**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Central Gippsland Health and Community Services |
| Commission ID: | 300227 |
| Address: | 155 Guthridge Parade, SALE, Victoria, 3850 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | 3 December 2024 to 4 December 2024 |
| Performance report date: | 14 January 2025 |

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

Home Care Packages (**HCP**) included:  
Provider: 1509 Central Gippsland Health Service  
Service: 22807 CGHS - Home Care Package Program  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8234 Central Gippsland Health Service  
Service: 24187 Central Gippsland Health Service - Care Relationships and Carer Support  
Service: 25254 Central Gippsland Health Service - Community and Home Support

**This performance report**

This performance report has been prepared by Peter Frangiosa, 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 review of documents and interviews with staff, consumers/representatives and others.
* the provider did not submit a response to the assessment team’s report received.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **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 2

|  |  |  |  |
| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | 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 | Compliant |

Findings

Requirement 2(3)(a) was found non-compliant following a Quality Audit conducted 4 July 2023 to 7 July 2023, as the service did not demonstrate assessment and planning including consideration of risks, informs the delivery of safe and effective care and services.

The Assessment Team’s report for the Assessment Contact undertaken 3 December 2024 to 4 December 2024 included evidence of actions taken to address the non-compliance, including but not limited to, development of a comprehensive continuous improvement plan to address the identified deficits.

The Assessment Team found these improvements were effective and recommended Requirement 2(3)(a) met. The Assessment Team provided the following evidence relevant to my finding:

* Evidenced implementation of validated assessment tools to ensure the identification of and response to risks to the consumer health and well-being.
* Implementation of all Central Gippsland Health community allied health services information to an electronic medical record system.
* Documented evidence of care plans and risk assessments (including management of falls, behaviours, sensory impairment and mobility needs) for HCP and CHSP scanned into the electronic management system with a copy provided to the consumer.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement 2(3)(a) in Standard 2, Ongoing assessment and planning with consumers.

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| 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 | Not Applicable |

Findings

Requirement 7(3)(c) was found non-compliant following a Quality Audit conducted 4 July 2023 to 7 July 2023, as the service did not demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

The Assessment Team’s report for the Assessment Contact undertaken 3 December 2024 to 4 December 2024 included evidence of actions taken to address the non-compliance, including but not limited to, implementation of actions to ensure all service agreements were in place and all subcontracted staff had the qualifications, clearances and knowledge to effectively perform their roles.

The Assessment Team found these improvements were effective and recommended Requirement 7(3)(c) met. The Assessment Team provided the following evidence relevant to my finding:

* Care workers described, and documentation reviewed confirmed updates to onboarding, and induction processes, including.
  + Online training and induction modules.
  + Shadow shifts with experienced staff to support new workers.
  + Competency training and testing, including in medication competency and deterioration recognition and reporting.
  + Management described the processes they used to determine whether staff were competent and capable in their roles.
  + A monthly report is provided to executive governance committee which monitors mandatory training compliance.
  + Sighted mandatory training and competencies matrix and position descriptions providing staff with comprehensive information on key roles and responsibilities.
* A supplier interviewed confirmed they had signed a service agreement with the organisation and provided the organisation with a copy of their police clearance and qualifications.
* All performance reviews for all staff including volunteers were completed in August 2024.
* Management described, and documentation confirmed the improvements undertaken by the organisation to address previous non-compliance. For example:
  + The introduction of a HCP administration team, who monitors the expiry dates of subcontractor service agreements, and clearances.
  + The creation of a subcontractors register which recorded service agreements, qualifications and police clearance and licences received including expiry dates, as evidenced by the Assessment Team.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement 7(3)(c) in Standard 7, Human resources.

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)