**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Bribie Island Voluntary Community Help Association |
| Service address: | Unit 1, 191 First Avenue BONGAREE QLD 4507 |
| Commission ID: | 700422 |
| Home Service Provider: | Bribie Island Voluntary Community Help Association Inc |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 10 January 2023 |
| Performance report date: | 14 February 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 Bribie Island Voluntary Community Help Association (**the service**) has been prepared by M Murray, 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:**

* CHSP - Social Support - Individual, 4-227S4KA, Unit 1, 191 First Avenue, BONGAREE QLD 4507
* CHSP - Home Maintenance, 4-227S4L3, Unit 1, 191 First Avenue, BONGAREE QLD 4507
* CHSP - Home Modifications, 4-227S4MG, Unit 1, 191 First Avenue, BONGAREE QLD 4507
* CHSP - Transport, 4-227S4O3, Unit 1, 191 First Avenue, BONGAREE QLD 4507

# 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 a review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | 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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | 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. | Compliant |

Findings

I have relied on the evidence presented by the Assessment Team in forming my view on compliance. I am satisfied the service complies with the Requirements outlined in the table above.

In summary the evidence demonstrates consumers are able to contact the service to get the information they require. They all advised that the information that they receive is clear, accurate and communicated in a way that is easy to understand. Although not all consumers recall receiving physical documentation, all consumers did express the ease of calling the service when required. Staff advised that consumers call into the service with any issues pertaining to communication difficulties such as hearing or vision impairment or will liaise with the consumers carers to organise services for those living with dementia. Management explained they have updated the consumer handbook and communication protocols and included a current Charter of Aged Care rights.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | CHSP |
| 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)(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

I have relied on the evidence presented by the Assessment Team in forming my view on compliance. I am satisfied the service has returned to full compliance with the Requirements outlined in the table above.

In summary the evidence demonstrates consumers receive services to support them to live independently, for example transport services to attend medical appointments and socialise with others; lawn mowing services for garden maintenance and home modifications. Staff and volunteers described how the service shares relevant consumer information to guide their service delivery. Management described improvements in assessment and planning processes to identify consumer risks and communicate key information with staff and volunteers. Sampled consumer files evidenced key information relating to consumer mobility needs, health condition, home risk assessments, emergency contact details and processes for a non-response to a scheduled visit are documented.

All consumers reported they have had their services explained to them and have access to service plans to book transport services, organise home maintenance or lawn mowing, as needed. Volunteers reported run sheet information contains the right information for them to support consumers during service delivery. Staff described how relevant consumer information is shared with staff and volunteers, according to the services received. Management described the information shared with consumers to ensure they understand their services and have access to the correct information to make any changes. File reviews evidenced each consumer has a current care file and service documentation supplied to consumers is printed in large font, easy to read and relevant to the services delivered.

Management explained, although consumers access services on an as needs basis, the service has implemented a system to ensure consumer files are reviewed every 12 months. Staff advised service plans are updated if an incident has occurred.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | CHSP |
| 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 |

Findings

I have relied on the evidence presented by the Assessment Team in forming my view on compliance. I am satisfied the service has returned to full compliance with the Requirements outlined in the table above.

In summary the evidence demonstrates consumers know about their service needs and do not feel that they need to repeat themselves because staff/volunteers do not have the right information to deliver their services. Staff explained they usually receive a phone call from the consumer or their representative regarding changes in circumstances and this information is used to update the client management system. Changes then flow onto drivers’ run sheets, so all people have accurate information.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | CHSP |
| 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

I have relied on the evidence presented by the Assessment Team in forming my view on compliance. I am satisfied the service has returned to full compliance with the Requirements outlined in the table above.

In summary the evidence demonstrates consumers are encouraged and supported, to provide feedback and make complaints. Staff described their understanding of the internal and external complaints processes and feedback avenues available for consumers. While some volunteers interviewed could not describe the specifics of the complaint procedure, they all confirmed consumer feedback is immediately communicated with service staff to follow up. Documentation reviewed, including the feedback register, consumer handbook and staff/volunteer handbooks, evidence the service has made meaningful improvements to encourage and support consumers to provide feedback.

While consumers reported that they are happy with the care and services and had not made any complaints or required advocacy or interpreter services, they said they have the information they need to make a complaint and felt comfortable to do so. Staff said they have access to resources to guide them to support consumers should they require advocacy or interpreter services. Management explained that the information on advocacy services, external complaint avenues and interpretative services is provided to consumers at the commencement of the service via handbooks.

Consumers interviewed who had raised concerns reported being satisfied with the actions were taken to resolve their complaints. Staff demonstrated an understanding of open disclosure principles and described how they are applied. The feedback system shows complaints are recorded, and timely actions are taken, in accordance with service complaint policies and procedure.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | CHSP |
| 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

I have relied on the evidence presented by the Assessment Team in forming my view on compliance. I am satisfied the service has returned to full compliance with the Requirements outlined in the table above.

In summary consumers said staff and volunteers know what they are doing, and they are satisfied with the services they receive. Management explained they are seeking an external training provider for the service, however, informal training is delivered through discussions within the small office and through communications with staff and volunteers. Interviews with staff and volunteers echoed the same sentiments, with staff describing documentation and peers as a source of training, while volunteers stated their knowledge is informed through service communications. Service documentation including policies, procedures, induction checklists and staff/volunteer handbooks evidence how the service equips staff/volunteers with the required knowledge to deliver the outcomes required by these standards.

Staff reported informal performance conversations occur with management to ensure they feel supported and have access to relevant resources and information. Similarly, volunteers reported performance discussions occur through meetings with management. Management described performance monitoring occurs through consumer input, conversations with staff and trip duration indicators, which monitor the performance of drivers based on planned trip data.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | CHSP |
| 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 |

Findings

I have relied on the evidence presented by the Assessment Team in forming my view on compliance. I am satisfied the service has returned to full compliance with the Requirements outlined in the table above.

In summary consumers reported having the opportunity to provide input into how services run and described how their feedback has been used to improve quality of services.

The organisation’s governing body promotes culture of safe and quality care and services through monthly board meetings, where the board reviews incidents, feedback, financials, and service delivery data. The committee provides guidance and direction on upcoming projects to improve consumer services. Systems to inform the governing body in relation to business management streams are in place. A risk management framework is effectively used to guide staff actions in mitigating and responding to risk. The Assessment Team’s report provides various examples of governance being in place and the governing body making decisions and establishing policies and plans.

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)