**Performance**

**Report**

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| Name: | ACH Group - North East Services - Newton |
| Commission ID: | 600442 |
| Address: | 163 Montacute Road, NEWTON, South Australia, 5074 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 5 September 2023 |
| Performance report date: | 12 December 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1757 Aged Care & Housing Group Inc  
Service: 18517 ACH Group Home Care Metro East  
Service: 18518 ACH Group Home Care Metro North  
Service: 19397 ACH Group Home Care Metro West

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7422 Aged Care & Housing Group Incorporated  
Service: 24625 Aged Care & Housing Group Incorporated - Care Relationships and Carer Support  
Service: 24626 Aged Care & Housing Group Incorporated - Community and Home Support

**This performance report**

This performance report for ACH Group - North East Services - Newton (**the service**) has been prepared by M Abjorensen, 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.

# 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 report was informed by review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 18 October 2023

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable** |
| **Standard 3** Personal care and clinical care | **Not applicable** |
| **Standard 4** Services and supports for daily living | **Not applicable** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **Not applicable** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable** |
| **Standard 3** Personal care and clinical care | **Not applicable** |
| **Standard 4** Services and supports for daily living | **Not applicable** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **Not applicable** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been 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 7

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| --- | --- | --- | --- |
| Human resources | | HCP | 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. | Not applicable | Not applicable |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Not applicable | Not applicable |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not applicable | Not applicable |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not applicable | Not applicable |

Findings

To ensure the workforce is competent and supported to effectively perform their roles, the service has implemented workforce support mechanisms, including, training and regular meetings with staff. For example, the service has established workforce coaches to support new, and existing, staff to understand the application of policies and procedures. Staff hold relevant qualifications, such as certificates in aged or community care, in leadership and management and some staff have a clinical background. Management advised that over the last 18 months, the organisation has offered staff the opportunity to obtain further qualifications, and funds have been made available for this purpose. Competency is assessed through buddy shifts where assessment captures whether staff seek consumer input on consumer preferences during the scheduled service. Training requirements include incident management training, complaints and feedback, falls prevention and responding to consumer deterioration.

Based on the information summarised above, I find the provider, in relation to the service, compliant with (3)(c) in Standard 7, Human resources.

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| 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 | 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 | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not applicable | Not applicable |

Findings

While the Assessment Team report predominately focussed governance systems relating to workforce governance and feedback and complaints systems, information and evidence shows the organisation demonstrated effective organisation wide governance systems. For example:

Staff reported having access to the information they require to perform their roles. The plan for continuous improvement tracks planned and completed actions, activity status and completion dates for each of the identified activity. Management demonstrated how regular meetings, reporting structures and the use of dashboards to show regular updates relating to quality indicators for care and service delivery. Documents reviewed include policies and procedures, staffing structure and reporting lines, meeting minutes, information flow and key accountabilities of the executive management and the Board. Feedback systems operate effectively through reports provided to inform the Board of trends and actions taken to resolve issues. A customer engagement subcommittee meets quarterly and supports engagement with consumers and direct feedback to the Board.

The organisation demonstrated effective risk management systems and practices operate to identify and management risks associated with the care of consumers. For example:

Risks associated with the care of consumers are identified through assessment and planning and communications received from staff. Issues or changes in consumers’ condition are managed through daily huddles to discuss management strategies, including the involvement of clinicians and staff are provided education and guidance on adjusted support requirements for consumers. The Assessment Team provided examples where staff feedback prompted a discussion through the daily huddle and resulted in increased care and revision of consumer care and services.

The organisation has policies and procedures to guide staff in the identification and response to abuse and neglect of consumers. Staff have completed training in relation to elder abuse prevention and response.

The incident report for the last 6 months shows staff report incidents, including, near misses. The incident register shows immediate action taken, further follow-up action, escalation to management if required, and support strategies to ensure consumer health and wellbeing.

Based on the information summarised above, I find the provider, in relation to the service, compliant with (3)(c) and (3)(d) in Standard 8, Organisational governance.

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)