**Performance**

**Report**

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| Name: | Sri Om Care |
| Commission ID: | 201359 |
| Address: | 39-41 Clower Avenue, ROUSE HILL, New South Wales, 2155 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 20 August 2024 to 21 August 2024 |
| Performance report date: | 25 September 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: 9327 Sri Om Foundation Limited  
Service: 27058 Sri Om Foundation Limited

**This performance report**

This performance report has been prepared by J Durston, 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) – site report was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 10 September 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements were assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements were assessed** |
| **Standard 8** Organisational governance | **Not Compliant** |

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# 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 8(3)(d) - the provider is to ensure there are effective and comprehensive management systems and processes, roles and responsibilities in place for effective incident and risk identification and management, including incident reporting, root cause analysis, determination and implementation of mitigation strategies, risk recording, trending, and analysis and mitigation at the individual consumer and organisational level.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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 |

Findings

**Compliant Requirements**

Requirement 2(3)(a)

The service was previously found non-compliant in Requirement 2(3)(a) following a Quality Audit from 10 January 2024 to 11 January 2024. The service did not demonstrate the assessment and planning process considers all health-related risks to the consumer to guide the delivery of safe and effective care. Validated assessment tools were not used to assess risks associated with the consumer’s clinical care needs, and the service did not have policies and procedures to guide staff practices in risk assessment to inform effective care planning.

During the Assessment Contact conducted on 20 August 2024 to 21 August 2024 the Assessment Team found the service’s plan for continuous improvement contained a range of planned and completed actions to return to compliance in this requirement.

During the Assessment Contact, the Assessment Team found consumers and representatives said they were satisfied with the assessment and planning process. The service uses a comprehensive assessment form, risk and vulnerability screening tool, falls risk screening tool, and environmental risk assessment. Care documentation included identification of risks associated with consumer’s care and individualised mitigation strategies. The service has employed 2 registered nurses for (each) for 2 days per week, with experience across residential aged care and acute geriatric care. The service’s assessment tools including the comprehensive assessment form and risk and vulnerability screening tool, comprehensively cover the major domains of health and wellbeing for the consumers. For new consumers a registered nurse and a care coordinator both attend a home visit, to complete a detailed assessment to inform care planning. The service was appropriately triaging consumers based on identified needs and risk. At the time of the Assessment Contact, the service had not finalised the implementation of validated assessment tools for skin integrity, wounds, pain, and continence. However, the registered nurses were using their professional knowledge and experience to inform relevant risk mitigation strategies for consumers. The service confirmed implementation of additional validated assessment tools will occur when they finalise their policy and procedure that are currently under review.

Based on the evidence provided, I am satisfied the service is compliant with Requirement 2(3)(a).

# Standard 7

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

Findings

**Compliant Requirements**

Requirement 7(3)(d)

The service was previously found non-compliant in Requirement 7(3)(d) following a Quality Audit from 10 January 2024 to 11 January 2024. The service did not demonstrate the workforce was recruited, trained, equipped, and supported to deliver the outcomes required by these standards. The recruitment process did not include systems for recording and tracking training attendance, completing employee reference checks, and banning order checks, and staff conducting consumer assessments did not necessarily have the required knowledge and did not have policies and procedures to do so.

During the Assessment Contact conducted on 20 August 2024 to 21 August 2024 the Assessment Team found the service’s plan for continuous improvement contained a range of planned and completed actions to return to compliance in this requirement.

During the Assessment Contact, the Assessment Team found the service has established effective processes for recruitment, onboarding, and both mandatory and needs-based training. The service has an electronic human resource management system that tracks current staff capabilities/competencies with alerts for when they are due to be renewed. Mandatory education is monitored and completed. A training program has been implemented, including online training materials from the Aged Care Learning Information Solution (Alis), in house face-to-face learning and online tutorials. Management confirmed they undertake police and reference checks and examine the banning list as part of their recruitment process and periodically check the list for existing employees. The service has employed 2 part time registered nurses with relevant residential aged care and geriatric care experience. Staff advised they were supported by management with sufficient training to enable them to perform their roles effectively.

Based on the evidence provided, I am satisfied the service is compliant with Requirement 7(3)(d).

# Standard 8

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| Organisational governance | | HCP |
| 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. | Compliant |
| 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. | Not Compliant |

Findings

**Findings of non-compliance**

Requirement 8(3)(d)

The service was previously found non-compliant in Requirement 8(3)(d) following a Quality Audit from 10 January 2024 to 11 January 2024. The service did not demonstrate effective risk management systems and practices. Multiple risks identified at the Quality Audit relating to organisational, workforce, and consumer risks were not previously identified by the organisation.

During the Assessment Contact conducted on 20 August 2024 to 21 August 2024 the Assessment Team found the service’s plan for continuous improvement contained a range of planned and completed actions to return to compliance in this requirement.

During the Assessment Contact, the Assessment Team found not all actions taken by the service in response to the non-compliance were fully implemented and some were still in development. The service’s updated PCI did not include who was responsible for actions or expected dates for completion. Some incidents including wounds and hospitalisations were not recorded in the incident register. The service has engaged experienced registered nurses to inform management of high impact, high prevalence risks for consumers, but there has not yet been sufficient time for review of clinical risk for every consumer at the service. Further the registered nurses were not familiar with the incident management process nor involved in the investigation and management of incidents. The service has scheduled training for the Serious Incident Response Scheme (SIRS) & elder abuse awareness. However, at the time of the Assessment Contact some support workers were not familiar with these terms and could not describe actions required beyond reporting to the care coordinator. The service has not yet fully implemented its risk and vulnerability register which currently includes 20 consumers. The Assessment Team acknowledged the actions already taken by the service to return to compliance in this requirement, but noted more time is required to ensure all incidents are effectively recorded and investigated and high impact high prevalence risks for all consumers are effectively managed, mitigated and prevented.

In their response to the Assessment Team report the provider advised it has further amended its PCI to include implementation of a clearer incident reporting process using templates and a client management system to ensure all incidents are recorded and escalated, and implementation training for staff. Registered Nurses will review and manage risks for all consumers through regular risk assessments and meetings. Mandatory training will be provided to all staff on SIRS and elder abuse reporting, and the risk and vulnerability register will be updated to include all consumers and to improve tracking of identified consumer risks.

I commend the provider for the actions it is implementing to strengthen the effectiveness of its risk management systems and processes, including the further improvements it has made to the PCI, which now contains persons/roles responsible for actions and realistic time frames for completion. However, I consider the service needs further time to ensure the changes are fully implemented and sustained in practice. Accordingly, I find Requirement 8(3)(d) non-compliant.

**Compliant Requirements**

Requirement 8(3)(b)

The service was previously found non-compliant in Requirement 8(3)(b) following a Quality Audit from 10 January 2024 to 11 January 2024. The service did not demonstrate the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The Board did not have oversight of the quality of care being provided. There was no formal reporting structure to the Board and it did not seek information on the service’s compliance with the quality standards, including care and service data trends and analysis.

During the Assessment Contact conducted on 20 August 2024 to 21 August 2024 the Assessment Team found the service’s plan for continuous improvement contained a range of planned and completed actions to return to compliance in this requirement.

During the Assessment Contact, the Assessment Team found the organisation demonstrated that its governing body fosters a culture of safe, inclusive, and high-quality care and services, and is accountable for their delivery. The service has effective mechanisms to manage organisation risk, including regular reporting to the governing body by the clinical governance advisory board, senior management and the consumer advisory committee, and a new quality care committee. The board now receives a formal monthly report that covers areas such as, staff training and movements, clinical incidents/risk and indicators, subcontractor arrangements, PCI actions, feedback and complaints, and staff appraisal information. The governing body oversees the quality of subcontracted services by closely monitoring and reviewing allied health referrals and the monthly report from allied services with recommendations for quality care.

Based on the evidence provided, I am satisfied the service is compliant with Requirement 8(3)(b).

Requirement 8(3)(c)

The service was previously found non-compliant in Requirement 8(3)(c) following a Quality Audit from 10 January 2024 to 11 January 2024. The service did not demonstrate the organisation has effective organisation wide governance systems in place relating to information management, continuous improvement, workforce governance, and regulatory compliance.

During the Assessment Contact conducted on 20 August 2024 to 21 August 2024 the Assessment Team found the service’s plan for continuous improvement contained a range of planned and completed actions to return to compliance in this requirement.

During the Assessment Contact, the Assessment Team found the service demonstrated substantial improvement in information management. Care documentation reviewed on the electronic care management system showed detailed and individualised care plans, clinical and risk assessments, and regular, frequent progress notes were being made relating to care and service provision.

The Assessment Team found the service has an updated PCI which identified actions relating to all areas of the Quality Standards. Actions identified in Standard 8 did not include who was responsible or target dates for completion. Continuous improvement is a standing agenda item at board meetings. Board meeting minutes dated 10 July 2024 showed the review of operational reports and how this information can inform continuous improvement.

In relation to financial management, the Assessment Team found management was aware of consumers with large amounts of unspent funding and described how they encourage consumers to utilise their allocated funding. Further, the service demonstrated it had implemented all actions in the PCI related to workforce governance such as improvements to recruitment checks and the delivery and management of staff training and monitoring mandatory staff training completions.

The Assessment Team found the service demonstrated they had implemented actions relating to regulatory compliance and integrated ongoing compliance into systems and processes for staff onboarding. Management described the service’s engagement with an aged care sector peak body to inform policy development.

Sampled consumers and representatives all said they could easily make a complaint if they needed to do so. Management demonstrated a sound understanding of the service’s complaint and feedback trends and could describe how this information informed continuous improvement.

Based on the evidence provided, I am satisfied the service is compliant with Requirement 8(3)(c).

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)