**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Wirraminna Care Home Care Packages |
| Commission ID: | 600614 |
| Address: | Lot 5 Memorial Drive, WILLIAMSTOWN, South Australia, 5351 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | 24 June 2024 |
| Performance report date: | 2 July 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

Home Care Packages (**HCP**) included:  
Provider: 235 Wirraminna Care Incorporated  
Service: 26459 Wirraminna Care Home Care Packages

**This performance report**

This performance report for Wirraminna Care Home Care Packages (**the service**) has been prepared by M Glenn, 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.

# 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, which was informed by review of documents and interviews with consumers, staff and management;
* the provider’s response received 28 June 2024 acknowledging the assessment team’s report and recommendations; and
* a performance report dated 23 November 2023 for a quality audit undertaken from 10 October 2023 to 11 October 2023.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 8 Organisational governance | Not fully 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 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | 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)(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. | Compliant |

Findings

Requirements (3)(a), (3)(c), and (3)(e) were found non-compliant following a quality audit undertaken in October 2023 as consumers were not supported or provided with sufficient opportunities to engage with the organisation in the development, delivery and evaluation of care and services; information management and regulatory compliance governance systems were not effective; and effective systems to maintain and improve the safety and quality of clinical care and improve outcomes for consumers were not demonstrated. At the assessment contact undertaken in June 2024, the organisation was found to have implemented a range of actions to address the non-compliance, with the assessment team recommending all three requirements met.

**Requirement (3)(a)** Consumers are involved in the design of the program and activities provided. A consumer advisory group has recently been developed, and related meeting minutes for March and June 2024 evidence consumer input into care and service delivery. Management said while attendance numbers at the consumer advisory group are currently small, they are addressing ways to increase participation numbers. The board has agreed to meet with consumers twice a year at the social group in order to have direct contact with consumers. Consumers said management and staff engage them during individual programs and services to ensure they are satisfied with the services provided. All consumers confirm they have been asked to participate in the recently formed consumer advisory group.

**Requirement (3)(c)** All consumer information is stored securely across multiple platforms, in line with legislative requirements, and electronic data is password protected and accessed with relevance to staff position and role. All policies and procedures are now available to staff, including clinical procedures and policies to guide clinical staff practice. Regular training is provided during staff meetings, with feedback gained through these meetings used to address shortfalls in staff understanding of the new software system. Management said staff are now more familiar with the use of the system, enabling them to access all required information to perform their role. Issues relating to the new software system not sending out monthly invoices have been rectified, and all consumers are receiving monthly statements and invoices, as required.

The organisation has effective processes to track changes to regulatory requirements and implement relevant changes. The organisation is keeping up to date with upcoming aged care reforms, including pending changes to the Quality Standards. The organisation has updated their pricing schedule on the website and have removed an additional assessment charge. All consumers receive an updated copy of their home care agreement when pricing schedules are changed. There are monitoring systems to track COVID-19 vaccinations, training, police checks, drivers’ licences and public liability insurance. All volunteers have undergone necessary training to perform their roles and responsibilities, and have also had registrations and appropriate police checks completed to ensure compliance with regulatory requirements.

There are effective continuous improvement systems and processes to assess, monitor and improve the quality and safety of care and services. A continuous improvement plan is maintained and includes improvements informed by consumer and staff feedback, actions identified from other external regulatory activities, policy and procedure review, and opportunities to upskill staff. Established financial management processes ensure appropriate financial governance for the delivery and oversight of HCP services. Board reports and meeting minutes show detailed reporting of finances for both the residential and home care service. There are duty statements and role descriptions for all positions, and updated policies and procedures available to staff to help deliver care to the requirements of the Quality Standards. A feedback and complaints register is maintained and shows the service monitors, responds to and tracks feedback data appropriately and in a timely manner. Staff meetings minutes and board reports show the service discusses feedback received and this information is reported to ensure the board has appropriate oversight.

**Requirement (3)(e)** The organisation now has an updated clinical governance framework, informed through policies and procedures, which references antimicrobial stewardship, minimising the use of restraint and the use of open disclosure.

There is an organisation wide governance system for preventing, managing, and controlling infections and antimicrobial resistance. Antimicrobial stewardship is discussed at medication advisory committee meetings, and appropriate training is included in the monthly training schedule. Information relating to antimicrobial stewardship is now being provided to consumers during assessment and/or review. There are systems and processes to minimise use of restraints. Policies and procedures are available to guide staff practice, and training, including identifying and minimising use of restraints is a mandatory requirement. The clinical governance framework, feedback and complaints policy, and incident policy reference the use of open disclosure within the organisation. Documentation, such as management meeting minutes and feedback and complaints data, shows open disclosure is practiced through the provision and delivery of services.

Based on the assessment team’s report, I find requirements (3)(a), (3)(c) and (3)(e) in Standard 8 Organisational governance, compliant.

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)