**Performance**

**Report**

**1800 951 822**

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| Name: | Adelaide Quality Care |
| Commission ID: | 600589 |
| Address: | 22 Harris Road, VALE PARK, South Australia, 5081 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | 19 June 2024 to 20 June 2024 |
| Performance report date: | 16 July 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9221 Adelaide Quality Care Pty Ltd  
Service: 26945 Adelaide Quality Care

**This performance report**

This performance report for Adelaide Quality Care (**the service**) has been prepared by T Wilson, 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.
* the provider’s response to the assessment team’s report received 9 July 2024.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 7 Human resources | Not fully assessed |
| **Standard 8** Organisational governance | **Not fully assessed** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 7 Human resources | Not fully assessed |
| **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 7

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| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |

Findings

As only one Requirement has been assessed the overall rating for this Quality Standard is not applicable.

The service was found to be non-compliant following a site audit conducted 11 – 13 October 2022. A follow up Assessment Contact conducted 15 – 17 August 2023 identified mandatory training for staff was not current and training was not provided for clinical care in areas including, but not limited to, falls, pain and dementia. On this visit the Assessment Team recommended this Requirement as met as the deficits have been rectified.

Consumers confirmed they are satisfied with the skills and knowledge of staff and feel safe when they are receiving care form them. Staff could describe the orientation and mandatory training they receive and how this helps them in their role. The service is also in negotiations with external providers to design courses specific to the organisations needs. Staff confirmed there has been improvements to training.

Whilst Standard 8 Requirement (3)(e) does state that staff have not been trained in minimisation of restraint and staff confirmed this, the service does have a plan to train all staff in the new policy and procedures to manage restraint. This and the report stating that the organisation could explain how they manage restraint does lead me to believe the service will train staff effectively in restraint in the future.

It is for these reasons I find Requirement 7(3)(d) compliant.

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| 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. | Compliant | Compliant |

Findings

As only three Requirements have been assessed the overall rating for this Quality Standard is not applicable.

The service was found to be non-compliant following a site audit conducted 11 – 13 October 2022 with Requirements (3)(c), (3)(d) and (3)(e). In a follow up Assessment Contact conducted 15 – 17 August 2023 they were also identified as non-compliant due to not having governance systems in place for information management, continuous improvement and workforce governance, not having any policies or procedures or training regarding minimising the use of restraint and not having effective risk management systems.

Requirement (3)(e) has been recommended as not met due to the service not providing any information to show actions have been undertaken to have policies to provide staff with training in relation to minimisation of restraint. The report also stated the organisation demonstrated it understood restraint by providing examples and demonstrating how the organisation has managed those situations.

The provider responded on 9 July 2024 acknowledging that at the time of the assessment they did not have a policy in place but have since developed a policy which is awaiting ratification from the board. Along with this they have also developed a restraint authorisation form, but they do not believe this is necessary as they have other forms which cover the use of restraint. Once this is all in place which is expected very shortly, the provider asserts staff will receive training. The provider also included examples of where restrictive practice was identified by staff and escalated for discussion.

I have considered both the Assessment Team’s report and the provider’s response in making my finding. The intent of this requirement is the clinical governance framework is to include a system to ensure the principals of minimisation of restraint are followed according to the legislation that oversees it. Whilst I am not sure of exactly what the system is, I have placed weight on the fact that the Assessment Team report states that it was demonstrated the organisation understood restraint and explained how they managed it. The provider’s response also included a policy for staff that is to be released shortly which explains the processes staff need to follow and asserted training would be provided to them. I have not considered staff training under this Requirement, I have considered this under Standard 7 Requirement (3)(d).

The organisation could demonstrate they have taken appropriate actions to ensure effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The organisation demonstrated it has a risk management system and processes to guide staff in the identification and assessment of risks to the health, safety, and well-being of consumers. This included improving systems to manage high impact high prevalence risk, identifying and responding to abuse and neglect and supporting consumers to live the best life they can. The incident management system was found to be supported with procedures to guide staff in the effective management of incidents, including directions on the serious incident response scheme requirements.

It is for these reasons I find Requirements 8(3)(c), 8(3)(d) and (3)(e) 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)