**Performance**

**Report**

**1800 951 822**

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| Name: | Parkinson's South Australia Incorporated |
| Commission ID: | 600450 |
| Address: | 23A King William Road, UNLEY, South Australia, 5061 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | 29 February 2024 to 1 March 2024 |
| Performance report date: | 27 March 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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8180 Parkinson's South Australia Incorporated  
Service: 24577 Parkinson's South Australia Incorporated - Community and Home Support

**This performance report**

This performance report for Parkinson's South Australia Incorporated (**the service**) has been prepared by P.Frangiosa, 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.

# 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 29 February 2024 to 1 March 2024 was informed by review of documents and interviews with staff, consumers/representatives and others.
* the performance report dated 4 July 2023 in relation to the Assessment Contact – non-site undertaken 7 June 2023.

The provider did not submit a response to the Assessment Team’s report for the Assessment contact (performance assessment) – non-site.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| 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 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 Assessed |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Not Assessed |
| 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 Assessed |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Assessed |

Findings

Requirement (3)(d) was found non-compliant following an Assessment Contact (performance assessment) undertaken from 7 June 2023 as the service did not demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

The Assessment Team’s report for the Assessment Contact undertaken on 29 February 2024 to 1 March 2024 included evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to, training on the Charter of Aged Care Rights, training on the Quality Standards, and advice provided to staff and volunteers on the revised complaints/incidents reporting process.

The Assessment Team found these improvements were effective and recommended Requirement (3)(d) met. The Assessment Team provided the following evidence relevant to my finding:

* Documentation showed training on the Serious Incident Response Scheme (SIRS) was provided to staff, in conjunction with a suite of aged care specific targeted training.
* Documentation showed staff have been provided with information about the Quality Standards, including the intent of the Quality Standards, expectations for service performance and guidance materials to ensure staff understand the level of service and care to which consumers are entitled.
* Documentation showed staff and volunteers are recruited, trained and equipped for their role, prior to commencing providing services for consumers, with induction, orientation, and ongoing support and mandatory training programs completed.

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

# 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 Assessed |
| 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 Assessed |
| 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 |
| 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. | 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 Assessed |

Findings

Requirements (3)(c) and (3)(d) were found non-compliant following an Assessment Contact (performance assessment) – non-site on 7 June 2023, as the service did not demonstrate:

* Effective governance systems in relation information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.
* Effective risk management systems and practices

The Assessment Team’s report for the Assessment contact undertaken on 29 February to 1 March 2024 includes evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to:

* Continuous improvement has been embedded in the service’s Quality improvement policy and Feedback and complaints management policy.
* Staff were provided training on the Quality Standard and the Charter of Aged Care Rights.
* The incident management system has been reviewed and streamlined, with incident reports completed and recorded on the incident register.
* The service has introduced mid and annual years performance reviews to monitor performance and progress.
* Meeting agendas have incorporated continuous improvement as a standing agenda item.
* The feedback and complaints process has been consolidated with information now held in a central place to support trending and analysis by management.
* The Board is provided with an overview of feedback, complaints and suggestions made by consumers and trends are discussed and addressed.

The Assessment Team found these improvements were effective and recommended Requirements (3)(c) and (3)(d) met. The Assessment Team provided the following evidence relevant to my finding:

*Information management*

* The service has policies and procedures in place to guide information management.
* There are various communication methods and record management processes to manage and communicate information appropriately, with information stored securely, for both staff and consumers.
* The introduction of tailored communication methodology to support consumers with cognitive impairments.

*Continuous improvement*

* Continuous improvement is embedded as a standing agenda item in monthly meetings.
* The introduction of a quality improvement policy to identify and collect information across of areas of improvement.

*Financial governance*

* The service has financial governance systems and processes in place to manage the finances and resources that the organisation needs to deliver care and services.

*Workforce governance*

* Management plans the workforce to ensure there are sufficient staff to provide services and to support operation and administrative functions.
* Staff and volunteers have clear responsibilities and are aware of the functions carried out by others.

*Regulatory compliance*

* Staff have received training on the Quality Standards and the Charter of Aged Care Rights.
* Management maintains up to date information on legislative, funding and program guidelines.
* Management and staff subscribe to Aged Care Quality and Safety Commission and Department of Health and Aged Care updates and bulletins.

*Feedback and complaints*

* The feedback and complaints are a standing agenda item in meeting agendas and reported regularly.
* The Board reviews feedback and complaints trends, via a service improvement committee.

*Effective risk management systems and practices*

* The service has processes for monitoring and reviewing its risk management systems and processes.
* SIRS has been incorporated into the risk management system processes and practices.
* Documentation showed incidents are reported, responded to and strategies developed to prevent recurrence.
* The service has policies and procedures in place regarding harm prevention and identifying elder abuse.
* Consumer risk is considered as part of assessment and service planning.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(c) and (3)(d) in Standard 8 Organisational governance.

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)