Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Old Timers |
| Service address: | 445 Stuart Highway ALICE SPRINGS NT 0870 |
| Commission ID: | 6983 |
| Approved provider: | Australian Regional and Remote Community Services Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 24 August 2023 |
| Performance report date: | 21 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 Old Timers (**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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers and representatives; and
* the Performance Report dated 23 February 2023 for a Site Audit undertaken from 10 January 2023 to 11 January 2023.

The approved provider did not submit a response to the assessment team’s report.

# Assessment summary

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | 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 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Infection prevention and control measures and antimicrobial stewardship principles have been embedded into service care and delivery. Processes are in place to minimise the effect of COVID-19, and hand sanitiser and wipes are available throughout the service. Staff complete mandatory personal protective equipment and handwashing training and were noted to be practicing good infection prevention techniques. Clinical staff were knowledgeable about the concept of antimicrobial stewardship and could describe the process undertaken when a consumer shows signs of an infection. Care documentation and infection reporting demonstrated appropriate pathology is always undertaken prior to commencing antimicrobials.

For the reasons detailed above, I find requirement (3)(g) in Standard 3 Personal care and clinical care compliant.

# Standard 6

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

Findings

Requirement (3)(d) was found non-compliant following an Assessment Contact undertaken from 10 January 2023 to 11 January 2023 where it was found feedback and complaints were not consistently reviewed and used to improve care and services. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implementation of a new electronic feedback system to identify trends and improvement opportunities.
* Updated policies and procedures to reflect the new system and processes.
* Education provided in feedback and complaints handling processes with an emphasis on capturing verbal feedback.
* Collaboration with cultural specialist and advocacy groups to receive consumer feedback and overcome language barriers.

At the Assessment Contact undertaken on 24 August 2023, the service was found to effectively manage, monitor, analyse and use feedback and complaint data from consumers and representatives to improve the quality of care and services. Feedback and complaints are discussed at weekly services managers meetings across the organisation to discuss actions taken to address complaints, including the delegation of responsibilities, and to implement improvements specific to consumers’ care and service needs and preferences. Consumers and representatives said feedback is primarily given verbally or via emails and is used to improve care and services.

For the reasons detailed above, I find requirement (3)(d) in Standard 6 Feedback and complaints compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| 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 an Assessment Contact undertaken from 10 January 2023 to 11 January 2023 where the service did not demonstrate effective governance systems in relation to feedback and complaints, continuous improvement and workforce governance. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implementation of a new electronic feedback system to identify trends and improvement opportunities.
* Updated policies and procedures to reflect the new system and processes.
* Education provided to management in feedback and complaints handling processes, including analysis and trending of data.
* Continuous improvement, feedback and complaints is a standing agenda item and discussed at governance meetings to discuss actions taken to date to address complaints, including the delegation of responsibilities, and to implement improvements specific to consumers’ care and service needs and preferences.

At the Assessment Contact undertaken on 24 August 2023, governance systems were found to outline the organisation’s delegations, responsibilities, and accountabilities. Policies, procedures and information management systems provides access to relevant data for staff to perform their duties. Processes are in place to ensure staff are selected and trained to meet the job requirements. Management described the annual financial planning process for each financial year and the financial delegation system for in and out of budget expenses. Facility managers are informed of legislative changes, and training is organised and conducted for all appropriate staff. Consumers and representatives said they are encouraged to participate in feedback, surveys and meetings which drive continuous improvement.

For the reasons detailed above, I find requirement (3)(c) 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)