**Performance**

**Report**

**1800 951 822**

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| Name of service: | Advanced Care Australia |
| Service address: | 1 Heidi Street KULUIN QLD 4558 |
| Commission ID: | 700922 |
| Home Service Provider: | Advanced Care Australia Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 27 January 2023 |
| Performance report date: | 27 February 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 Advanced Care Australia (**the service**) has been prepared by G. McNamara, 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:**

* Advanced Care Australia, 26214, 1 Heidi Street, KULUIN QLD 4558

# 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.

# Assessment summary for Home Care Packages (HCP)

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| Standard 6 Feedback and complaints | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **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) - The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

**Other relevant matters:**

The provider was previously found Non-Compliant with 18 Requirements. I have found two of these requirements to be now Compliant for the reasons summarised below. The following requirements were not assessed and the provider remains Non-Compliant with these Standards and those requirements:

**Standard 1**

**Requirement 1(3)(e)** - Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

**Standard 2**

**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.

**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.

**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.

**Requirement 2(3)(e)** -Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

**Standard 3**

**Requirement 3(3)(b)** - Effective management of high impact or high prevalence risks associated with the care of each consumer.

**Requirement 3(3)(d)** - Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

**Requirement 3(3)(e)** - Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

**Standard 4**

**Requirement 4(3)(d) -** Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

**Requirement 4(3)(g) -** Where equipment is provided, it is safe, suitable, clean and well maintained.

**Standard 7**

**Requirement 7(3)(d) -** The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

**Standard 8**

**Requirement 8(3)(a) -** Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

**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.

**Requirement 8(3)(c)** - Effective organisation wide governance systems relating to the following:

(i) information management;

(ii) continuous improvement;

(iii) financial governance;

(iv) workforce governance, including the assignment of clear responsibilities and

accountabilities;

(v) regulatory compliance;

(vi) feedback and complaints.

**Requirement 8(3)(d)** -Effective risk management systems and practices, including but not limited to the following:

(i) managing high impact or high prevalence risks associated with the care of consumers;

(ii) identifying and responding to abuse and neglect of consumers;

(iii) supporting consumers to live the best life they can

(iv) managing and preventing incidents, including the use of an incident management

system.

**Requirement 8(3)(e)** **-** Where clinical care is provided—a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship;

(ii) minimising the use of restraint;

(iii) open disclosure.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

One (1) of the four requirements of this Standard was assessed and I have found it to be Compliant. As not all requirements were assessed an overall rating for the Quality Standard is not provided.

Discussions with management and review of documents provided for the purpose of the assessment contact show action has been taken to address previously identified issues. This included:

* The feedback and complaints process was reviewed and strengthened, including documenting all feedback, both positive and negative, and complaints. It was reviewed by the organisation on 31 July 2022 and noted to be working well
* Training was provided for staff in handling of feedback and complaints, including policy and procedures and discussed at staff meetings
* Monthly meetings have been implemented with management to review compliments, feedback and complaints and identify trends or deficits and relevant improvements. Management explained that where an emerging trend is noted, group training may be arranged for staff, individual performance may be reviewed to increase skills or other options considered for addressing trends, including on a broader organisational scale.
* A monthly compliance report is discussed at the service level and a copy provided to the Board. Review of this document confirms the discussion of consumer feedback and complaints received and action taken. Feedback and complaints are now a standing agenda item for discussion at Board meetings. Review of Board meeting minutes provided confirms this.

Review of the 2022 feedback and complaints register provided showed that the register records a summary of the feedback, including the issues raised, who is responsible for follow up action, the action taken to resolution and the status. All recorded compliments and complaints were noted as resolved. Two complaints were in relation to communicating rostering changes to consumers, and this issue was added to the quality improvement register and a policy and procedure review was conducted.

# 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 |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Quality Standard is assessed as Non-compliant as one (1) of the two requirements that were assessed has been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

In relation to recruiting, training, equipping and supporting its workforce, discussions with management and review of documents provided for the purpose of the assessment contact show some actions have been taken to address previously identified issues. This included:

* All staff recruited hold a certificate III in aged care, disability or community care. Induction includes manual handling, medication safety, abuse and neglect, complaints, code of conduct, person centred approach and infection prevention and control. New staff are required to complete mandatory training through the online learning system and receive email confirmation when completed.
* Mandatory components consist of First Aid, NDIS modules and COVID19 infection control online modules (Department of Health). The mandatory training process was reviewed, including communication with staff on the training required. Staff receive alerts when mandatory training is due. Records sighted shows staff hold current First Aid certificates including cardiopulmonary resuscitation and expiry dates are monitored to ensure renewal.
* A monthly compliance report to the Board (July 2022) states monthly training sent out via online learning system; professional development opportunities sent out regularly to staff via text and discussed at team meetings; elder abuse training has been sent out to all staff via online learning system and also discussed at team meeting.
* Staff meeting minutes for January 2023 showed provision of policies and guidelines to staff on medication administration, definitions of abuse and action to take, and NDIS nutrition and hydration policy and guidelines. Staff were reminded of the mandatory training to be completed. The updated staff induction handbook was distributed with staff sign off required.
* A team leader position has been established with responsibility for staff training including maintaining training registers.

However, the staff training records provided show not all staff have completed relevant training, including mandatory training. Examples include but are not limited to:

* The majority of staff have not yet completed the COVID19 online training modules, which were made available for all aged care staff at the start of the pandemic in March 2020. Staff have been advised this is a mandatory training requirement. Of the 35 staff listed, only 9 have completed any of the modules.
* 7 staff have had training in the Aged Care Quality Standards.
* The Assessment Team noted that there were 19 staff who had attended aged care consumers within the last 3 months. The aged care code of conduct has been signed by only 4 staff. For 4 staff listed there no completion dates recorded for online training modules through the learning management system.

In relation to staff training based on consumer needs and clinical care, training opportunities are offered at team meetings, via text and email, and staff records were updated in the consumer record management system to support matching with consumer needs. However, review of the staff training records provided show not all staff attending individual consumers have had appropriate training relevant to those consumer’s needs, such as catheter care, transdermal patches and manual handling.

Management advised the current electronic system where all staff training is documented does not allow accurate reports on staff training, and staff registers are maintained via a manual process. The service will be implementing a new consumer records management system which will improve the capacity to generate reports for oversight by management.

The professional learning and development policy sighted was last reviewed in August 2021 and describes the training approach as on the job learning, internal workshop, self-paced learning, off-job courses run by approved training providers, secondments and placements, mentoring and access to resource material and information relevant to role. Management described the range of pathways training is available for staff, who are encouraged to take advantage of training opportunities, and this aligned with the policy sighted.

While the service has taken some steps towards addressing the identified issues, staff training relevant to aged care is not consistently demonstrated.

In relation to regular assessment, monitoring and review of its workforce, discussions with management and review of documents provided for the purpose of the assessment contact, show the following:

* Staff supervision and support policy states annual evaluation of staff performance, including supervision and support meetings as frequently or ad hoc as required. Supervision and support includes team meetings as a forum to focus on consistent service to consumers, and providing training and access to development opportunities. Individual supervision meetings are scheduled as required should there be any issues to address.
* Annual performance review dates have been set for all staff, and performance reviews have now been conducted as per the annual cycle. Monitoring of performance review due dates is conducted 3 monthly through calendar reminders and follow-up by management. Annual and ongoing review takes into account feedback from consumers, complaints and incidents where relevant and any training required to increase skills and knowledge and improve performance.

Review of the staff performance 2022 spreadsheet shows:

* Recording of performance reviews conducted for 2021, 2022 and due dates for 2023 review.
* New staff performance is discussed 6 weeks after commencement; the discussion was held with 2 staff in December with dates recorded.

Ratings against a number of criteria, such as quality of work, consumer relationships, communication, compliance with policy and procedures and reporting requirements have been implemented, and discussion of training undertaken and further training needs is being held.

Communication with external providers has been strengthened to ascertain how they supervise and review the performance of the subcontracted staff. The subcontracting agreement has been updated to include supervision and performance review of subcontracted staff, including provision of this information to the service. Consumer feedback is sought and utilised by the service to monitor subcontracted staff performance.

On balance, while there remain matters to address in relation to staff training under Requirement (3)(d), the service has implemented improvements to their processes and are undertaking review and monitoring of workforce performance.

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