**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: | 7 June 2023 |
| Performance report date: | 4 July 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 A. Grant, 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 1 Consumer dignity and choice | Not Applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Applicable** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **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)**

* Track training requirements and completion for volunteers;
* Ensure all volunteers undertake and complete mandatory training; and
* Training involving incident reporting for volunteers.

**Requirement 8(3)(c)**

* Improve overall information management.
* Reviewing and updating policy and procedure documents; and
* Capture relevant risk mitigation strategies in initial care plans.

**Requirement 8(3)(d)**

* Improve effective risk management systems and practices to identify and respond to risk at point of care; and
* Review/update WH&S incident reporting policies.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | **Not applicable** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **Not applicable** |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | **Not applicable** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Non-compliant** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Not applicable** |

Findings

Evidence analysed by the Assessment Team showed the service could not adequately demonstrate that volunteers are trained, equipped and supported to deliver the outcomes required for the quality standard. Though the Assessment Team acknowledge that management have implemented a range of tools to track staff training progress and completion, it has failed to deliver this suite of strategies for its volunteer base.

While all volunteers interviewed stated they felt comfortable in contacting management if they had a concern, all acknowledged they had not received any training. Three of three volunteers interviewed by the assessment team did not have an awareness of incident reporting, with one volunteer facilitator stating, ‘choking is so common with Parkinson’s that it would result in too many reports’, adding they ‘wouldn’t know how to even if they did’ (need to report an incident).

Evidence analysed by the Assessment Team showed the mandatory training matrix for volunteer facilitators provided still had a status of ‘required’, with none of the services’ volunteers receiving mandatory training in topics, including:

* National Safety and Quality Health Service (NSQHS) Standards;
* Elder Abuse;
* Aged Care Quality Standards;
* Parkinson's Disease;
* Manual Handling Safety; and
* Communicating Effectively with People with Disability.

A second volunteer training list provided to the Assessment Team identified that of eleven volunteers, three were added to the list on 6 February 2023, with the remainder added the first day of the current audit, 7 June 2023.

Management advised that volunteers are scheduled to participate in relevant training once added to the services relevant software system, in the second half of 2023. Induction training is being planned for new facilitators, with proposed training to commence from 1 July 2023. Further training sessions are planned in October 2023 and January 2024.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |

Findings

*Requirement 8(3)(c)*

Evidence analysed by the Assessment Team showed the organisation could not evidence improvements in information management, with the Assessment Team identifying a number of policy and procedure documents with specified review dates that had not been met. The services OHS&W Incident Reporting and Investigations Policy had a review date of July 2015, which had not been actioned. Management acknowledged that the executive team are still undertaking policy and procedure updates, with a confirmed date of completion unable to be provided at time of audit.

Evidence analysed by the Assessment Team showed the service could evidence improvements in workforce governance with the retention of a dedicated Chief of Client and Patient Services to oversee all client care services. The Chief of Client and Patient Services advised, the development of a robust clinical governance framework strategy is a priority and was being implemented, however a confirmed date of expected delivery was unavailable at time of audit. Under the proposed framework, mandatory and compliance training was expected to be incorporated for both staff and volunteers, however a delivery date was unavailable at time of audit.

Evidence analysed by the Assessment Team showed the Assessment Team viewed initial care plans and subsequent support and wellbeing assessments that failed to capture relevant risk mitigation strategies at point of care, delivered by volunteer facilitators. Refer to Standard 8, requirement (3)(d) for further information. Management advised that the Support and Wellbeing Assessment has only started being rolled out following feedback for improvement from the last assessment and will take time to roll out across all groups.

*Requirement 8(3)(d)*

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate effective risk management systems and practices are in place to identify and respond to risk at point of care, for example consumers attending social support groups.

Evidence analysed by the Assessment Team showed the service has delivered training to staff across a suite of risk management areas, as evidenced in the services training software and oversight systems, see Standard 7, requirement (3)(d). However, this training is yet to be delivered to volunteers who provide point of care, for example at social support groups.

Evidence analysed by the Assessment Team showed the service was able to evidence regular consumer reviews occur with the Assessment Team viewing supporting notes through their software care platform and associated addendums. The service could demonstrate the implementation and use of both a consumer assessment template for social support groups and Aged Care Training Passports used by staff for training purposes, however noted that this is yet to be delivered for their volunteers.

While staff and volunteers at social support groups are not expected to have clinical skills, any key/risk information which would potentially impact on the safe delivery of care and services is not documented or available in sufficient detail. The most recent WH&S Incident Reporting Policy had a review date of July 2015, which has not been actioned. This policy has not been cited by Volunteers.

While it has been noted that the service has recently had training in Elder Abuse, this training has not been extended to volunteers. Volunteers also expressed concern that they were not able to recognise various signs of elder abuse. Management have advised that a training plan will commence on 1st July 2023 for current volunteers. This plan confirms that to date, training for volunteers has not been implemented.

Evidence analysed by the Assessment Team showed the Assessment Team viewed consumer care plans and ongoing assessment information, identifying information gaps on consumers assessed care needs, including consideration of risks available to guide staff and volunteers in the provision of safe care at the services social support groups. The Assessment Team viewed four care plans and one corresponding Support and Wellbeing Assessment document for social support group activities, noting:

* The care plan for Consumer A captured identified risks in initial assessment including difficulties in chewing and falls risks, however this information, in conjunction with appropriate risk mitigation strategies was not reflected in a Support and Wellbeing Assessment documents.
* The initial assessment for Consumer A captured identified social anxiety identifiers yet failed to capture any mitigation strategies to support them in the event of a triggered anxiety incident.
* The initial assessment for Consumer B identified swallowing concerns, which were not reflected in a Support and Wellbeing Assessment.

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

* Not evidencing improvements in information management. It has been noted that there have been improvements in workforce governance, however this largely relates to staff and not volunteers. Information relating to consumer well-being is slowly being implemented;
* Not evidencing how volunteers who facilitate social support groups are trained, equipped and supported to deliver the outcomes of this requirement;
* Not demonstrating how volunteers are aware of how to report incidents in line with service procedures; and
* Not reviewing and updating policies and procedures to guide staff in incident reporting.

Risk management systems are in place, though are ineffective for consumers attending social support groups. For example:

* Some consumer files sampled included comprehensive nursing assessments. Any risks identified in these assessments are not noted in service specific assessments for social group consumers. Individual consumers 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; and
* Volunteers weren’t aware of the need to report consumers changes to management including when consumers are choking.

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)