**Performance**

**Report**

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| Name of service: | Adelaide Quality Care |
| Service address: | 22 Harris Road VALE PARK SA 5081 |
| Commission ID: | 600589 |
| Home Service Provider: | Adelaide Quality Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 15 August 2023 to 17 August 2023 |
| Performance report date: | 18 November 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 Adelaide Quality Care (**the service**) has been prepared by M Franco, 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

**Home Care:**

* Adelaide Quality Care, 26945, 22 Harris Road, VALE PARK SA 5081

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **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.

* Requirement (7)(3)(d) – Ensuring the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards.
* Requirement (8)(3)(c) - Demonstrating effective organisation-wide governance in information management, continuous improvement, and workforce governance.
* Requirement (8)(3)(d) - demonstrating effective risk management systems for identifying and responding to abuse and neglect of consumers.
* Requirement (8)(3)(e) - demonstrating an effective clinical governance framework.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |

Findings

At the Quality Audit conducted in October 2022 the service was found to be non-compliant in Requirement 1(3)(a).

Since the Quality Audit, the service has taken proactive action to ensure consumers are treated with dignity and respect, with their identity, culture and diversity valued.

Consumers and representatives interviewed said they are treated with dignity and respect by staff and are confident personal care support workers know their background and the things that are important to them. The service demonstrated that culture and diversity is valued through the organisational governance framework, the policy communicates all staff are to treat consumers with dignity and respect while tailoring care and services to the diverse needs and preferences of the consumer. Since the previous Quality Audit, the service has not received any complaints or feedback regarding consumers being treated disrespectfully. Management advised the remedial actions taken to address the noncompliance identified from the previous Quality Audit was to update the consumer ‘Dignity of Choice’ form to allow consumers to have choice and control over certain elements of their service provision that may be seen to have adverse effects on their health.

Based on the evidence summarised above, I find the provider, in relation to the service complaint with Requirement 1(3)(a).

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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. | Compliant |

Findings

At the Quality Audit conducted in October 2022 the service was found to be non-compliant in Requirement 2(3)(a).

Since the Quality Audit, the service has taken proactive action to ensure 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.

The service demonstrated that current 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.

Consumers and representatives interviewed confirmed in various ways that assessments were completed, their care and services needs were discussed and were planned to meet their needs.

Staff interviewed by the Assessment Team described how they assess consumers’ needs and risks at commencement of services and how assessments inform consumers’ care plans. Care planning documentation evidenced comprehensive assessments for all consumers starting from November 2022 that included a Falls Risk Assessment Tool (FRAT), Mini Nutritional Assessment (MNA), Cognitive Impairment Scale (PAS) and a nursing assessment. Care plans and progress notes evidenced planning was undertaken with consumers/representatives, including completion of risk assessments and medical history in conjunction with ongoing assessments based on needs.

Management advised remedial actions taken to address noncompliance. Since October 2022 all consumers received a FRAT and MNA, nursing assessment and if required a PAS. The service has hired a Registered Nurse to complete assessments that inform the safe and effective delivery of care communicated through the consumers care plan.

Based on the evidence summarised above I find the provider, in relation to the service compliant with Requirement 2(3)(a).

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |

Findings

At the Quality Audit conducted in October 2022 the service was found to be non-compliant in Requirement 3(3)(a).

Since the Quality Audit, the service has taken proactive steps to ensure each consumer gets safe and effective personal care, clinical care, or both that is best practice, tailored to their needs and optimises their health and well-being.

Consumers and representatives interviewed by the Assessment Team expressed their satisfaction and confidence that staff provide them with safe, effective, and best practice personal and clinical care.

Staff interviewed by the Assessment Team, demonstrated good understand of each consumers needs, goals and preferences relating to the delivery of care. Staff were able to describe to the Assessment Team what they would do if they had concerns relating to a consumer’s personal care which included notifying the relevant parties included in their care delivery. The Assessment Team sighted a consumer care plan that evidenced daily administration of relevant medication. The care plan evidenced that staff had knowledge of the consumers nursing needs, goals, and preferences.

Assessment and annual care plan reviews evidenced identified and addressed risks to consumers health and well-being, care plans reviewed and feedback from all staff demonstrated consumers receive safe and effective personal care.

When interviewed by the Assessment Team, management advised staff are trained and deliver care based on their training, registration, and competency. The Assessment Team sighted the organisations no repose policy, assessment and care planning documentation for consumers receiving clinical and personal care, progress notes that demonstrated consistency in communication and delivering safe and effective care that is best practice, tailored to consumers’ needs and optimises consumer health and well-being.

Based on the evidence summarised above I find the provider, in relation to the service compliant with Requirement 3(3)(a).

# Standard 6

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| Feedback and complaints | | HCP |
| 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

At the Quality Audit conducted in October 2022 the service was found to be non-compliant in Requirement 6(3)(c) & Requirement 6(3)(d).

Since the Quality Audit, the service has taken proactive steps to ensure action is taken in response to complaints and an open disclosure process is used when things go wrong and has made improvements to ensure feedback and complaints are reviewed and used to improve the quality of care and services.

Consumers and representatives interviewed by the Assessment Team said they feel safe to make a complaint and feel confident that it would be actioned and responded to in an appropriate timeframe. Consumers said staff and management are highly approachable, and they feel they are genuinely listened to, and any concerns they have are acted upon in a timely manner.

The Assessment Team sighted the feedback and complaints register that evidenced all complaints were documented in the consumers file, communication was recorded, and progress notes updated to reflect actions and outcomes. Documentation evidenced demonstrated all complaints were dealt with in a timely manner and to the satisfaction of the consumer.

Evidence analysed by the Assessment Team showed feedback and complaints from consumers are used directly to improve the quality of care and services. Management advised the service has in the past and will continue to implement changes based on outcomes of complaints and feedback.

Based on the evidence summarised above I find the provider, in relation to the service, compliant with Requirement 6(3)(c) and Requirement 6(3)(d).

# Standard 7

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

Findings

At the Quality Audit conducted in October 2022 the service was found to be non-compliant in Requirement 7(3)(d).

Since the Quality Audit, the service did not demonstrate actions have been taken to address the non-compliance identified during the Quality Audit in 2022. The service did not demonstrate the workforce is recruited, trained, equipped, and supported to deliver the outcomes required.

While the service has outlined mandatory training requirement for its staff and utilised a process to monitor the completion of this training, the service did not demonstrate that this process is effective as mandatory training had lapsed and not been updated for many staff members.

The Assessment Team viewed the incident management register from January 2023 and noted that the services most trending incidents were related to medication administration issues. In response to feedback provided by the Assessment Team regarding medication incidents and the link to outdated medication administration training for staff, management acknowledged this was an area of risk which will need to be addressed.

Management advised that they are aware of the outdated mandatory training and acknowledged the challenges associated with finding time to send reminders and follow up with staff to complete training. Management advised that online training sessions have not been scheduled for completion and face to face training sessions have not occurred for over a year. The Assessment Team viewed documentation which demonstrated how the service has attempted to remind staff, however, the service did not demonstrate that the system was effective.

The Assessment Team identified that the service had not implemented any new training opportunities or developed any new policies and procedures to ensure that staff are trained to deliver outcomes required by the Quality Standards. These areas included, cultural safety, dignity of risk, elder abuse and neglect, restrictive practice, and open disclosure. The service did not implement any additional training or develop any new policies and procedures to support staff when managing clinical risks associated with the care of consumers.

Based on the evidence summarised above I find the provider, in relation to the service, non-compliant with Requirement 7(3)(d).

# Standard 8

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| Organisational governance | | HCP |
| 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. | 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 |
| 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. | Non-compliant |

Findings

At the Quality Audit conducted in October 2022 the service was found to be non-compliant in Requirement 8(3)(d), Requirement 8(3)(c), Requirement 8(3)(d) and Requirement 8(3)(e).

Since the Quality Audit, the service has taken proactive steps to ensure the organisations governing body promotes a culture of safe, inclusive, and quality care. However, since the Quality Audit in 2022 the service has not demonstrated, appropriate action is taken to ensure it has effective governance wide systems, effective risk management systems and where clinical care is provided it has a clinical governance framework.

The service was able to demonstrate the organisation promotes a culture of safe, inclusive, quality care and services and is accountable for their delivery. The service has various methods to ensure the organisation is accountable for the delivery of safe and quality care and services to consumers.

The service did not demonstrate effective organisation wide governance systems in relation to information management, continuous improvement, and workforce governance. However, the service was able to demonstrate effective organisation wide governance systems in relation to financial governance, regulatory compliance, feedback, and complaints.

The service did not demonstrate effective risk management systems and practices including but not limited to, managing high impact or high prevalence risks associated with the care of consumers, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents.

The service did not demonstrate an effective clinical governance framework to maintain and improve the reliability, safety, and quality of the clinical care that consumers receive. While the organisation did undertake reassessments of consumer risks using validated tools, the organisation did not demonstrate that policies, procedures, and training have been implemented to support staff delivery of safe and quality clinical care.

Based on the evidence summarised above, I find the provider, in relation to the service non-compliant in Requirements 8(3)(c), 8(3)(d) and 8(3)(e).

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)