**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Goobidi-Bamanga Homecare Services |
| Commission ID: | 700445 |
| Address: | 57 Front Street, MOSSMAN, Queensland, 4873 |
| Activity type: | Quality Audit |
| Activity date: | 10 December 2024 to 11 December 2024 |
| Performance report date: | 16 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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7585 Goobidi-Bamanga Community Advancement Cooperative Society Limited  
Service: 24241 Goobidi-Bamanga Community Advancement Cooperative Society Limited - Community and Home Support

**This performance report**

This performance report has been prepared by Jodie Earnshaw, 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 Quality Audit report was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives and others,
* the provider’s response to the assessment team’s report 15 January 2025,
* other information known to the Commission.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not 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.

* The outcomes of assessments are to be documented with care planning documentation for consumers to be readily accessible to consumers and staff.
* Feedback and complaints are to be recorded, reviewed and utilised to improve the quality of care and services provided to consumers.
* Ensure the service has relevant policies, procedures or guidelines, inclusive of demonstratable training processes, to ensure the workforce has the appropriate knowledge and qualifications to effectively perform their roles.
* The organisation’s governing body is to ensure accountability and the promotion of a culture of safe, inclusive and quality care and services and the monitoring of legislation with the provision of updated information to consumers, representatives, and staff regarding such changes.
* The service is to demonstrate effective governance systems pertaining to information management, continuous improvement, and regulatory compliance. Including through maintaining consumer records that are readily accessible to staff, and the maintenance of a continuous improvement plan with consideration to feedback, complaints and incidents that are investigated and analysed in a manner to influence continuous improvement at the service.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Staff were observed engaging with consumers in a dignified and respectful manner and demonstrated knowledge of consumers’ identity, backgrounds and cultural practises. Consumers provided examples of how they are respected by staff. Staff described how they treat consumers with respect and dignity.

Consumers said staff understand their needs and preferences, and advised services are delivered in a way that makes them feel safe and respected. Staff described specific examples of how culturally appropriate services are provided to consumers in line with their cultural preferences.

Consumers are supported to exercise choice and maintain their independence by making decisions about their services and the involvement of others. Consumers are supported to communicate their decisions, and maintain their community and social relationships. Staff demonstrated knowledge, awareness and understanding of consumer choices and preferences and described how each consumer was supported to make informed decisions about their services.

Consumers were supported by staff to engage in activities which are important or meaningful to them, inclusive of consideration of risks presented. The service demonstrated processes of how risks were identified, and managed. Consumers said they receive information in a way they can understand and that enables them to make informed choices. Staff described how they engage and communicate with consumers in a way that enables them to exercise choice.

Consumers felt their privacy and dignity was respected by staff and staff described how they maintained consumers’ privacy. The service demonstrated consumer information is kept confidential and stored securely.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | 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 |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Not Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers/representatives expressed satisfaction with the assessment of consumer needs for the delivery of services that meets consumer’s needs, goals and preferences. The service demonstrated basic assessments and processes that considered potential risks to consumers’ health and wellbeing. Management described the initial assessment process and how information is shared with staff.

Staff were able to describe assessment and planning processes and how consultation occurs with the consumers and their representatives. Consumers/representatives consider consumers to be partners in the ongoing assessment and planning of consumers’ services, however due to the nature of services provided, end-of-life care is not provided to consumers but referrals for further care and services is facilitated by this service. The service demonstrated the involvement of others in the assessment and planning processes with consumers.

Consumers said staff discuss their needs with them, and those the consumer wish to be involved. Staff described how they attend the homes of consumers to discuss their service needs, however the outcomes of assessments are not documented within formal care planning documentation and the service does not have processes in place do not enable consumers to readily access documented information pertaining to their service agreements. Information on planned services rely on conversations with consumers and are not documented by staff for assessment and planning purposes.

The service uses a basic electronic management system, primarily for administrative and financial information but does not hold readily accessible planning and services documentation for consumers. However, consumers expressed satisfaction with the knowledge of staff and services provided. Staff demonstrated knowledge of consumers needs and described how they access consumer information through verbal handover, notes and discussions with consumers.

The Approved Provider, in their response to the Assessment Team report, provided a plan of actions for implementation to address the identified deficiencies, however these actions are yet to be implemented, embedded and reviewed for effectiveness.

In coming to my decision of compliance with Requirement 2(3)(d), I have considered the information included in the assessment team report under this and other standards alongside the Approved Provider’s response. Based on the information summarised above I find this Requirement is non-compliant.

Consumers reported they contact the service to inform them when their circumstances change, and staff advised they are in regular communication with consumers to ensure their services are effective and meet consumer needs. Staff advised how changes are identified and escalated to management.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said the service supports them to maintain their independence and quality of life. Staff described how consumers are supported to maintain their independence and how services are tailored to support the individual consumers' needs and preferences.

Consumers/representatives reported satisfaction with services and supports provided to promote consumers’ emotional, spiritual, and psychological well-being. Staff demonstrated an understanding of what is important to each consumer and described how the well-being of consumers is supported. Staff escalate concerns about a consumer’s emotional or psychological well-being to management, who undertakes action to manage the consumer’s health needs.

Consumers said they feel supported to participate in various community activities, such as bus trips, visiting family and attending community events. Staff demonstrated sound knowledge of each consumer and those who are important to them and described how consumers are supported to maintain their interests and community connections through the delivery of services.

Consumers reported satisfaction with how information about their needs and preferences is shared within the service and with others involved in delivering their services. The service has processes in place to ensure information about the consumer’s needs and preferences are communicated within the organisation and shared with others as appropriate. Staff advised consumer information is shared with staff and others involved in providing services.

Whilst the service does not routinely undertake referrals to other organisations, the service does facilitate supporting consumers to access additional services to supplement supports and services for daily living.

Consumers reported satisfaction with the quality, quantity and variety of meals. Staff described how the menu is developed, prepared and delivered with consideration to specific diet types required.

The service demonstrated that equipment used is safe, clean and well maintained, including items provided for social supports such as sewing machines and vehicles used for consumer outings and shopping trips. Consumers reported vehicles as clean, and they feel safe when travelling in them.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service operates a day activity centre for consumers to engage in social activities such as sewing groups and social events. Consumers were observed utilising the space during the Quality Audit. The environment of the centre was welcoming, functional, and equipped for the services and activities undertaken by those attending the service.

The service environment including a kitchen was clean, well maintained and consumers were observed to access and move freely within the service area. Consumers reported the service environment is well maintained and suits their needs.

Management and staff described the cleaning and maintenance program for furniture, fittings and equipment, including the vehicles utilised by the service to support consumers attending social activities and other outings.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

Consumers/representatives reported feeling comfortable and being supported to provide feedback or make a complaint through various avenues. Staff described processes in place to encourage and support the receipt of feedback and complaints. Management advised the community is closely connected; therefore, consumers are comfortable to provide feedback and are encouraged to do so via telephone, email, verbally to staff or by sending a letter to the service. Management said they welcome all feedback and complaints from consumers.

Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues and advocacy services available for consumers/representatives. Information related to external support mechanisms is displayed throughout the service, and management advised an information pack to be provided to consumers/representatives was under development.

Consumers/representatives were confident management address and resolve promptly any concerns raised and reported that appropriate action is taken in response to feedback and complaints. Staff demonstrated an understanding of the principles of open disclosure, and how it is applied within their role.

Whilst consumers/representatives reported the service responds to their feedback and complaints the service was not able to demonstrate feedback, and complaints are recorded and utilised to enhance the quality of services provided to consumers. Feedback and complaint information is not formally captured or reported to the board and the service does not have a plan for continuous improvement.

The Approved Provider, in their response to the Assessment Team report, provided a plan of actions for implementation to address the identified deficiencies, however these actions are yet to be implemented, embedded and reviewed for effectiveness.

In coming to my decision of compliance with Requirement 6(3)(d), I have considered the information included in the assessment team report under this and other standards alongside the Approved Provider’s response. Based on the information summarised above I find this Requirement is non-compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Not Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers/representatives reported sufficiency of staff and satisfaction with the provision of services to consumers. The service demonstrated the workforce is planned to meet the needs of consumers. The service has systems and processes in place to ensure there is sufficient staff rostered across all shifts.

Staff considered there were sufficient staff to deliver services in accordance with the consumers’ needs and preferences. Consumers/representatives said staff provide services in a timely manner to meet consumer needs.

Consumers/representatives consider consumer’s received quality services when they need them from people who were kind, caring and respectful.

Staff descriptions of, and interactions with consumers were observed to be respectful. Management described various methods, including consumer/representative feedback to monitor staff behaviour. Staff had a shared understanding of consumers and what was important to them.

The service did not demonstrate that staff are provided with the support and training needed to perform their roles, or through onboarding processes for new staff. The Assessment Team report brought forward information advising the organisation does not hold human resource policies, procedures or guidelines, inclusive of demonstratable training processes, to ensure the workforce has the appropriate knowledge and qualifications to effectively perform their roles.

Consumers/representatives expressed satisfaction in the competence of staff. The Approved Provider, in their response to the Assessment Team report, provided a plan of actions for implementation to address the identified deficiencies, however these actions are yet to be implemented, embedded and reviewed for effectiveness.

In coming to my decision of compliance with Requirement 7(3)(c), I have considered the information included in the assessment team report under this and other standards alongside the Approved Provider’s response. Based on the information summarised above I find this Requirement is non-compliant.

Management described how they determine whether staff are competent and capable in their role, which included staff providing evidence of police criminal history checks, drivers licence details and other relevant qualifications to the organisation prior to commencement of employment.

Staff advised feeling supported and reported recent structural changes has been positive. Management described planned improvement initiatives to be implemented to support staff and the service. Management described how the workforce is recruited, trained, and equipped to deliver the outcomes required. Systems and processes were in place to review position descriptions and to monitor staff performance.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | 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 |
| 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. | Not 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. | Not 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

The service was able to demonstrate consumers/representatives are encouraged to provide feedback on the services provided. Consumers/representatives expressed confidence in how the service is run, having the opportunity to provide feedback on the delivery of services and expressed satisfaction with the services provided to consumers.

Staff described how consumers are supported to be engaged in the delivery of services through providing verbal or written feedback to management.

The organisation’s governing body was not able to demonstrate the promotion of a culture of safe, inclusive and quality services. The Board is not consistently informed by the service. The organisation did not demonstrate the monitoring of legislation or the provision of updated information to consumers, representatives, and staff regarding such changes. The service did not demonstrate governance frameworks, policies or procedures to support the provision of services to consumers.

The service did not demonstrate effective governance systems pertaining to information management, continuous improvement and regulatory compliance. Governance systems are in place for financial governance, workforce governance and feedback and complaints.

Whilst staff advised they were able to access the information they needed to perform their roles and consumers/representatives said they were satisfied with the management and provision of information regarding services; the service does not hold and maintain formal consumer records that are readily accessible to staff during service provision.

The service was unable to demonstrate that they maintain a continuous improvement plan or planned and completed improvement actions in relation to service delivery. Continuous improvement was not demonstrated at a service level and management could not demonstrate ways that feedback, complaints and incidents are investigated and analysed in a manner to influence continuous improvement at the service.

Management was able to demonstrate financial governance systems and processes and how additional expenditure approval is sought as required. The service demonstrated systems are in place to monitor workforce competency and ensure the workforce is appropriately planned to facilitate the delivery of safe and effective services to consumers.

Whilst the organisation has procedures with established roles for the monitoring of staff conduct and performance the organisation did not monitor changes to legislation or maintain systems to ensure regulatory compliance.

The Approved Provider, in their response to the Assessment Team report, provided a plan of actions for implementation to address the identified deficiencies, however these actions are yet to be implemented, embedded and reviewed for effectiveness.

In coming to my decision of compliance with Requirements 8(3)(b) and 8(3)(c), I have considered the information included in the assessment team report under this and other standards alongside the Approved Provider’s response. Based on the information summarised above I find these Requirements are non-compliant.

Whilst feedback does not inform continuous improvement, the service has systems in place to manage feedback and complaints and to ensure appropriate and proportionate action is taken. The service is guided by recently introduced policies and procedures relating to feedback and complaints. The service has policies and procedures to support the management of incidents and staff demonstrated an understanding of incident reporting requirements.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)