**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Cabonne Council |
| Commission ID: | 200728 |
| Address: | 103 Bank Street, MOLONG, New South Wales, 2866 |
| Activity type: | Quality Audit |
| Activity date: | 3 April 2024 to 5 April 2024 |
| Performance report date: | 23 May 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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7645 Cabonne Council  
Service: 24924 Cabonne Council - Community and Home Support

**This performance report**

This performance report for Cabonne Council (**the service**) has been prepared by M Nicholas, 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.

# 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, consumers/representatives and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **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** |

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)(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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives described that volunteers made them feel valued as an individual by way of getting to know them and what is important to them. Volunteers explained that they treat consumers how they would like to be treated, indicating they respects consumer individual preferences and attempt to get to know consumers by enquiring about their lives. The service has processes to support the delivery of culturally safe services to consumers with staff and management able to describe these.

Staff, volunteers, and management described how they encourage consumers to make decisions about their care and services and regularly seek informal feedback from to establish any changes required, particularly if a new service or change has been recently introduced. A review of several consumer files demonstrated that information was present to indicate consumer’s relationships, any support person or representatives and their contact details.

Consumers and representatives described how the service supported them to be as independent as possible through the care and services provided. Volunteers and staff reported that they took actions to enable consumers to take risks and articulated that incorporating frequent rests when walking with consumers who were unsteady on their feet was essential. Risks such as removing trip and slip hazards ensured that parameters were set to prevent harm or injury while letting consumers express themselves through their choices.

A review of monthly statements reflected the provision of clear information with fees and charges outlined as well as a breakdown of meals provided in the previous month. Management confirmed that as reviews are carried out, they have discussions with consumers regarding the changes in fees and advise on what can and cannot be provided by the service.

The service has privacy management policies to support consumer privacy and management explained that when information is shared with other parties outside of the service, consent is requested from the consumer or their representative.

# 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)(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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service plans and coordinates care in partnership with the consumer and their representatives to include basic assessment tools and risk assessments which are completed for each consumer during the development of home visit plans. A risk screening tool is completed for consumers at onboarding which includes identifying cognitive impairment, behavioural problems, or users of mobility aids. Care planning documentation reviewed by the Assessment Team captured consumer information which was detailed, current, and included individualised goals and needs.

Management explained end-of-life care planning is not routinely discussed with consumers at onboarding and reviews. The Quality Audit noted the provision of information related to advance care planning in the services newsletter. Consumer records included current needs and goals, were updated regularly and where consumer needs changed.

Consumers and representatives confirmed that the service made it easy for them to be involved in the assessment process encouraging consumers to make decisions about the services they receive. There was evidence to support that home visit plans and agreements are discussed and signed by consumers or representatives confirming their understanding of the services and supports to be provided.

Staff and volunteers described the review of services confirming they can initiate review by request and being aware of change through the review the run. Staff have access to home visit plans and notes for any updates and are encouraged to contact management for any clarification.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | CHSP |
| 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. | Not Assessed |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives reported the services and supports they receive help them to maintain their independence and optimise their health, well-being, and quality of life. Staff and volunteers provided examples of how they support individual consumer needs and preferences. A review of consumer documentation included individualised services and supports to meet consumer interests, needs, preferences, and personal goals.

Management, staff, and volunteers demonstrated an understanding of how to support consumer emotional needs including the escalation process if concerns are identified. Consumer emotional and psychological needs were documented in consumer files. Consumers and representatives described how the services and supports provided promote their emotional and psychological well-being.

Consumers and representatives reported that opportunities have been provided to build and maintain relationships, pursue activities of interest, and participate in the community. Staff, volunteers, and management described how consumers are supported to participate in activities of interest within the community. A review of consumer documentation included information on consumer relationships of significance, interests, and preferred activities.

A review of care planning documentation demonstrated effective communication within the service and with other organisations or providers where responsibility for care is shared. Management described how staff and volunteers access consumer information. Volunteers confirmed they receive communication if there are any changes to consumer condition. Most consumers and representatives were satisfied that the service has good communication systems in place to communicate their needs including when changes occur.

Staff described the process of completing referrals to other organisations in consultation with consumers. Consumers and representatives confirmed services and supports are available and offered. Management discussed how the service works collaboratively with multidisciplinary teams and other community groups to ensure timely care is provided to consumers. A review of care planning documentation demonstrated that timely and appropriate referrals were made.

All consumers and representatives interviewed were satisfied with the meals provided including the quality, quantity, and variety. Meal planning documentation demonstrated the choices available and detailed the nutritional facts, allergies, and intolerances of meals. This was consistent with volunteer feedback which detailed meals provided are clearly labelled with allergies and dietary requirements.

# 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 am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives described how the service supports them to provide feedback or make a complaint. Staff and management described the informal and formal processes available to consumers to obtain feedback with volunteers confirming how feedback and complaints are escalated. Consumer information packs included information on making a complaint.

Staff and management demonstrated an understanding of the complaints handling policy and other organisations that support consumers in handling complaints. The Assessment Team noted that consumer information packs included information on advocate and interpreter services.

Management described how the service addresses and resolves complaints in accordance with policy. Staff and management described the principles of open disclosure and how open disclosure is achieved. The complaints register demonstrated complaints were recorded, monitored, and reported.

Management and staff described how feedback and complaints are recorded and used to identify trends and implement continuous improvement initiatives. Consumers were satisfied with how the service managed their feedback.

# Standard 7

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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Management described how the workforce profile is reviewed to achieve workforce sufficiency and demonstrated actions taken by the service to ensure the workforce is planned and consumer needs are met. This was consistent with documentation reviewed by the Assessment Team. Staff and volunteers confirmed they are allocated sufficient time to complete tasks and described the process of reporting concerns with their schedule.

Consumers and representatives reported the service and staff interactions are kind, caring and respectful. Staff and volunteers described how they interact with consumers in a kind, caring and respectful manner. The Assessment Team reviewed the complaints register which demonstrated no incidents of disrespectful behaviour by staff.

Staff and volunteers discussed how they are supported to perform their roles. Management detailed the minimum qualification requirements as outlined in position descriptions and how the service records, monitors and tracks staff qualifications. Documentation reviewed by the Assessment Team demonstrated that the service effectively monitors contractor compliance documentation including police checks, insurance, and agreements.

Management described training opportunities available for all staff. Staff and volunteers described the induction process and confirmed they are adequately equipped to complete their roles. The Assessment Team noted all staff were up to date with training and had the required qualifications.

Management described the frequency of completing staff performance appraisals which was confirmed by staff. Management explained how feedback and complaints are used to identify staff educational needs, performance concerns and continuous improvement initiatives. The Assessment Team noted all staff performance appraisals were up to date.

# 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 |
| 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. | Not Assessed |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service conducts annual consumer surveys and regularly seeks feedback from consumers through evaluation forms for meals, activities, and outings. A review of documentation demonstrated the service promotes a culture of safe and effective care and services through provision of policies and procedures, and oversight by the community, economy and culture committee. Monthly meetings occur to discuss home visits, activities, contractors, KPIs, feedback, complaints and incidents.

Staff confirmed consumer-related information is available as well as learning, development and training, policies, and procedures. Home Care Package services are explained to consumers to support their understanding and monthly statements include a breakdown of services provided. The service through the council undergoes an annual external financial audit process.

Opportunities for continuous improvement are identified through review of incidents, feedback and complaints, and legislative changes. Complaints were reported and escalated to management where appropriate with feedback and complaints linked to the service’s continuous improvement plan.

Management described conducting a workforce profile review which included workforce sufficiency and demonstrated the actions the service took to ensure that the workforce was planned to ensure the consumer and service needs were met. Regulatory and legislative changes are monitored through membership of the peak provider body and attendance at regular meetings.

There is a risk management policy including a risk matrix and describing how it links to the Plan for Continuous Improvement (PCI). The service conducted home environment assessments to identify risks to consumers and staff and the Quality Audit noted evidence of an incident management system, demonstrating reporting, recording, follow up, and appropriate actions. The service had not conducted training related to Serious Incident Response Scheme (SIRS) reporting, although staff demonstrated their knowledge of abuse and neglect and the service committed to providing training in the future adding this to the PCI as an action for completion.

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)