**Performance**

**Report**

**1800 951 822**

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| Name: | Circular Head Aboriginal Corporation |
| Commission ID: | 300361 |
| Address: | 20 King Street, SMITHTON, Tasmania, 7330 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 24 September 2024 to 25 September 2024 |
| Performance report date: | 24 October 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

Home Care Packages (**HCP**) included:  
Provider: 8987 Circular Head Aboriginal Corporation  
Service: 26934 Circular Head Aboriginal Corporation  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7375 Circular Head Aboriginal Corporation  
Service: 24212 Circular Head Aboriginal Corporation - Community and Home Support

**This performance report**

This performance report 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 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) – 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 Home Care Packages (HCP)

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| --- | --- |
| Standard 3 Personal care and clinical care | Not applicable as not all Requirements assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all Requirements assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all Requirements assessed** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 6 Feedback and complaints | 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 3

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| --- | --- | --- |
| Personal care and clinical care | | HCP |
| Requirement 3(3)(b) | Effective management of high-impact or high-prevalence risks associated with the care of each consumer. | Compliant |

Findings

Requirement 3(3)(b) was found non-compliant following a Quality Audit from 1 May 2024 to 2 May 2024, as for HCP the service was unable to demonstrate:

* clinical oversight was effective in managing high impact or high prevalence risks, specifically falls risks.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, training staff, undertaking a review of procedures and reviewing clinical assessment forms.

The Assessment Team found these improvements were effective and recommended Requirement 3(3)(b) met.

In relation to Requirement 3(3)(b), the Assessment Team’s report shows consumers are satisfied that staff identify and manage risks associated with their care and services. Consumers felt safe care is delivered and staff are alert to risks relating to their medical conditions including the risk of falling. Staff described how resources on identifying risk and managing incidents are readily available. Any consumer entering the service has a medical assessment undertaken which includes a falls risk assessment tool. Management said a schedule to reassess risks for all consumers is in place. Care documentation review evidenced incidents of falls are managed appropriately and a referral to an allied health professional occurs as required. Falls incidents are captured, reviewed, trended and provided to the governing body to support service improvements.

Based on the information summarised above, I find the service compliant with Requirement 3(3)(b) in Standard 3 Personal care and clinical care for the Home Care Package program.

# Standard 6

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| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Requirement 6(3)(d) was found non-compliant following a Quality Audit from 1 May 2024 to 2 May 2024 as for HCP and CHSP the service was unable to demonstrate.

* complaints and feedback made by consumers and others led to improvements in care and/or services.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, policy development, an update to the service’s complaints form, development of a register and undertaking staff training.

The Assessment Team found these improvements were effective and recommended Requirement 6(3)(d) met.

In relation to Requirement 6(3)(d), the Assessment Team’s report shows consumers are satisfied that their feedback has been acted on and has resulted in improvements in service delivery. Staff describe managing feedback and complaints with a view to finding a solution for consumers. Management said recent training included the use of forms and the service’s electronic management system to record consumer feedback. Documentation evidenced improvements to the roster and to staff allocation have occurred as a result of consumer complaints and feedback.

Based on the information summarised above, I find the service compliant with Requirement 6(3)(d) in Standard 6 Feedback and complaints.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| 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 | Compliant |

Findings

Requirement 8(3)(b) was found non-compliant following a Quality Audit from 1 May 2024 to 2 May 2024 as for HCP and CHSP the service was unable to demonstrate.

* The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to appointment of new board members, governance training for board members, updates to the strategic plan and appointment of a general manager.

The Assessment Team found these improvements were effective and recommended Requirement 8(3)(b) met.

In relation to Requirement 8(3)(b), the Assessment Team’s report shows the governing body is receiving relevant information on the safety and quality of care through its revised board reports. A meeting framework allows for staff and program managers to raise issues for consideration by the board. Polices to guide staff in the delivery of safe and effective care have been endorsed including policies covering identification of deterioration, incident reporting and risk escalation. The board handbook and board induction process include mandatory training on the Aged Care Quality Standards. The introduction of board portfolios will further support accountability for the delivery of safe, inclusive and quality care.

Based on the information summarised above, I find the service compliant with Requirement 8(3)(b) in Standard 8 Organisational governance.

1. The preparation of the performance report is in accordance with section s68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)