**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Allcare Nursing and Community Services |
| Service address: | 250 Main Road TOUKLEY NSW 2263 |
| Commission ID: | 201335 |
| Home Service Provider: | Allcare Nursing Services Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 17 July 2023 |
| Performance report date: | 5 September 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 Allcare Nursing and Community Services (**the service**) has been prepared by J Renna, 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:**

* Allcare Nursing and Community Services, 26824, 250 Main Road, TOUKLEY NSW 2263

# 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 a desk assessment, review of documents and interviews with staff, consumers/representatives and others; and
* the performance report dated 14 December 2022 in relation to the Quality Audit undertaken from 7 November 2022 to 9 November 2022.

The provider did not respond to the Assessment Team’s report for the Assessment Contact – Desk.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **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 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | HCP |
| 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. | Compliant |

Findings

Requirement (3)(e) was found non-compliant following a Quality Audit undertaken from 7 November 2022 to 9 November 2022, as the service was unable to demonstrate information provided to consumers was current, accurate, timely, clear or easy to understand, and enabled them to exercise choice. Specifically, consumers did not consistently receive monthly statements and they were not easy to understand.

The Assessment Team’s report for the Assessment Contact undertaken on 17 July 2023 included evidence of actions taken in response to the non-compliance, including, but not limited to, implementation of a new electronic accounting system to produce monthly statements for consumers.

The Assessment Team were satisfied these improvements were effective and recommended Requirement (3)(e) met. The Assessment Team provided the following evidence relevant to my finding:

* New statements to be provided to consumers were logically laid out, clear and easy to read, and care and services delivered were itemised by date and included the hourly rate.
* One representative said they have all the information they need in a folder at home, which is easy to understand and updated regularly.
* Staff said they have sufficient information to respond to consumers’ queries.
* Management said they show consumers how to read statements and ask whether they would like an advocate or family member to assist. Furthermore, consumers have access to translators if required and strategies are in place to aid consumers who have sensory impairment.
* Management said, and consumers confirmed, that consumers can contact staff any time for further information.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 1 Consumer dignity and choice.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

Requirements (3)(c) and (3)(d) were found non-compliant following a Quality Audit undertaken from 7 November 2022 to 9 November 2022, as the service was unable to demonstrate:

* appropriate action was taken in response to complaints and an open disclosure process was used when things went wrong, as complaints had not been logged and staff did not demonstrate knowledge of open disclosure principles; and
* feedback and complaints were reviewed and used to improve the quality of care and services, as there was no evidence that a review of complaints had occurred to identify trends.

The Assessment Team’s report for the Assessment Contact undertaken on 17 July 2023 included evidence of actions taken in response to the non-compliance, including, but not limited to, staff training and education on open disclosure and complaints handling, and implementation of a continuous improvement policy and plan.

The Assessment Team were satisfied these improvements were effective and recommended Requirements (3)(c) and (3)(d) met. The Assessment Team provided the following evidence relevant to my finding:

* Requirement (3)(c)
  + The feedback and complaints register showed timely and responsive actions to complaints. One complainant provided positive feedback about how it was handled.
  + Staff were knowledgeable of open disclosure principles and the complaints handling process.
  + The organisation’s policies on complaints, feedback and open disclosure were updated on 30 June 2023, and included accountabilities for all staff and process flow charts. These policies ensure complainants have access to an advocate or support person and are updated at all stages throughout the complaints handling process.
* Requirement (3)(d)
  + The organisation has a policy relating to continuous improvement, which details how improvements are identified and implemented.
  + The plan for continuous improvement demonstrated new scheduling software will be implemented to improve readability of monthly statements.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(c) and (3)(d) in Standard 6 Feedback and complaints.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | HCP |
| 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 |

Findings

Requirement (3)(c) was found non-compliant following a Quality Audit undertaken from 7 November 2022 to 9 November 2022, as the service was unable to demonstrate effective organisation wide governance systems relating to feedback and complaints and continuous improvement.

The Assessment Team’s report for the Assessment Contact undertaken on 17 July 2023 included evidence of actions taken in response to the non-compliance, including, but not limited to, improvements to methods for recording feedback and complaints, implementation of a new electronic accounting system to produce monthly statements for consumers, and development of a continuous improvement policy and plan.

The Assessment Team were satisfied these improvements were effective and recommended Requirement (3)(c) met. The Assessment Team provided the following evidence relevant to my finding:

* A centralised electronic care planning system enables information to be stored securely and easily accessed by relevant staff. Staff confirmed they have access to sufficient information to undertake their roles.
* Continuous improvement opportunities are identified through various mechanisms, including care plan reviews, performance appraisals, meetings, feedback and complaints, and internal audits. The organisation’s policy relating to continuous improvement policy details how improvements are identified and actioned and includes an annual audit schedule which is tracked and monitored. The organisation’s plan for continuous improvement listed actions against the Quality Standards and included timeframes for completion and responsible personnel.
* Financial governance systems are in place to ensure the service has finances and resources required to deliver safe and quality care and services. Consumers are provided with their budget on commencement and further statements are provided on a monthly basis, so they can monitor unspent funds and expenditure. Finance reports are reviewed by the governing body.
* Processes are in place for onboarding new staff and all staff are provided a job description to understand their roles and responsibilities. Reports of staffing, remuneration, leave and vacancies are reviewed by the governing body. Training records are maintained and showed training is up to date.
* Changes in aged care regulation is tracked through subscribing to Departmental and Commission updates and attending relevant webinars. A register is maintained to track organisational policies, legislation and Quality Standards relevant to the service. Minutes of group meetings showed discussion relating to aged care reforms, such as Code of Conduct, price capping, restrictive practices and the Serious Incident Response Scheme. The annual internal audit program includes review of processes and procedures to ensure they align with regulatory requirements.
* Feedback and complaints are monitored to ensure they are actioned appropriately and trended to identify areas for improvement. Minutes of consumer and representative meetings showed the service seeks feedback and complaints.

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

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)