**Performance**

**Report**

**1800 951 822**

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| Name of service: | Greek Orthodox Community of SA - Adelaide |
| Service address: | 262-266 Franklin Street ADELAIDE SA 5000 |
| Commission ID: | 600119 |
| Home Service Provider: | Greek Orthodox Community of SA Inc |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 24 July 2023 |
| Performance report date: | 3 October 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 Greek Orthodox Community of SA - Adelaide (**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.

# Services included in this assessment

**Home Care:**

* Greek Community Care Packages, 18510, 262-266 Franklin Street, ADELAIDE SA 5000

**CHSP:**

* Community and Home Support, 24304, 262-266 Franklin Street, ADELAIDE SA 5000

# 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 review of documents and interviews with staff, consumers/representatives and others; and
* the performance report dated 9 February 2023 in relation to the Quality Audit undertaken from 4 January 2023 to 6 January 2023.

The provider did not submit a response to the Assessment Contact – Desk report.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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 2

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

Findings

Requirements (3)(d) and (3)(e) were found non-compliant following a Quality Audit undertaken from 4 January 2023 to 6 January 2023, as the service did not demonstrate:

* the outcomes of assessment and planning were consistently communicated to consumers and documented in a care and services plan which was readily available to consumers, and where care and services was provided; and
* care and services were reviewed regularly for effectiveness, and when circumstances changed or when incidents impacted on the needs, goals and preferences of the consumer.

The assessment team’s report for the Assessment Contact undertaken on 24 July 2023 included evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to, updating processes and flowcharts to guide staff practice, implementing regular spot check audits, staff education and training, and establishment of a care plan review schedule. The assessment team was satisfied these improvements were effective and recommended Requirements (3)(d) and (3)(e) met.

All representatives and staff said outcomes of assessment and planning are known and documented, and are available to them. Sampled care plans showed updated processes are being followed by staff and information relating to incidents and changes in condition were documented. Four spot check audits were sampled and showed relevant information was recorded on consumer communication sheets at the point of care. Training records show staff have completed training on documenting in the home care setting.

All representatives said consumers’ care and services are reviewed regularly. Coordinators said staff escalate consumers’ change in condition to them, which triggers a review process. Care plan schedules showed there are no overdue care plan reviews. Sampled care plans and the incidents/near misses register showed regular review of care and services, both periodically, following incidents and when circumstances change.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# Standard 4

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| --- | --- | --- | --- |
| Services and supports for daily living | | HCP | CHSP |
| 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. | Compliant | Compliant |

Findings

Requirement (3)(d) was found non-compliant following a Quality Audit undertaken from 4 January 2023 to 6 January 2023, as the service did not demonstrate information about the consumer’s condition, needs and preferences was communicated within the organisation, and with others where responsibility for care was shared.

The assessment team’s report for the Assessment Contact undertaken on 24 July 2023 included evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to, updating forms and protocols to obtain feedback from external providers and ensure progress and service notes are updated, and implemented regular spot check audits to ensure documentation is maintained. The assessment team was satisfied these improvements were effective and recommended Requirement (3)(d) met.

Representatives said the service’s communication with consumers is appropriate. Processes are in place to ensure regular feedback is received from subcontracted organisations who deliver care and services to consumers. The coordinator said they receive updates about consumers via a phone application and said documentation is readily available. Regular spot checks are being completed to ensure progress notes are updated.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 4 Services and supports for daily living.

# Standard 7

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| --- | --- | --- | --- |
| Human resources | | HCP/STRC | CHSP |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Requirement (3)(e) was found non-compliant following a Quality Audit undertaken from 4 January 2023 to 6 January 2023, as the service did not demonstrate regular assessment, monitoring and review of the performance of each member of the workforce was undertaken.

The assessment team’s report for the Assessment Contact undertaken on 24 July 2023 included evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to, development of a performance appraisal schedule and template, and completion of performance appraisals for all staff. The assessment team was satisfied these improvements were effective and recommended Requirement (3)(e) met.

All but three staff confirmed they had completed a performance appraisal and said they feel well supported by management. One of the three remaining staff had not been with the service for a long time and the other two said they would be completing one soon. All thirteen performance appraisal documents sampled included discussion on staff goals and training requirements, and some were completed in response to incidents and/or complaints.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 7 Human resources.

# Standard 8

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| Organisational governance | | HCP/STRC | 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 | Compliant |

Findings

Requirement (3)(c) was found non-compliant following a Quality Audit undertaken from 4 January 2023 to 6 January 2023, as the service did not demonstrate effective organisation wide governance systems in relation to information management and workforce governance.

The assessment team’s report for the Assessment Contact undertaken on 24 July 2023 included evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to, implementation of notetaking protocols and an automatic notification template, staff education and training, and issuing a memorandum to all brokered agencies. The assessment team was satisfied these improvements were effective and recommended Requirement (3)(c) met.

The organisation has an electronic care planning system in place, which staff said was accessible and they get the information they need. Sampled care plans were noted to contain sufficient information to guide staff in providing safe and effective care. The organisation’s continuous improvement plan covers all Requirements under the Quality Standards and includes improvements as a result of feedback and complaints, such as systems, policies and procedures, and training opportunities. Processes are in place to inform staff, consumers and brokered agencies, of updates to legislation and important events. Feedback and complaints processes ensure analysis and trending of data.

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)