**Performance**

**Report**

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| Name of service: | Parkinson's South Australia Incorporated |
| Service address: | 23A King William Road UNLEY SA 5061 |
| Commission ID: | 600450 |
| Home Service Provider: | Parkinson’s South Australia Incorporated |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 12 December 2022 |
| Performance report date: | 14 February 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 Parkinson's South Australia Incorporated (**the service**) has been prepared by M Balukovska, 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

**CHSP:**

* Specialised Support Services, 4-7XB8YXP, 23A King William Road, UNLEY SA 5061
* Community and Home Support, 24577, 23A King William Road, UNLEY SA 5061

# 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 and others

# 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 6** Feedback and complaints | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Non-compliant |
| **Standard 8** Organisational governance | Non-compliant |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Requirement 7(3)(d)** The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

**Requirement 8(3)(c)** Effective organisation wide governance systems relating to the following:

(i) information management;

(ii) continuous improvement;

(iii) financial governance;

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities;

(v) regulatory compliance;

(vi) feedback and complaints.

**Requirement 8(3)(d)** Effective risk management systems and practices, including but not limited to the following:

(i) managing high impact or high prevalence risks associated with the care of consumers;

(ii) identifying and responding to abuse and neglect of consumers;

(iii) supporting consumers to live the best life they can

(iv) managing and preventing incidents, including the use of an incident management system.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | 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 |

Findings

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

• Introducing improvements such as a revised, comprehensive assessment and care planning template for social support consumers.

• Providing service specific assessments which include individual consumer’s risks and strategies to mitigate risks at the point of care for the social group consumers.

• Conducting regular reviews of care for consumers at the social support groups.

• Providing relevant policies and procedures to guide staff completing assessments and reviews.

The service evidenced intake processes for new social support consumers have had significant improvement. The service has now implemented an intake and triage process when onboarding new consumers. Consumers’ assessment and care planning templates for the social support groups have been revised and evidenced comprehensive consumer information can be collected. For example, the revised form named, ‘Client detail and referral form’ includes functional assessments, a falls efficacy scale, psychosocial assessments, general health details, allergies, consumer goals, outcomes and review dates.

Consumer files sampled included a comprehensive nursing assessment, any risks identified in the nursing assessment are not noted in service specific assessments for the social group consumers.

While staff and volunteers at social support groups are not expected to have clinical training or skills, any key/risk information which may potentially impact on the safety of a consumers’ care and services are not documented or known by social group staff and volunteers. The service provides services in a social group setting, staff and volunteers are aware of key risks identified for consumers.

Management indicated the privacy of consumers’ information is important and this restricts what consumer information can be provided to volunteers.

• Management said all staff and volunteers would ring an ambulance if there was an adverse event and this was evidenced in an incident form reviewed.

• However, the Assessment Team observed a preventative risk mitigation/monitoring approach for each consumer with specific care needs do not occur.

Following feedback with management, they raised a service improvement to provide relevant consumer information detailing any potential risks to consumers’ health and wellbeing for consumers who attend social support groups.

• Management advised staff and volunteers will have access to this information which will be sent to the client and community engagement manager monthly.

• Management said training will be provided on use of the form which will be in use from January 2023. Training will also provide refresher training on roles and expectations of volunteers.

• In addition, management will conduct a survey to ask consumers to self-identify and report any of their own health risks until outstanding reviews of consumers’ care needs can be completed.

Management advised they identified post quality audit June 2022 that review processes needed improvement and have included a review date on the intake form being introduced from January 2023. In addition, a policy and procedure document relating to assessment and review is being developed.

• To assist with outstanding reviews, management said they are recruiting an occupational therapist in January 2023 who will conduct these outstanding reviews.

# Standard 6

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

Findings

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

• Feedback and complaints are reviewed and used to improve the quality of care and services.

• Consumers sampled were confident that they could provide feedback and indicated that staff would improve services if required.

• The service evidenced a comments, complaints and suggestion register in use by staff and management. The register from July to November 2022, detailed the comments or concerns raised by consumers, actions taken and timely resolution and recorded consumers’ satisfaction.

• The register is reviewed and discussed at management and staff meetings.

• Staff meeting minutes on 5 September 2022, included topics including continuous improvement opportunities, comments and complaint trends and outcomes.

• Staff completed recording and registering of comments, complaints and suggestions training on 8 July 2022. Training for volunteers has not occurred. However, in relation to comments, complaints and suggestions, volunteers were able to describe appropriate actions such as passing any consumer concerns to management as required.

• A feedback, comments, complaints and grievances policy includes an overview of how to assist consumers to provide feedback, comments and complaints and the recording of feedback, the investigation and outcome in a register.

• Management provided examples of feedback that has led to improvements for consumers. Examples included seeking feedback from consumers around topics for the wellbeing program and social groups and other examples of seeking alternative venues to improve consumers’ physical access to social venues.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |

Findings

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

• Not adequately demonstrating that the workforce, including volunteers are trained, equipped and supported to deliver the outcomes required for the quality standards.

• Management could not evidence an effective system to track staff progress and completion of each staff member’s training. A staff training register is available however this has not been completed.

While all volunteers felt comfortable to contact management if they had a concern, there have been no formalised training for volunteers, including those who are unsupervised when facilitating consumer social groups.

• Volunteers reported a recent one to one meeting with management to advise of changes in 2023 which will include 3 meetings annually.

• A volunteer induction manual provides a general organisation overview and no service specific guidance such as incident reporting and elder abuse.

• One of 3 volunteers interviewed did not have an awareness of incident reporting. As a consequence, when incidents occur for consumers, such as coughing and choking during meals, these are not reported to management to allow a review of the consumers’ care needs.

• A volunteer when asked about elder abuse said this would not be possible due to the dependence of the consumer. However, they could confirm they would report any suspicions to management.

• Elder abuse training and incident reporting has not occurred for volunteers.

Management advised staff will complete mandatory training topics on 19 December 2022 and this will include training in the use of the new assessment form.

• The service has not reviewed and updated policies and procedures to guide staff in assessment, review and incident reporting.

While staff have access to training opportunities, the service could not evidence an effective system to monitor staff progress and completion. The service could not evidence how volunteers who facilitate social support groups are trained, equipped and supported to deliver the outcomes of this requirement.

# Standard 8

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| Organisational governance | | 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. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Non-compliant |
| 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 |

Findings

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

• Not evidencing improvements in information management and workforce governance.

• Not evidencing how volunteers who facilitate social support groups are trained, equipped and supported to deliver the outcomes of this requirement.

• Information on consumers’ assessed care needs, including consideration of risks is not available to guide staff and volunteers in the provision of safe care and services at the social support groups.

• Volunteers rely on information the consumer may share with them.

• The service was unable to evidence regular consumers’ reviews occur.

• The service has not reviewed and updated policies and procedures to guide staff in assessment, review and incident reporting.

• While staff have access to training opportunities, the service could not evidence an effective system to monitor staff progress and completion.

Improvements include use of a feedback, comments and complaints register and staff training on recording and registering consumers’ feedback. Training for volunteers has not occurred. However, volunteers were able to describe appropriate actions. Management provided examples of feedback that has led to continuous improvements for consumers.

While the service demonstrated improvements in intake processes and development of a comprehensive consumer assessment template and a consumer information template for social group consumers, these tools have not been implemented at the time of the assessment contact. These tools will be introduced in January 2023.

The organisation is able to demonstrate risk management systems are in place across the organisation. However, service specific assessments did not evidence risks are identified and provided at the point of consumers’ care, for example for consumers attending social support groups.

• There is an organisational wide risk management policy and framework which refers to commercial, compliance and strategic risks and responsibilities, including those of employees to identify and escalate risks to relevant areas.

• Risk management documents, including incident/accident investigation policies generally relate to incidents that occur for staff. There is minimal reference to consumers. Management advised these policies are under review.

However, while the organisation has risk management systems in place, these are ineffective at the point of care for consumers attending social support groups. For example:

• While some of the consumers’ files sampled included a comprehensive nursing assessment, any risks identified in the nursing assessment are not noted in service specific assessments for the social group consumers, and therefore individual consumer’s risks and strategies to mitigate risks are not available to guide staff and volunteers.

• While staff and volunteers at social support groups are not expected to have clinical skills, any key/risk information which may potentially impact on the safety of a consumers’ care and services are not documented or consistently known by social group staff and volunteers.

• Not all consumers who attend social support groups have their care and services reviewed regularly for effectiveness and any changes to confirm services are appropriate for the consumer’s need.

• Not all volunteers, including those who work unsupervised, were aware of the need to report any consumer changes to management including when consumers are coughing and choking. One volunteer did not have an understanding of any signs of elder abuse, although would report any suspicions to management.

Where clinical care is provided a clinical governance framework demonstrates shared responsibilities and accountabilities for safe, clinical care. There is triaging of consumers by allied health staff and appropriate referrals as required.

A clinical nurse described assessment processes and supports for consumers from diagnosis through consumers’ disease progression. Consumer information is reported to management and there have been discussions on strengthening the quality of clinical information provided and benchmarking.

• Allied health staff meetings minutes evidenced multidisciplinary case conferences included learning opportunities for staff. Management and allied health staff also discussed daily ‘huddles’ in relation to consumers’ care needs.

• The service does not have an open disclosure policy. However, open disclosure principles were evidenced in consumers’ feedback, comments, complaints and suggestions register. Consumers interviewed felt confident any concerns they may raise would be appropriately and openly dealt with by the service.

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)