**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Gilgandra Shire Council Services |
| Commission ID: | 200438 |
| Address: | 15 Warren Road, GILGANDRA, New South Wales, 2827 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 26 September 2024 |
| Performance report date: | 15 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

Home Care Packages (**HCP**) included:  
Provider: 1779 Gilgandra Council  
Service: 17481 Cooee Lodge Retirement Village Management Committee  
Service: 17590 Jack Towney Aboriginal Hostel – CACPs

Short Term Restorative Care (**STRC**) included.

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7878 Gilgandra Shire Council  
Service: 24694 Gilgandra Shire Council - Community and Home Support

**This performance report**

This performance report has been prepared by Katrina Platt, 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
* the performance report dated 28 March 2024 for the Quality Audit conducted from 30 January to 1 February 2024.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 6 Feedback and complaints | Not Applicable |
| **Standard 7** Human resources | **Not Applicable** |
| **Standard 8** Organisational governance | **Not Applicable** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 6 Feedback and complaints | Not Applicable |
| **Standard 7** Human resources | **Not Applicable** |
| **Standard 8** Organisational governance | **Not Applicable** |

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 6

|  |  |  |  |
| --- | --- | --- | --- |
| 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 Not Compliant following a Quality Audit conducted from 30 January 2024 to 1 February 2024. An Assessment Contact was conducted on 26 September 2024 to reassess the Requirement.

Feedback and complaints were reviewed and informed improvements to care and services delivery. Management discussed assessment processes for complaints, use of open disclosure principles and improvements made to procedures which were directly linked to feedback and complaints, and were consistent with service policy. Consumers received communication about complaint outcomes and engagement of the governing body and staff in continuous improvement for feedback and complaints was evidenced.

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Requirements 7(3)(d) and 7(3)(e) were found Not Compliant following a Quality Audit conducted from 30 January 2024 to 1 February 2024. An Assessment Contact was conducted on 26 September 2024 to reassess the Requirements.

Consumers provided positive feedback about staff being well trained and able to perform their work. Staff described orientation and onboarding processes which included mandatory training, competency assessments, role-specific training and buddy shifts. Staff training included open disclosure and manual handling and increased participation was noted in incident reporting and the serious incident response scheme. Recruitment and selection processes for staff and volunteers included qualification verification and banning order and criminal history checks, with appropriate documentation evidenced.

Staff discussed participation in annual performance discussions and additional reviews during probation. Management described the staff performance appraisal system which included scheduled reviews and informal discussion when required, which was consistent with the performance management policy. Additional staff training and development opportunities provided through the performance management process were evidenced.

# Standard 8

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

Findings

Requirement 8(3)(c) was found Not Compliant following a Quality Audit conducted from 30 January 2024 to 1 February 2024. An Assessment Contact was conducted on 26 September 2024 to reassess the Requirement.

Information management systems were demonstrated for electronic care planning, risk and incident management, compliance, complaints, maintenance, education and human resources. Data analysis and review was evidenced, with supporting electronic reporting and risk escalations. Continuous improvement initiatives were monitored and reviewed by the governing body and subcommittees through regular meetings and plans for continuous improvement. Opportunities for continuous improvement were identified through consumer feedback, audits, local knowledge, complaints, surveys, incidents and staff meetings.

Financial governance included organisational budget and fund monitoring and discretionary expenditure within policy limits. Appropriate budget programs were evidenced for service maintenance and renewals and asset replacements. Workforce governance was demonstrated at service and organisational level, with reporting and oversight through the advisory board and local shire council. Workforce planning aligned with consumer care and services needs and consumer and staff feedback.

Oversight by the governing body ensured regulatory compliance and legislative changes were monitored and implemented. Management discussed education, conference participation of key personnel, staff communication and policy changes relevant to legislative updates. Feedback and complaints were monitored and reviewed at governance level and informed improvements in consumer care and services.

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