**Performance**

**Report**

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| Name: | Casey City Council |
| Commission ID: | 300567 |
| Address: | Bunjil Place, 2 Patrick North East Drive, NARRE WARREN, Victoria, 3805 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | 9 October 2024 to 10 October 2024 |
| Performance report date: | 6 November 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.

# Services included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8749 Casey City Council  
Service: 25938 Casey City Council - Community and Home Support

**This performance report**

This performance report has been prepared by N Chahal, 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 services it operates, 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 Assessment contact (performance assessment) – non-site report was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 4 Services and supports for daily living | Not applicable as not all Requirements assessed |
| **Standard 8** Organisational governance | **Not applicable as not all Requirements 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 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The service was found non-compliant with Requirement 4(3)(g) following a site audit conducted in June 2024. The service did not demonstrate effective systems to ensure vehicles used to transport consumers to medical appointments were clean and safe.

During the Assessment Contact in October 2024, the Assessment team noted that the service had implemented a range of improvements in response to the previously identified deficits.

The service has developed processes to ensure compliance with driver details, including vehicle registration and insurance information. It also conducts six-monthly vehicle checks to ensure vehicles are clean and well-maintained for consumer transport. There was evidence of consumer feedback confirming that the transport vehicles were clean. Management described that vehicles are now subject to regular inspections, and all information pertaining to drivers, including their vehicle registration, driver licence, insurance expiry dates, and insurance details, is recorded in the electronic management system. The Assessment Team sighted the vehicle documentation spreadsheet.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 4(3)(g).

# Standard 8

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| Organisational governance | | CHSP |
| 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

The service was found non-compliant with Requirements 8(3)(c) and 8(3)(d) following a site audit conducted in June 2024. The service did not demonstrate effective processes for tracking and recording continuous improvement. The service did not have a clinical governance framework, clinical risk register, vulnerable consumer register, and had not reported a Serious Incident Response Scheme (SIRS) incident.

During the Assessment Contact in October 2024, the Assessment team noted that the service had implemented a range of improvements in response to the previously identified deficits.

A ‘quality improvement steering committee’ has been established to monitor service data and operational needs. Trends are analysed, and improvement actions are identified from incidents, complaints, and feedback. The service records these actions in the continuous improvement register. The Assessment Team noted that action items in the register are dated, with progress and outcomes recorded.

Guidelines on ‘managing and responding to incidents’ have been developed and implemented. The Assessment Team sighted the training register, demonstrating that training on incidents and SIRS was delivered to staff in July 2024, with further training on ‘elder abuse’ scheduled for November 2024.

The service is currently developing an electronic vulnerable consumers register, with planned completion by November 2024. To mitigate immediate risks, the service has established a process to assign a vulnerability code for new consumers during the intake process.

The service has relinquished allied health funding and is not required to maintain a clinical governance framework or a clinical risk register.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirements 8(3)(c) and 8(3)(d).

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)