**Performance**

**Report**

**1800 951 822**

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| Name: | City of Onkaparinga |
| Commission ID: | 600039 |
| Address: | Ramsay Place, NOARLUNGA CENTRE, South Australia, 5168 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | 27 June 2024 |
| Performance report date: | 17 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

Short Term Restorative Care (**STRC**) included.  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7359 City of Onkaparinga  
Service: 23730 City of Onkaparinga - Care Relationships and Carer Support  
Service: 23728 City of Onkaparinga - Community and Home Support

**This performance report**

This performance report for City of Onkaparinga (**the service**) has been prepared by M Glenn, 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.

# 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, which was informed by review of documents and interviews with consumers/representatives, staff, management and external contractors;
* email correspondence from the provider received 16 July 2024 indicating a formal response to the assessment team’s report will not be provided; and
* a performance report dated 31 January 2024 for a quality audit undertaken from 8 December 2023 to 13 December 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | 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 2

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

Findings

Requirement (3)(e) was found non-compliant following a quality audit undertaken in December 2023 as subcontracted services, as well as subcontracted care planning documents, were not always regularly reviewed. In response to the non-compliance, the provider implemented a range of improvement actions, including recruiting additional resources at coordinator level to better manage the quantity of assessments and reviews; and improving processes relating to reviewing consumers following incidents or changes in circumstances.

At the assessment contact in June 2024, care and services were found to be consistently reviewed for effectiveness, including in response to a change in circumstance and following incidents. Consumers are reviewed annually or more frequently where there are higher levels of risk. A staggered, risk-based approach has been implemented to address overdue reviews, with the review process effectively identifying risk and strategies to mitigate and manage risks being implemented. As of the 27 June 2024, there were only four overdue reviews. Management said they have also focused on following up after incidents and changes in condition, resulting in better outcomes for consumers. Consumers interviewed said they are regularly assessed or reviewed in-person, and the service follows up after an incident.

Based on the assessment team’s report, I find requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 8

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| Organisational governance | | CHSP |
| 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 |

Findings

Requirement (3)(b) was found non-compliant following a quality audit undertaken in December 2023 as the governing body did not actively promote the required culture, and in relation to governance of contracted providers, medical action relating to complaints and incidents was not consistently demonstrated. In response to the non-compliance, the provider implemented a range of improvement actions, including increasing the frequency of meetings with contracted providers, with increased oversight of incidents, care reviews, feedback and staffing concerns.

At the assessment contact in June 2024, the governing body was found to promote a culture of safe, inclusive, and quality care and services, and be accountable for their delivery. Management described enhanced monthly reporting systems, including from each program coordinator, to ensure board oversight of all CHSP programs run by the service. Monthly reports provided to the board include details on CHSP service delivery, incidents, staffing, finances, feedback trends and updates on continuous improvement items. The team leader of active ageing and disability meets regularly with the active ageing and disability leadership team to discuss consumer feedback, incidents, annual reviews and training. The manager of community capacity, who has oversight of care delivery and CHSP services, is informed of incidents, complaints, staffing, performance and funding of the service.

Based on the assessment team’s report, I find requirement (3)(b) in Standard 8 Organisational governance compliant.

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)