**Performance**

**Report**

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| Name of service: | A1 Property Services - Thebarton |
| Service address: | 4b Symonds Street ROYAL PARK SA 5014 |
| Commission ID: | 600132 |
| Home Service Provider: | A1 Property Services SA Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 29 June 2023 |
| Performance report date: | 27 October 2023 |

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 A1 Property Services - Thebarton (**the service**) has been prepared by J. Bayldon, 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 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

**CHSP:**

* Community and Home Support, 24008, 4b Symonds Street, ROYAL PARK SA 5014

# Material relied on

The following information has been considered in preparing the 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 staff, consumers/representatives and others.
* the performance report dated 20 December 2022 in relation to the Quality Audit undertaken from 22 November 2022 to 24 November 2022.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-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.

* Imbed practices with staff to ensure that the personal information of consumers is kept confidential when accepting payments from consumers.
* Imbed assessment and planning practices to inform and guide staff when delivering care and services to consumers.
* Imbed practices to ensure that needs, goals, and preferences of consumers are being consistently recorded, informing service delivery to consumers.
* Ensuring that consumers, representatives, and other organisations are involved in the assessment and planning for consumers where they are involved.
* Ensuring that consumers are aware of the outcomes of assessment and planning and that documentation is readily available to inform the delivery of services.
* Ensuring the workforce is competent and have the required knowledge and skills to perform their roles effectively.
* Ensuring the workforce is trained, equipped and supported to perform care and services and consumers are required by the standards.
* Ensuring that the performance of each member of the workforce is reviewed regularly in order to assist with development and improve care and services to consumers.
* Ensure that the governing body and properly informed by the service to ensure it promotes a culture of safety, inclusive and quality care and services to consumers.
* Ensuring the service effective governance systems to inform service delivery in relation to information management, continuous improvement, workforce governance and regulatory compliance.
* Imbed effective practices and risk/incident management and prevention strategies to support incident and risk management systems to allow consumers to live the best life they can.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Non-compliant |

Findings

Requirement 1(3)(f) was found non-compliant following a Quality Audit undertaken from 22 November 2022 to 24 November 2022 as the service was unable to demonstrate that they effectively protect consumer personal information when accepting payments from consumers.

Consumers interviewed advised that their names and phone numbers were listed on signing sheets, along with other consumer details. Timesheet documentation supplied by the service confirmed that multiple consumers details are listed on the sheets and may be viewed by other consumers.

Management advised that support workers have been trained to cover other consumers personal details. However, support workers interviewed by the Assessment Team confirmed they do not cover other consumers’ information when consumers sign the timesheet at the completion of the shift.

The provider did not also provide a response to the Assessment Team’s report in relation to this requirement.

In coming to my decision, it seems that whilst the service can demonstrate they take some steps to protect consumer privacy and confidentiality, the service was not able to demonstrate that they effectively protect consumer personal information when accepting payments from consumers.

Based on the above evidence, I am not satisfied that the service has addressed the non-compliance of this requirement from the initial Quality Audit from November 2022, therefore I find the service to be non-compliant with Requirement 1(3)(f) at the time of the Assessment Contact-Desk.

# Standard 2

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| Ongoing assessment and planning with consumers | | 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 |
| 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 |
| 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. | Non-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. | Non-compliant |

Findings

Requirement 2(3)(a) was found non-compliant following a Quality Audit undertaken from 22 November 2022 to 24 November 2022 as the service was unable to demonstrate that for some consumers, while key risks had been identified by the service, these had not been assessed and strategies to manage those risks had not been documented.

At the time of the Assessment Contact – Desk, the Assessment Team found that while care planning documentation viewed demonstrated improved consideration of consumers’ health and well-being risk, the service was unable to demonstrate how this information informs staff when delivering safe and effective care and services.

Management was able to describe the implemented actions in improving their assessment and planning process and documentation, however the new process has not been trialled on enough consumers to confirm its effectiveness. Management advised of the services plan to review all consumers within 12 months of the implementation of the process, however, were unaware of how many consumers had undergone the new assessment at the time of the Assessment Contact – Desk.

Care planning documentation reviewed by the Assessment Team identified that while consumer health risk documentation had improved, it did not contain sufficient information to inform and guide staff when delivering services. Support workers interviewed confirmed that they are not informed about the risks of consumers and often aren’t informed about consumers’ health information until they arrive at the consumers’ home.

Based on the information summarised above, while improvements to some documentation have been made, I am not satisfied that the service has sufficient documented strategies to inform and guide staff to deliver safe and effective care and services to consumers. Therefore, I find the service to be non-compliant with Requirement 2(3)(a) at the time of the Assessment Contact – Desk.

Requirement 2(3)(b) was found non-compliant following a Quality Audit undertaken from 22 November 2022 to 24 November 2022 as the service was unable to demonstrate that the needs, goals and preferences of consumers inform service delivery.

At the time of the Assessment Contact – Desk, the Assessment Team found that care planning documentation reviewed still did not consistently document relevant needs and goals of the consumer to the services being delivered. While administration staff and documentation confirmed that training on goal setting had been provided, the service was unable to demonstrate consistently that relevant goals were documented. Despite care planning documentation listing consumer goals, care planning documents lacked information to inform support workers on how they can assist the consumer to achieve their goals.

The service did not also provide a response to the Assessment Team’s report in relation to this requirement.

Based on the information summarised above, I am not satisfied that care planning documentation is consistently recording needs, goals and preferences of consumers and using this information to inform service delivery. As per Requirement 2(3)(a), without imbedded assessment and planning processes and documentation improvements, the service is unable to perform safe and effective care and services to consumers. Therefore, I find the service to be non-compliant with Requirement 2(3)(b).

Requirement 2(3)(c) was found non-compliant following a Quality Audit undertaken from 22 November 2022 to 24 November 2022 as the service was unable to demonstrate that consumers and other organisations are involved in the assessment and planning and review of the services for the consumers.

At the time of Assessment Contact – Desk, the Assessment Team reviewed care planning documentation that could not demonstrate involvement of the consumer in assessment and planning. Management advised that they do not involve other providers or health care professionals to assist with assessment and planning. Consumers interviewed confirmed they had not received any contact from the service to conduct a review. The service also did not provide a response to the Assessment Team’s report.

Based on the information summarised above, I am not satisfied that the service involves the consumer, their representatives or other organisations that are involved in the care of the consumer, therefore I find the service non-compliant with Requirement 2(3)(c).

Requirement 2(3)(d) was found non-compliant following a Quality Audit undertaken from 22 November 2022 to 24 November 2022 as the service was unable to demonstrate consumers are aware of the outcomes of assessment and planning in relation to the services they are provided.

At the time of the Assessment Contact – Desk, the Assessment Team sampled consumers who all advised they have not received a copy of their service sheet. Support workers interviewed were unaware if the service sheet contains information about consumer risks and described how they receive this information from the consumer.

Based on the information summarised above, I am not satisfied consumers are aware of the outcomes of assessment and planning and staff are unaware about risks to consumers in relation to providing these services. Therefore, I find the service to be non-compliant with Requirement 2(3)(d) at the time of the performance report.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Requirement 6(3)(c) was found non-compliant following a Quality Audit undertaken from 22 November 2022 to 24 November 2022 as the service was unable to demonstrate how complaints are consistently addressed and documented, and that an open disclosure processed is used when things go wrong.

At the time of the Assessment Contact – Desk, the Assessment Team found that consumers and/or representatives interviewed advised that complaints were resolved promptly, to their satisfaction, and open disclosure principles used throughout the process. Staff and management advised that training and amendments to the feedback and complaints process has resulted in more feedback captured and swifter resolution of complaints.

Management confirmed that the Incident and Complaints Register is being regularly monitored for trends and actioned complaints, meaning the service is confident they can respond to concerns more efficiently and effectively.

Based on the information summarised above, I am satisfied that the service has undertaken appropriate actions to rectify the previous non-compliance. Therefore, I find the service to be compliant with Requirement 6(3)(c).

Requirement 6(3)(d) was found non-compliant following a Quality Audit undertaken from 22 November 2022 to 24 November 2022 as the service was unable to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services for consumers.

At the time of the Assessment Contact – Desk, the Assessment Team found that staff and management interviewed spoke of being aware of the processes to respond to feedback and complaints and how complaints are reviewed and used to improve the quality of care and services to consumers. Management reported that since the creation of an Incident Register, along with a Complaints Register, they can monitor trends and reduce trending concerns over time.

The Assessment Team viewed and noted that The Complaints and Feedback policy encouraged feedback and complaints and that they were to be dealt with appropriately and were to be used for making improvement to procedures, service delivery and policy. Management advised that feedback and complaints were now a part of Executive and Management meetings, which was confirmed by the Assessment Team when viewing meeting minute documentation.

Based on the information summarised above, I am satisfied that the service is now reviewing feedback and complaints to improve the quality of care and services. Therefore, I find the service to be compliant with Requirement 6(3)(d) at the time of the performance report decision.

# Standard 7

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| Human resources | | 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 |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |

Findings

Requirement 7(3)(a) was found non-compliant following a Quality Audit undertaken from 22 November 2022 to 24 November 2022 as the service was unable to manage the delivery of safe and quality care and services via appropriate workforce planning.

At the time of the Assessment Contact – Desk, the Assessment Team found that consumers advised their services arrive as scheduled, and when there is a change, it is communicated. Rostering staff advised that since the service brought on extra staffing resources, it is easier to fill shifts, and reschedule shifts that would otherwise be cancelled. Management advised they have hired additional staff and have made improvements to the recruiting process to ensure suitable candidates are employed. Management also advised that missed shifts are more accurately captured by the service, enabling it to have better oversight of workforce planning.

Based on the information summarised above, I am satisfied that the service is now ensuring the workforce in planned and managed to enable the delivery of safe and quality care and services to consumers. Therefore, I find the service to be compliant with Requirement 7(3)(a).

Requirement 7(3)(c) was found non-compliant following a Quality Audit undertaken from 22 November 2022 to 24 November 2022 as the service was unable to demonstrate a process of ensuring staff have the required competencies to perform their roles.

At the time of the Assessment Contact – Desk, the Assessment Team found that while most consumers and/or representatives said they have confidence that their current support workers are competent and skilled, consumers expressed some concerns about the ability of all staff to undertake their service competently.

Some consumers advised that although they are now happy with their support worker, however this has been after making a complaint about the skill level of their previous support worker, or the worker has left, and a new worker was allocated. Management advised that they have not provided any extra training or performance management to staff and do not currently have a method to identify training gaps in staff.

The Continuous Improvement Plan sighted by Assessment Team entry on 23 June 2023 states the following planned actions with a completion date of February 2024:

* Look at ways to do trainings for workers in between annual training
* Look at ways to collate worker skills and knowledge gaps and add to training package.

Based on the information summarised above, I am not satisfied that the service has taken appropriate steps to ensure that the workforce is competent and have the knowledge and qualifications to effectively perform their roles. I acknowledge that the service is taking steps to improve in this area, however at the time of my decision, no improvements have been made. Therefore, I find the service to be non-compliant with Requirement 7(3)(c) at the time of the performance report decision.

Requirement 7(3)(d) was found non-compliant following a Quality Audit undertaken from 22 November 2022 to 24 November 2022 as the service was unable to demonstrate that the service consistently provides induction, training or support to the workforce.

At the time of the Assessment Contact – Desk, the Assessment Team found that staff interviewed demonstrated the service does not consistently provide ongoing training or support to the workforce. While support workers interviewed confirmed that they attended an annual training day in February 2023 and documentation sighted by the management team supports that most staff attended this training, all staff interviewed advised that there is no ongoing training to support them with their work.

Management advised the Assessment Team that the annual training had received positive feedback from support workers however there had been no feedback obtained from support workers to guide any future training needs or requests as specified by the support workers. While new support workers undertake induction training, and annual training, there is no further ongoing training or support provided in relation to specific health needs of consumers or guidance through policies and procedures.

Based on the information summarised above, I am not satisfied that the service is providing support to the workforce to ensure they are equipped and trained to deliver the outcomes required by these standards, therefore I find the service non-compliant with Requirement 7(3)(d).

Requirement 7(3)(e) was found non-compliant following a Quality Audit undertaken from 22 November 2022 to 24 November 2022 as the service was unable to demonstrate how the service uses feedback received on the staff for their development and that the service reviews the performance of each member of the workforce.

At the time of the Assessment Contact – Desk, the Assessment Team found that staff interviewed confirmed that they were not supported in their performance appraisal process. Management was not able to describe their process for regular assessment and monitoring of staff performance or their process to manage underperforming staff. All staff interviewed advised they could not recall having had a performance appraisal completed. Management advised that this area has not yet been addressed since the Quality Audit undertaken from 22 November 2022 to 24 November.

Based on the information summarised above, I therefore find the service to be non-compliant with Requirement 7(3)(e).

# 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. | Non-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. | Non-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. | Non-compliant |

Findings

Requirement 8(3)(b) was found non-compliant following a Quality Audit undertaken from 22 November 2022 to 24 November 2022 as the service was unable to evidence that the Managing Director asks for and receives the information it needs from the service delivery team to meet its responsibilities under this requirement nor was the Managing Director able to demonstrate they understand and set priorities to monitor and improve the performance of the service against the Quality Standards.

At the time of the Assessment Contact – Desk, the Assessment Team found that management described how they recognised there was no formal reporting mechanisms and have reinstated monthly Executive Meetings to discuss all challenges facing the service including consumer risk, feedback and complaints, recruitment, and incidents. However, documents reviewed by the Assessment Team evidenced that risk, incidents and feedback and complaints have not been effectively reported on in Executive Meetings. The service did not also respond to the Assessment Teams report.

Based on the information summarised above, I am not satisfied that management have done sufficient work to ensure that they receive appropriate information as the governing body to promote a culture or safe, inclusive, and quality care and services to consumers. A lack of information being received shows me a lack of accountability for the delivery of services so to consumers, therefore, I find the service to be non-compliant with Requirement 8(3)(b) at the time of the performance report decision.

Requirement 8(3)(c) was found non-compliant following a Quality Audit undertaken from 22 November 2022 to 24 November 2022 as the service was unable to demonstrate effective organisation-wide governance systems in relation to information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints.

At the time of the Assessment Contact – Desk, the Assessment Team found the following evidence relevant to this requirement.

Information Management

Management described how the service is migrating consumer information and the service's other processes to a digital platform, however, described it as a manual process which is taking time to complete. Management described how this system, when implemented, will address some issues around privacy and information sharing. However, at the time of the performance report decision, the service had not yet addressed issues around the exposing of consumers’ details during the consumer payment process.

Continuous Improvement

The service developed a Continuous Improvement Plan in October 2022 and identified several areas of improvement. The Assessment Team viewed the Continuous Improvement Plan, which showed 30 items have been added since October 2022, of which, 10 have been completed. However, there is no evidence this plan was monitored between November 2022 and June 2023, as there are no entries or updates in the plan during this period. The Assessment Team also noted have protecting consumer privacy and monitoring and evaluating the workforce were not included as items in the Continuous Improvement Plan of the service and have not been addressed since the Quality Audit undertaken from 22 November 2022 and 24 November 2022.

Workforce Governance

Management advised that they have not addressed the non-compliance around supporting the workforce with performance appraisals nor were they able to provide a plan or timeframe for completion for this work. Management also advised they do not have a process to identify training gaps in the staff and do not deliver training to support workers outside their induction and the annual training day.

Regulatory Compliance

Management advised they have not addressed the non-compliance around first-aid training for support workers. Management advised they have received a grant to enable this training for all support workers, however, were not able to provide a date when all support workers will be trained.

Feedback and Complaints

The service has developed and implemented an effective Feedback and Complaints register. The Assessment Team reviewed this register and noted complaints are resolved promptly, and open disclosure is practiced.

* Review of the feedback and complaints register demonstrates feedback is documented, resolved promptly and to the consumer's satisfaction, and open disclosure is practiced.
* The service has recently implemented reporting mechanisms to ensure management has oversight of all issues affecting the service including feedback and complaints, however, as demonstrated in requirement (3)(b) of this Standard, these reporting mechanisms are new, and not yet effective.

Based on the information summarised above, while the service was able to demonstrate some improvements have been made to governance systems, there is still insufficient evidence to satisfy me that the service has effective governance systems, particularly in relation to information management, continuous improvement, workforce governance and regulatory compliance. Therefore, I find the service to be non-compliant with Requirement 8(3)(c).

Requirement 8(3)(d) was found non-compliant following a Quality Audit undertaken from 22 November 2022 to 24 November 2022 as the service did not have effective incident management systems in place, therefore was unable to effectively manage and prevent incidents to consumers.

At the time of the Assessment Contact – Desk, the Assessment Team found that management could describe, and documents confirmed that the service has established an effective incident management register. However, the service could not demonstrate risk for consumers is consistently considered through assessment and planning.

Management advised that the service has implemented a new assessment and planning process, which allows them to capture consumer risks. However, documents reviewed by the Assessment Team indicate risk mitigation strategies are not consistently communicated to support workers. Management also advised they have not prioritised their high-risk consumers to be reassessed first and nor does the service have an easy way to monitor consumers with high risk. Instead, the service has assessed consumers as their review becomes due.

In response to the Assessment Team’s feedback, the service acknowledged they had not considered prioritising high-risk, high prevalence consumers and would develop a register to monitor high risk consumers. The service did not provide a response to the Assessment Team’s Report.

In coming to my decision, I have acknowledged that the service has developed an incident management register, however I am not satisfied that the service has developed effective practices to ensure that incidents and risks to consumers are effectively managed and planned, allowing consumers to live the best lives they can. Therefore, I find the service to be non-compliant with Requirement 8(3)(d) at the time of the performance report decision.

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)