the Human resources team and are escalated to the service and Team leaders. Any areas deemed critical are escalated to the CEO and/or Board through a monthly Human resource report.
* All staff, including volunteers have completed an induction process and mandatory training components in line with allocated training plans.
* Documentation viewed by the Assessment Team demonstrated compliance for staff against key areas, including police certificates, mandatory training, drivers’ licences and induction. Documentation demonstrated there are processes to advise staff prior to expiration of police certificates.
* A new Continuous improvement policy and plan template have been developed. Continuous improvement is now a standing agenda item for all meeting forums.
* The organisation has completed a gap analysis against the Aged Care Quality Standards. Gaps identified have been included on the Continuous improvement plan.

The provider’s response to the Assessment Team’s report demonstrated they agreed with the findings.

For the reasons detailed above, I find the provider, in relation to People Who Care does comply 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.