**Performance**

**Report**

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| Name: | Royal District Nursing Service of SA Inc |
| Commission ID: | 600038 |
| Address: | 1 Richmond Road, KESWICK, South Australia, 5035 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | 23 October 2024 to 24 October 2024 |
| Performance report date: | 9 December 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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 2857 Royal District Nursing Service of SA Incorporated  
Service: 18562 RDNS Metropolitan South  
Service: 18563 RDNS Metropolitan West  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7550 Royal District Nursing Service of SA Limited  
Service: 27251 Royal District Nursing Service of SA Limited - Care Relationships and Carer Support  
Service: 24943 Royal District Nursing Service of SA Limited - Community and Home Support

**This performance report**

This performance report has been prepared by G.McNamara, 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 services it operates, 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 report was informed by review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 7 November 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 7 Human resources | Not applicable as not all requirements were assessed |
| **Standard 8** **Organisational governance** | **Not applicable as not all requirements were assessed** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 7 Human resources | Not applicable as not all requirements were assessed |
| **Standard 8** **Organisational governance** | **Not applicable as not all requirements were 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 | | HCP | 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. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |

Findings

Arising out of a Quality Audit from 6 to 7 March 2024, on 5 May 2024 a Delegate found that the provider was not compliant with requirements 7(3)(a) and 7(3)(c). The Delegate indicated that the provider needed to implement and embed effective and sustainable improvement actions to ensure an effective workforce governance system that enables sufficient staffing levels to deliver safe, quality and consistent care and services, and consistent staff understanding and knowledge in all aspects of care and services, including dignity of risk and restrictive practices.

Based on the information reviewed, summarised below, I find the provider is now compliant with these requirements. As not all requirements of this Standard were assessed a finding at the Standard level has not been made.

Requirement 7(3)(a)

Since the Quality Audit the provider has been planning its workforce to ensure delivery of safe and quality services for consumers. Consumers and representatives advised that they were very happy with the staff that attend to their services. While eight of the 10 consumers and representatives interviewed stated that the turnover in the coordinators had meant that they didn’t know who to call if an issue arose, and that they rang a central intake line and waited for a coordinator to take their call, 5 of 8 consumers described an improvement in the communication in the recent months. Further, most consumers and representatives were satisfied with the services delivered by the care staff. Consumers and representatives explained that staff turn up within a service window timeframe and have experienced infrequent rescheduling.

Care staff described having enough time to complete tasks and being well supported by management. Management described the changes over the last several months to the leadership and workforce in relation to the issues previously identified. The documentation reviewed showed that the provider had tracked a downward trend in unfilled shifts from April to September 2024 showing an average drop of 25% over this time.

Consumer and representative feedback included that carers communicated well and provided good care, that communication has improved when services needed to change, that most staff arrive within the service timeframe or if they do not there is a call to inform them of the changes, that their coordinator is very responsive, and that staff are reliable.

Four of the 5 staff interviewed had recently commenced employment with the organisation. Once they had completed their induction, they met with their team leader to reflect on their competence and confidence to provide safe and quality care and services. All 5 stated they have 1 to 1 meetings with their team leaders, and can discuss issues and concerns about their work regarding services.

Management identified the range of improvements they had undertaken, including:

* an increase in their leadership team which has helped them to better support their care workers
* investigating improved client management systems while, in the interim, optimising current software by supplementing it with spreadsheets with accurate staff availability, data which is checked and updated regularly
* staff consultations in June 2024 to get an accurate picture of staff availability, optimise their rostering, and improve staff matching to services
* establishing a workforce committee in July 2024 to assess the current and future workforce to meet consumer needs
* recruiting additional HCP coordinators and piloting a program with 4 CHSP coordinators, and increased care worker numbers between March and October 2024; and
* clarifying that services can be provided on public holidays if requested or required

An unfilled shift report demonstrated an appreciable, downward trend in unfilled shifts between April and September 2024.

The provider was asked to submit information on the sustainability of these improvements and its processes for monitoring the effectiveness of these enhancements. I have reviewed that response and find, on balance, that sufficient processes are in place, but that some improvements are ongoing.

The provider is encouraged to ensure these planned improvements are fully implemented, and their effectiveness regularly reviewed.

Requirement 7(3)(c)

The provider has demonstrated that they have competent, qualified staff who have the knowledge and experience to perform their roles. Ten consumers and representatives indicated that the care workers are competent and good at their jobs. Staff described their induction and the mandatory training set out by the organisation. Management explained the mandatory training provided, and the increase in providing resources to staff to be able to undertake their roles. Documentation reviewed laid out the induction process, performance development, and supervision of staff.

Consumer and representative feedback included, for example, that that while one consumer did not like having strangers in their house, they stayed with the organisation as the staff member was very reliable and knew their job, and that the staff are competent.

Four of the 5 staff interviewed had recently commenced employment with the organisation. They described their induction as a combination of theory and hands on work. Once completed, they were then assigned buddy shifts to put the training into practice. They would then complete their induction booklet and meet with their team leader. All five staff interviewed stated that they have 1 to 1 meetings with their team leaders, and can discuss issues about their work and investigate extra training if required.

Management stated that all new staff have been started with their personal support services manual and that since July 2024 they had rolled out the manual to their existing staff.

Management introduced an induction booklet in 2024. Staff will use this book to track their induction training and buddy shifts. This will standardise the care and services delivered to consumers.

Management also stated that had provided extensive dignity of risk and restrictive practice training. The training has been updated and rolled out to all staff. Management reported that as of October 2024, 86% of all staff have completed the training and were on track for their target of 95% in January 2025. The staff manual has been updated to reflect this and that all staff are aware of when and how to escalate. Team leaders and coordinators have been upskilled with how to respond.

Although no improvements in wound care were identified as being required, improved training has been provided to staff for wound care assessment and management. As of June 2024, 99.1% of 348 all staff had completed the wound assessment and management training. Of 158 clinical staff 98% had completed the wound care modules.

Management has recently completed their staff consultation and supervision meetings with them. Management planned to enter these details into their system and have the annual appraisals set up at the end of November 2024.

Documentation of the induction pathway outlines the responsibilities of staff concerning such matters as risk management, serious incident reporting scheme, dignity of risk, restrictive practices, and documentation. The staff manual provided to staff reinforces that training.

While some improvements are still ongoing, I am satisfied that the provider has sufficient processes are in place to ensure the sustainability of these improvements and to monitor their effectiveness. However, the provider is encouraged to ensure these planned improvements are fully implemented, and their effectiveness regularly reviewed.

# Standard 8

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| Organisational governance | | HCP | 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

Arising out of a Quality Audit from 6 to 7 March 2024, on 5 May 2024 a Delegate found that the provider was not compliant with this requirement in relation to governance systems regarding workforce governance. No concerns were identified in relation to all other sub-requirements of this requirement.

The Delegate indicated that the provider needed to implement and embed effective and sustainable improvement actions to ensure an effective workforce governance system that enables sufficient staffing levels to deliver safe, quality and consistent care and services; and consistent staff understanding and knowledge in all aspect of care and services, including dignity of risk and restrictive practices.

Based on the information reviewed, summarised below, I find the provider is compliant with requirement 8(3)(c). As not all requirements of this Standard were assessed a finding at the Standard level has not been made.

Most consumers and representatives reported satisfaction with the direct care and services provided by care and domestic workers. Consumers and representatives reported staff turned up within the service window timeframe provided. They confirmed experiencing infrequent rescheduling of services; however, some consumers and representatives shared that improvements could be made to narrow the service window timeframe and the consistency of care coordinators.

Staff interviewed reported receiving a 2 day induction, orientation and training. They stated they felt adequately equipped and supported to perform effectively in their roles. The training included practical aspects relating to hand hygiene and personal protective equipment. Staff explained supervisors were supportive and any additional training identified was provided as required.

The provider had engaged a preferred allied health subcontractor which reduced consumer wait times. The subcontractor interviewed discussed the triage process used to ensure urgent referrals were prioritised.

The workforce committee was established in July 2024 as a result of the Quality Audit conducted in March 2024. This committee reported to the Best Care committee, a Board subcommittee.

Additional improvements included increased staffing levels, training on dignity of risk and restrictive practices, and an updated staff manual, which I have detailed in relation to Standard 7 requirements 7(3)(a) and 7(3)(c).

It was identified there was sizeable drop in unfilled shifts from April 2024 to September 2024, and a downward trend in unfilled shifts between April and September 2024.

The provider was asked to submit information on the sustainability of these improvements and its processes for monitoring the effectiveness of these enhancements. I have reviewed that response and find, on balance, that sufficient processes are in place, but that some improvements are ongoing.

The provider is encouraged to ensure these planned improvements are fully implemented, and their effectiveness regularly reviewed.

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)