**Performance**

**Report**

**1800 951 822**

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| Name of service: | Amaroo Community Care Services |
| Service address: | 65 Dorothy Street GOSNELLS WA 6110 |
| Commission ID: | 500109 |
| Home Service Provider: | Amaroo Care Services Inc |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 20 February 2023 |
| Performance report date: | 20 March 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 Amaroo Community Care Services (**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:**

* Amaroo Community Care Services CACP, 19081, 65 Dorothy Street, GOSNELLS WA 6110

# 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

# Assessment summary for Home Care Packages (HCP)

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| 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 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 | Not applicable |
| 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 | Not applicable |

Findings

At the time of the performance report decision, the service is:

* ensuring it has effective organisation-wide governance systems in place and is effectively using continuous improvement planning and processes to direct improvements in order to comply with regulatory and other responsibilities, including ensuring its plan for continuous improvement is being used and updated to reflect opportunities for improvement identified through various avenues.
* ensuring it has a clinical governance framework in place by implementing new policies specific to home care services on antimicrobial stewardship, minimising the use of restraint and open disclosure and ensuring staff are trained and supported to understand the clinical governance framework.

The Quality Audit conducted 5-8 July 2022 evidenced that the service was compliant with the Quality Standards as they relate to information management, financial governance, workforce governance, regulatory compliance and feedback and complaints. However, the service was not following its continuous improvement policy and process. While the service was implementing improvements, the improvement plan was not being updated to reflect improvements had been identified and actioned.

The service has now demonstrated it has effective organisation-wide governance systems to ensure the delivery of safe and quality care, that include managing its regulatory and financial obligations, monitoring and responding to feedback and complaints, managing the workforce, and ensuring consumers and staff have access to the information they need to effectively perform their roles.

The Quality Audit conducted 5-8 July 2022 assessed that the service was not able to demonstrate it had specific home care policies and procedures in place to guide staff in antimicrobial stewardship and minimising the use of restrictive practices. The service was able to demonstrate is has an open disclosure policy; however, staff interviewed advised they had not had training in antimicrobial stewardship, minimising the use of restrictive practices or open disclosure policy and procedures.

As part of the ongoing improvements of the organisation and in response to the recent non-compliance with Requirement 8(3)(e), the service is now able to demonstrate it has in place a clinical governance framework which guides staff and sets out responsibilities, accountabilities and how the service will deliver safe and quality care and services for consumers

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)