**Performance**

**Report**

**1800 951 822**

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| Name of service: | Spinal Advisory Service - Spinal Disabilities |
| Service address: | 109 Logan Road WOOLLOONGABBA QLD 4102 |
| Commission ID: | 700379 |
| Home Service Provider: | Spinal Injuries Association Inc. |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 29 August 2023 |
| Performance report date: | 3 November 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 Spinal Advisory Service - Spinal Disabilities (**the service**) has been prepared by Gill Jones, 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:**

* Community and Home Support, 24745, 109 Logan Road, WOOLLOONGABBA QLD 4102

# 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.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **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 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Not applicable | Compliant |

Findings

A quality audit was conducted from 27 March 2023 to 29 March 2023. On 5 May 2023 the service was found to be non-compliant in this requirement. The service was unable to demonstrate each consumer was receiving current and accurate information to ensure they are fully informed about their rights and responsibilities (CHSP program manual 6.1.2), and the external complaints mechanisms available to them through the Commission.

An assessment contact - desk was conducted on 29 August 2023. During this assessment contact the service provider provided evidence they have addressed this issue by revising the information available to consumers. The service was able to demonstrate information provided to consumers is accurate and in line with program requirements.

The provider did not provide a response to the Assessment Team’s report. Having considered the information in the Assessment Team’s report I find Requirement 1(3)(e) compliant.

# Standard 7

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| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not applicable | Compliant |

Findings

A quality audit was conducted from 27 March 2023 to 29 March 2023. On 5 May 2023 the service was found to be non-compliant in this requirement. The issues identified were the service did not demonstrate the workforce had received relevant training to deliver the outcomes required by these standards. Staff had not received training on the Aged Care Quality Standards nor the Serious Incident Response Scheme (SIRS) requirements and reporting obligations.

An assessment contact - desk was conducted on 29 August 2023. During this assessment contact the service provider provided evidence they have addressed this issue by providing staff with comprehensive induction to their work role and subsequent education and training on the Standards relevant to their role. All staff have received training on their responsibilities in relation to incident management and the use of the incident management system to support oversight and reporting obligations. In addition, staff have completed initial and annual refresher training on code of conduct, privacy, feedback and complaints, incident management, information management and professional boundaries.

The provider did not provide a response to the Assessment Team’s report. Having considered the information in the Assessment Team’s report I find Requirement 7(3)(d) compliant.

# 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. | Not applicable | 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 | Compliant |

Findings

A quality audit was conducted from 27 March 2023 to 29 March 2023. On 5 May 2023 the service was found to be non-compliant in Requirement 8(3)(c) and Requirement 8(3)(e).

Requirement 8(3)(c)

With regard to Requirement 8(3)(c) the service was found non-compliant because the service did not demonstrate effective governance in respect of regulatory compliance to ensure the service meets the requirements. Consumers were not provided with the Charter of Aged Care Rights. Education and training on the Aged Care Quality Standards and the Serious Incident Response Scheme (SIRS) requirements had not been provided to ensure staff understanding of the regulatory requirements and their responsibilities.

An assessment contact - desk was conducted on 29 August 2023. During this assessment contact the service provider provided evidence they have addressed this issue by providing staff with training on the Aged Care Quality Standards and SIRS. Consumers have been provided with the Charter of Aged Care Rights. Management subscribe to notifications and updates from the Department of Health and Aged Care and the Aged Care Quality and Safety Commission to ensure they are aware of their regulatory compliance responsibilities.

As a continuous quality improvement measure the service uses the ‘Standards and Performance Pathways’ (SPP) product to support organisational compliance and self-assessment against various standards and regulations. Management advised they completed a self-assessment against the Aged Care Quality Standards following the quality audit conducted in March 2023, and that further self-assessment is planned to commence in December 2023. A copy of the continuous improvement register shows a clinical governance framework has been documented and uploaded to the new quality management system. The new quality management system will manage overall compliance including incidents and continuous improvement activities plus day to day operations. Staff can readily access policies and procedures and report feedback and incidents. The new system will allow the organisation to commence collecting a range of data and analyse trends to inform quality improvement.

The provider did not provide a response to the Assessment Team’s report. Having considered the information in the Assessment Team’s report I find Requirement 8(3)(c) compliant.

Requirement 8(3)(e)

With regard to Requirement 8(3)(e) the service was found non-compliant on 5 May 2023 because the service did not demonstrate a robust clinical governance framework to guide staff and ensure the organisation had oversight of the outcomes for consumers. Detailed discussions relating to a consumer’s care, including complex aspects, and decision-making rationale were not documented.

An assessment contact - desk was conducted on 29 August 2023. During this assessment contact the service provider provided evidence they have addressed this issue by implementing a clinical governance framework. The framework sets out monitoring and reporting activities, including compliance with professional requirements, scope of practice tracking, maintaining a clinical incident reporting system and risk management register, clinical audit activity reports, competency-based performance assessments and utilising consumer satisfaction reports to gauge service performance.

The clinical governance framework states that the organisation’s allied health service is not responsible for the prescription or administration of antibiotics or antifungal medications under the banner of antimicrobial stewardship. Management advised there is not any restrictive practice in place for CHSP consumers. A copy of the abuse, neglect and exploitation policy was provided for the purpose of the assessment contact, which sets out the organisation’s commitment, client’s rights and the preventative actions in place. The clinical governance framework describes open discussion with consumers as standard practice.

The provider did not provide a response to the Assessment Team’s report. Having considered the information in the Assessment Team’s report I find Requirement 8(3)(e) compliant.

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)