**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Coolangatta Senior Citizens Centre |
| Service address: | 2 Gerrard Street COOLANGATTA QLD 4225 |
| Commission ID: | 700550 |
| Home Service Provider: | Coolangatta Senior Citizens Centre Incorporated |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 8 February 2023 |
| Performance report date: | 01 March 2023 |

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.

**This performance report**

This performance report for Coolangatta Senior Citizens Centre (**the service**) has been prepared by M Franco, 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.

# Services included in this assessment

**CHSP:**

* CHSP - Social Support - Group, 4-7Z3WVUS, 2 Gerrard Street, COOLANGATTA QLD 4225

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 7 Human resources | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Requirement 8(3)(c)** Effective organisation wide governance systems relating to the following:

(i) information management;

(ii) continuous improvement;

(iii) financial governance;

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities;

(v) regulatory compliance;

(vi) feedback and complaints.

**Standard 7**

|  |  |  |
| --- | --- | --- |
| Human resources | | CHSP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

At the time of the performance report decision, the service is:

• Ensuring the workforce is recruited, trained, equipped and supported to delivery the outcomes required by the Standards.

Management stated the service had developed a ‘Competency and Training Register’, which is beginning to be populated. The service said new training sessions had been implemented in the new year, starting with training regarding day to day activities of office staff to ensure staff and volunteers understand the requirements of the role. In addition, management stated the service had developed a training checklist for ‘front counter’ staff. The service recently received a grant to pay for organisations to come into the service and provide training in first aid and emergency fire procedures.

In response to the service’s stated changes implemented since the Quality Audit, the Assessment Team requested evidence demonstrating the changes had taken place, such as a copy of the ‘Competency and Training Register’, training records, and the service’s future training schedule. The service provided evidence that a training session occurred in early 2023 covering relevant topics such as membership forms, reception coverage, point of sale systems, and other pertinent updates to the business. Staff confirmed that they had attended the training session and stated it was relevant to their role.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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. | Non-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

At the time of the performance report decision, the service is:

• Implementing effective risk management systems and practices, including the use of an incident management system.

At the time of the performance report decision, the service is not:

• Implementing effective organisation wide governance systems related to regulatory compliance.

As a part of the previous Quality Audit, the Assessment Team provided feedback to management that reporting the COVID-19 vaccination status of the workforce is mandatory under Department of Health and Aged Care guidelines. During the current assessment contact, the Assessment Team asked management whether the service has changed its processes and recommenced reporting the COVID-19 vaccination status of the workforce. Management confirmed that the service has yet to undertake this task, as the service was still under the impression that it was not mandatory. Management stated because the Queensland Health guidelines do not require staff or volunteers to be vaccinated to enter the premises, it was understood that reporting was not necessary.

The Assessment Team provided feedback to the service that despite state-based health guidelines, reporting the COVID-19 vaccination status of the workforce to the Department of Health and Aged Care is mandatory for all government funded aged care providers, including those funded under the CHSP. The Assessment Team provided resources to the service that detail how it can meet these obligations.

Management stated the service had implemented a new incident management system that includes the establishment of an incident register to record events. Previously, the service recorded incidents on individual forms, which were subsequently placed in a filing cabinet. Management stated the new system involves recording the incident on an ‘Incident Report Form’, which is then recorded in the service’s incident register. The incident register provides details such as the date and time of the incident, where it occurred, and the response. Additionally, the service has begun conducting risk assessments for various on-site activities. The Assessment Team observed a risk assessment for tap dancing activities which discussed potential risks associated with the activity, such as falls or ankle and knee damage. Mitigation strategies are noted to justify the risk rating applied to each activity.

The service provided evidence that an incident that occurred in October 2022 was appropriately recorded on an ‘Incident Report Form’, noted in the incident register, and discussed during the governing body’s monthly meeting in November 2022. Staff confirmed that the service provided appropriate information to familiarise them with the new incident management system. The workforce was able to discuss the process involved with recording an incident, which matched how management had described the procedure.

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)