**Performance**

**Report**

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| Name: | Your Nursing Agency SA (YNA) |
| Commission ID: | 600581 |
| Address: | Unit 2/250 GLEN OSMOND Road, FULLARTON, South Australia, 5063 |
| Activity type: | Quality Audit |
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| Performance report date: | 27 February 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: 8921 Your Nursing Agency Pty Ltd  
Service: 26368 Your Nursing Agency Pty Ltd

**This performance report**

This performance report for Your Nursing Agency SA (YNA) (**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 quality audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, clients, representatives, and management;

The provider acknowledged the recommendations made by the assessment team.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# 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 |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Documentation showed care is provided in a way that respects clients’ culture and preferences. Staff understand clients’ backgrounds, know what is important to them, and how they like their care delivered. Clients and representatives said clients are treated with respect and receive care that values their culture.

Clients are supported to exercise choice, independence and make decisions about their care. Staff described how they support clients exercise choice and make decisions about services being provided. Clients and representatives said they are involved in making decisions about the services clients receive.

Risk assessments are completed with mitigation strategies documented and discussed to support clients to take risks. Clients and representatives feel clients are supported by the service to make decisions about their day-to-day life, including activities which involve risk.

Management provide information to clients and information regarding care is updated when changes to care are made and communicated to the client liaison. Clients described how the service communicates with them and said the monthly statements are accurate and easy to understand.

Staff understand privacy and confidentiality and client and information is used appropriately. Electronic care documentation is password protected and only clinic staff have access to sensitive clinical information. Clients said the service respects their privacy and confidentiality.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# 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 |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Staff described how initial assessments are conducted and risk mitigation strategies are discussed with clients and representatives. Clients and representatives confirmed that client assessments were completed, and their care needs discussed to ensure the care provided meets the health and well-being needs of clients.

Assessment and planning identify which care and services are important to clients, and advance care planning is discussed when required. Clients and representatives confirmed assessment and planning processes identify clients’ care and service needs, goals, and preferences.

Documentation showed clients, representatives, health professionals, and external providers were involved in assessment and planning processes when required. Clients and representatives said they are involved in making decisions about clients’ care and services.

Clients and representatives receive a copy of the care plan, which is discussed with them at commencement, and when any changes are made. Clients and representatives said they receive adequate information about the care and services provided and are informed of outcomes of assessments. Staff were knowledgeable about the care plan review process and clients are reassessed when circumstances change to ensure care plans remain current. Clients said they can rely on the service to amend care and services when required.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Examples of care provided to clients which is tailored to their health and well-being needs was provided by staff. Documentation showed personal and clinical care provided was reflective of care plans developed from assessments which identified needs and risks of clients. Clients and representatives confirmed that clients receive care and services which are tailored to their needs and preferences.

High impact or high prevalence risks are effectively managed, and staff were knowledgeable about clients and the strategies in place for managing these risks. Clinical staff described processes to identify high impact or high prevalence risks and acknowledged not all clients had mitigating strategies documented on their care plans. Clients and representatives confirmed the service ensures clients receive safe personal and clinical care.

Advance care planning and end of life wishes are considered on commencement of services; however, some clients do not wish to discuss end of life planning due to cultural and spiritual reasons. Extra support is provided to clients nearing end of life and palliative care services may be initiated with spiritual care provided if requested.

Processes are in place to report changes in clients’ health and documentation showed evidence of a client’s change in health being identified and actioned. Clients and representatives are confident staff would respond appropriately if they noticed a change in clients’ health.

Information about the condition, needs, goals and preferences of clients are consistently communicated within the organisation, and with others where responsibility of care is shared. Information is communicated verbally, through the mobile application, and documented in care plans kept at the clients’ home. Clients and representatives said staff know clients well and they do not need to repeat information about their needs and preferences.

Care plans and progress notes showed referrals to allied health services are made when a need is identified. Staff described the referral process and how clients are assisted to access referred service providers. Clients and representatives confirmed clients had been referred to health professionals when required.

Infection related risks are minimised through implementation of standard and transmission-based precautions. Staff use personal protective equipment and hygiene techniques to minimise the transmission of infection. Clients are confident staff are aware of infection control measures, including management of COVID-19.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Staff described what is important to clients and how they adapt services according to clients’ needs and preferences. Clients and representatives were satisfied clients’ independence, well-being and quality of life were optimised through provision of services, such as personal care, domestic assistance, social support gardening services, transport, meal delivery and assistance with shopping.

Documentation included information to support clients’ emotional well-being, changes in behaviour, mood, and overall health. Staff were knowledgeable of clients and described strategies to support them emotionally and spiritually. Clients and representatives stated staff know clients well and described how the services provided enhance their emotional and psychological well-being.

The services provided to clients encourage and enhance their independence and assist them to participate in their community. Staff described how clients can choose the structure of their services to do the things of interest to them. Clients and representatives confirmed that community services enable clients to do things of interest and maintain social relationships.

Processes are in place to refer clients to internal and external allied health professionals, and external social groups for additional services. Clients and representatives confirmed that clients were referred to allied health professionals as required, in a timely manner.

Meal preparation and delivery service is discussed during admission and the service assists clients with organising meals from providers of their choice. Documentation records client food allergies, texture, and preferences, to ensure meals provided are prepared in accordance with dietary needs.

The service does not supply equipment; however, it facilitates allied health assessments and orders the recommended equipment for clients. Staff check clients’ equipment during the provision of care and if any issues are identified, they notify clinical staff. Clients and representatives confirmed that the equipment provided was assessed by allied health professionals and was safe and suitable to use.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Staff and management encourage clients to provide feedback regarding the care and services provided. A survey is conducted annually to obtain feedback from clients who would not ordinarily provide feedback. Clients and representatives were aware of the methods available to make complaints and felt encouraged to provide feedback.

Clients have access to, and are aware of, advocacy and language services, and other methods for raising and resolving complaints. Processes are in place to ensure clients can access these services when required. Staff were aware of translating services and external advocacy services and support clients to utilise these services.

Staff were knowledgeable of open disclosure and how they utilise it when responding to complaints. Policies and procedures guide staff practice in open disclosure and responding to feedback. A complaint register is maintained which records the complaints received, actions taken, and outcome. Clients and representatives spoke positively about actions taken in response to concerns raised and were offered an apology when things went wrong.

Client feedback, complaints register, and incident management register, are all used to drive continuous improvement. Management described how feedback and complaints are analysed, trended and the information is utilised to identify improvements in the delivery of care and services.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# Standard 7

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| Human resources | | HCP |
| 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | 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 |
| 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. | Compliant |

Findings

Processes are in place to plan and manage the workforce. Clinical staff review the master roster each morning and identify any unfilled shifts which are filled with the most appropriate staff member suited to the needs and preferences of the client. Clients said they generally receive quality services from regular staff who meet their needs and preferences.

Documentation showed how the service ensures staff meet the organisational missions, values, and expectations. Staff spoke about clients in a compassionate, caring, and respectful way, and demonstrated knowledge and understanding of what was important to individual clients. Clients said staff are caring, kind, and respectful in their interactions.

Systems and processes are in place to ensure staff have the appropriate skills to undertake their roles. Staff undertake a range of competencies in areas, such as infection control and demonstrated knowledge in a range of topics relating to the care they provide. Clients and representatives said staff know clients well and are competent.

Policies and procedures are in place for the recruitment and induction of staff and training is undertaken to support the roles of staff and the needs of the service. Clients and representatives were confident in the ability of staff to deliver care and services.

Management regularly assess and monitor staff performance, through staff appraisals and other mechanisms, such as surveys, client feedback, and complaints data. Staff performance reviews are conducted on a regular basis and staff are provided further training opportunities to support their developmental needs.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant.

# Standard 8

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| 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)(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. | 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

Clients and representatives are engaged using various communication methods and platforms to actively seek feedback to inform improvements. The organisation has systems in place to capture client feedback and a Client Advisory Committee has recently been implemented to enhance client engagement. Clients said they were actively involved in the development of their care and services and can suggest improvements as necessary.

The organisation’s mission, goals and values underpin the care and services provided and encourage best practice. The culture promotes respectful, caring, and compassionate care and services. Policies and procedures are in place to support safe and inclusive care and describes how clients and staff should have a clear and shared understanding of the organisation’s responsibilities, accountabilities and expectations.

Client information is stored in an electronic management system and privacy policies are in place to ensure information is stored securely to maintain client confidentiality. Opportunities for continuous improvement are identified through a range of mechanisms, such as feedback, legislative or regulatory changes, incidents, and audits. Financial governance is overseen by the finance group who is responsible for monitoring and reviewing financial performance, incomes, and expenditures. Management plans are in place to monitor the capabilities of the workforce to ensure staff have the appropriate checks, qualification, and training to undertake their roles. Changes to legislation are monitored and communicated to staff with additional training provided if required. Systems and processes are in place to monitor feedback and complaints which are discussed at governance meetings and escalated to the Board as necessary.

Effective risk management processes are in place to identify and monitor high impact or high prevalent risks to ensure each client is supported to live the best life they can. Risk management systems support staff in the delivery of safe and quality care by providing information on risks and care outcomes. An incident register captures all incidents and reportable incidents are reported within the legislative timeframes. The service collects, trends and analyses data on high impact or high prevalence risks and reports the information at Clinical Governance Committee meetings.

Management provided documentation showing how the governing body maintains oversight of clinical care, antimicrobial stewardship, and restrictive practice. Restrictive Practice policies are in place to guide staff practice and encourage freedom of movement. An open disclosure policy and staff education supports the organisation’s commitment to the use of open disclosure when things go wrong, and an incident reporting and review process ensures appropriate investigation is undertaken to prevent the reoccurrence of identified issues.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)