**Performance**

**Report**

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| Name: | Colac Otway Shire Council |
| Commission ID: | 300577 |
| Address: | 2-6 Rae Street, COLAC, Victoria, 3250 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 7 August 2024 to 8 August 2024 |
| Performance report date: | 6 September 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

Home Care Packages (**HCP**) included:  
Provider: 8985 Colac Otway Shire  
Service: 26430 Colac Otway Shire Council

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8454 Colac Otway Shire Council  
Service: 25359 Colac Otway Shire Council - Care Relationships and Carer Support  
Service: 25358 Colac Otway Shire Council - Community and Home Support

**This performance report**

This performance report for Colac Otway Shire Council (**the service**) has been prepared by G. Harbrow, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 Assessment contact (performance assessment) – site 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 Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all Requirements assessed |
| **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 | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all Requirements assessed |
| **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 | **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

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |

Findings

The service was previously found not compliant in this requirement. I am satisfied based on the Assessment Team’s report that the service has since implemented actions which have resulted in sustained improvement.

The Assessment Team found the service considers, supports and enables consumers to take risks and engage in activities of their choice. Consumers and representatives advised of discussions with staff regarding management of risks associated with consumer care. Staff identified, and care documentation confirmed support provided for individual consumers to take risks along with implementation of associated risk mitigation strategies. The service has policy and procedures to provide staff guidance in the support and recognition of consumer choice and potential risk.

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |

Findings

The service was previously found not compliant in these Requirements. I am satisfied based on the Assessment Team’s report that the service has since implemented actions which have resulted in sustained improvement.

Consumers and representatives were satisfied with personal and clinical care provided by the service. Staff described a tailored approach to consumer care to meet consumer needs, goals and preferences, and complex care management aligned with best practice principles. The service has staff guidance documents, policies and procedures referencing best practice guidelines for clinical and community care.

The Assessment Team report indicated consumers and representatives were satisfied with how the service manages high impact or high prevalence risks associated with consumer care. Staff were familiar with identified risks and risk mitigation strategies associated with the care of individual consumers. Consumer risks and management strategies were evident in consumer care documentation, inclusive of allied health assessment and recommendations.

The Assessment Team identified, and consumers confirmed, the service is considerate of consumer’s expressed goals and wishes regarding end of life care. The service advised of access to local hospice services and consideration given to consumer cultural preferences when planning consumer end of life care. Staff described provision of comfort care for consumers nearing the end of life and support provided to family.

Consumers and representatives confirmed staff were understanding of consumer care needs and were satisfied how this information was shared with others involved in consumer care. Staff described access to current consumer information including clinical care needs and identified risks. They advised of a process for immediate notification should consumer needs change. Staff advised allied health professionals have access to consumer information through point of care, paper based records and through electronic devices. Care documentation evidenced information is shared within the service and with external services involved in consumer care.

# 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

The service was previously found not compliant in this Requirement. I am satisfied based on the Assessment Team’s report that the service has since implemented actions which have resulted in sustained improvement.

The service demonstrated and consumers and representatives confirmed their feedback and complaints have resulted in improvements to care and services delivered. The service advised complaints data is monitored, reviewed, and analysed to inform improvements. Documentation showed a complaints review informs improvement to consumer care and service delivery.

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | 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 | 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 | 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 | 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 | 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. | Compliant | Compliant |

Findings

The service was previously found not compliant in these Requirements. I am satisfied based on the Assessment Team’s report that the service has since implemented actions which have resulted in sustained improvement.

Consumers and representatives indicated they are supported to participate in the evaluation of care and service delivery through a process of feedback and interviews with staff. There is a mechanism for consumers to provide regular feedback to inform reports for review and discussion at an organisational level.

The Assessment Team report indicates staff could describe ways the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services, and its involvement in delivery. The organisation has a suite of policies and procedures that support and guide staff to provide a safe and inclusive culture for all stakeholders

The service could demonstrate effective organisation wide governance systems. Staff confirmed ready access to information required for their roles and the service advised, the organisation is in the process of implementing a new electronic information management system. The service has a system for continuous improvement, which includes a review of organisational, regulatory, and legislative requirements to inform necessary change. There is a hierarchy for approval of financial expenditure. Staff indicated, and a document review confirmed, that the workforce is planned to facilitate the delivery of safe and skilled quality care and services to consumers. The service’s complaints management system enables staff to monitor feedback and complaints to inform the service’s continuous improvement plan.

The Assessment Team found the service has a risk management framework to identify, manage and report high-impact and high-prevalence consumer risks and associated risk mitigation strategies. There is an effective incident management system and serious incidents are reported to the Aged Care Quality and Safety Commission, Serious Incident Response Scheme (SIRS). Incidents and risks are reviewed by the governing body with risk management strategies implemented. The service has a revised and current policy to guide staff on incident management documentation, monitoring and review.

The service has a clinical governance framework incorporating antimicrobial stewardship, the use of restrictive practice and open disclosure, with provision of related staff guidance documents. The service identified associated governance roles and responsibilities, and review and monitoring obligations to maintain provision of safe and quality consumer care.

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-2)