Outer Islands HACC Project

Performance Report

46 Victoria Parade   
THURSDAY ISLAND QLD 4875  
Phone number: 07 4034 5713

**Commission ID:** 700200

**Provider name:** Torres Strait Island Regional Council

**Assessment Contact - Desk date:** 30 November 2021

**Date of Performance Report:** 7 February 2022

# Performance report prepared by

M Murray, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

**Services included in this assessment**

**Home Care:**

* Outer Island HACC - Home Care Package, 18265, 46 Victoria Parade, THURSDAY ISLAND QLD 4875

**CHSP:**

* CHSP - Home Modifications, 4-7ZNMQZR, 46 Victoria Parade, THURSDAY ISLAND QLD 4875
* CHSP Personal Care, 4-7ZNQR3L, 46 Victoria Parade, THURSDAY ISLAND QLD 4875
* CHSP - Flexible Respite, 4-7ZNQR97, 46 Victoria Parade, THURSDAY ISLAND QLD 4875
* CHSP - Allied Health and Therapy Services, 4-7ZNQRC2, 46 Victoria Parade, THURSDAY ISLAND QLD 4875
* CHSP - Domestic Assistance, 4-7ZNQREV, 46 Victoria Parade, THURSDAY ISLAND QLD 4875
* CHSP - Goods Equipment and Assistive Technology, 4-7ZNMR2U, 46 Victoria Parade, THURSDAY ISLAND QLD 4875
* CHSP Transport, 4-7ZNQR0S, 46 Victoria Parade, THURSDAY ISLAND QLD 4875
* CHSP - Other Food Services, 4-7ZNQQR1, 46 Victoria Parade, THURSDAY ISLAND QLD 4875
* CHSP - Social Support - Group, 4-7ZNQR6E, 46 Victoria Parade, THURSDAY ISLAND QLD 4875

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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, consumers/representatives and others.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understands and applies this requirement the Assessment Team spoke with management to review relevant systems and processes relating to organisation wide governance systems in the areas of information management, continuous improvement, financial governance, workforce governance, including the assignment of clear responsibilities and accountabilities, regulatory compliance, feedback and complaints.Findings include:

* The service evidenced information regarding the consumer’s condition, needs and preferences is documented and communicated within the organisation, including to external providers where the responsibility for care is shared.
* Opportunities for continuous improvement are identified through telephone surveys, feedback and complaints mechanisms, incidents, community meetings, and reporting. Improvement activities are documented and monitored using an established, electronic plan for continuous improvement.
* Management advised the existence of policies and procedures that govern the workforce and were able to describe the application of these on a day-to-day basis. This includes processes to ensure staff are supported and equipped to deliver quality care and services and meet consumer care needs, goals and preferences.
* The executive and service management teams receive updates from relevant regulatory bodies and monitor changes to aged care legislation. Management monitors updates from peak bodies, the Aged Care Quality and Safety Commission and the Department of Health and disseminates the information to staff and consumers.
* Management provided a current register for feedback and complaints. Complaints are documented electronically, reviewed at monthly meetings and reported on by service management. Where service improvements are identified, these are added to the plan for continuous improvement for action and monitoring.

This Quality Standard does not have an overall compliance finding as only one of the five specific requirements have been assessed.

The Requirement assessed is outlined below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.