**Performance**

**Report**

**1800 951 822**

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| Name: | A1 Property Services |
| Commission ID: | 600132 |
| Address: | 4b Symonds Street, ROYAL PARK, South Australia, 5014 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 5 September 2024 |
| Performance report date: | 25 September 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Services included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7994 A1 Property Services SA Pty Ltd  
Service: 24008 A1 Property Services SA Pty Ltd - Community and Home Support

**This performance report**

This performance report has been prepared by M Glenn, 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.

# 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) – non-site, which was informed by review of documents and interviews with consumers, staff and management; and
* a performance report dated 5 March 2024 for an assessment contact - site undertaken from 6 February 2024 to 7 February 2024.

The provider did not submit a response to the Assessment Team’s report.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 8 Organisational governance | Not Fully Assessed |

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

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 8

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| Organisational governance | | CHSP |
| 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 |
| 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 |
| 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 |

Findings

**Requirements (3)(b), (3)(c), and (3)(d)** were found non-compliant following an assessment contact undertaken in February 2024 as the governing body did not receive relevant data from the operational team to have effective oversight of the quality of service delivery or to support them to inform the service’s priorities and strategic direction; information management and continuous improvement governance systems were not effective; and effective risk management systems and practices relating to managing and preventing incidents were not demonstrated.

At the assessment contact in September 2024, management described reporting and escalation processes for critical incidents and complaints to the governing body, and weekly management meetings, quarterly tool box and annual face to face meetings for all staff were found to have been implemented. Meeting minutes sampled show how management communicates organisational level information to staff, consumers, representatives and other stakeholders. The service’s aged care operation manual details how the organisation sets priorities to improve the performance of the organisation against the Quality Standards and consistent with the charter of aged care rights.

Effective organisation wide governance systems were demonstrated. Consumer information is securely stored across multiple platforms, in line with legislative requirements, and electronic data is password protected and accessed relevant to staff position and role. Policies, procedures and other documentation are freely available to staff. Service delivery staff are provided time to use a newly implemented mobile software application to document consumer notes or to access consumer information relating to their care needs and risk factors. A continuous improvement register is maintained and includes improvements informed by consumer and staff feedback, actions identified by system improvements, policy and procedure review, and opportunities to upskill staff. There are governance systems to manage finances and resources required to deliver a safe and quality service, with the managing director having oversight of the service's income and expenditure. Documentation and processes have been reviewed to ensure organisational compliance with CHSP pricing reforms. Workforce governance is supported by policies and procedures, with clear assignment of workforce responsibilities and accountabilities. Management described systems to manage the workforce, including the way the workforce is structured to allow flexibility in service delivery. There are processes to track changes to regulatory requirements and implement relevant changes. The organisation has an established feedback and complaints framework, supported by policies and procedures, and a complaints and concerns register which enables the service to record, monitor and action consumer feedback. Complaints data, and serious complaints and incidents are reported to the manager as they arise and discussed at management meetings.

There are processes to identify, assess, and manage risks to consumers’ health, safety and wellbeing, and subsequent documentation of risks and management strategies at point of service delivery. There are processes to assess and consult with consumers regarding their dignity of risk. The organisation’s incident management system includes a reporting system, policies and procedures, staff training and appropriate governance and oversight of consumer incidents. There are effective systems to report incidents identified as notifiable under the serious incident response scheme. Management described incident escalation, reporting and closure processes which includes statistical data for reporting purposes. Staff interviewed described actions and reporting processes in the event of an incident and processes to prevent incidents from occurring.

Based on the Assessment Team’s report, I find requirements (3)(b), (3)(c) and (3)(d) in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)