**Performance**

**Report**

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| Name: | Goolburri Aboriginal Health Advancement Company Limited |
| Commission ID: | 700067 |
| Address: | 20 Scott Street, TOOWOOMBA, Queensland, 4350 |
| Activity type: | Quality Audit |
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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: 7569 Goolburri Aboriginal Health Advancement Company Limited  
Service: 24720 Goolburri Aboriginal Health Advancement Company Limited - Community and Home Support

**This performance report**

This performance report has been prepared by E Blance, 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
* other information known to the Commission

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard. An assessment of performance is not provided for Requirement 3(3)(c), 4(3)(f) and 8(3)(e) as these are not within the scope of the service.

# 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 | | 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

Consumers and representatives say consumers are treated with dignity and respect and feel accepted and valued by the service. Staff demonstrated an understanding of consumers’ backgrounds, histories, and cultures. Interactions with consumers are guided by cultural awareness training completed by all staff.

Consumers and representatives say the service recognises and respects cultural backgrounds. Staff identified consumers' cultural backgrounds and understand the difference these backgrounds made to the preferences of consumers. Management and staff complete cultural awareness training when commencing with the service and annually.

All consumers are supported by the service to make their own decisions regarding the services they receive. Consumers say they are comfortable communicating any changes in their preferences and say the social support groups, as well as transportation provided by the service help them make connections with other people and maintain friendships with others outside of the service. The service seek from the consumer who they would like involved in their decision making and this information is recorded.

The service supports consumers’ choices, even if the choice is identified as posing a risk to the safety of the consumer. Staff support consumers to take risks to enable them to live their best life. The service provides education, information, and referrals to minimise risk while respecting consumer choice.

Consumers and representatives receive information in a timely manner, in a way they can understand, and are encouraged to ask questions or clarify information as needed. The service shares information with consumers via verbal reminders, email and post. Where a consumer has sensory or cognitive issues affecting communication the service will adjust the delivery of information. The service provides a yarn room where consumers can meet with staff or other consumers to ‘have a yarn’ and information is communicated during this time.

Consumers’ privacy is managed and respected by staff and consumers were confident the service protects all personal information collected. Consumer details are stored on the service’s electronic system. Systems are password protected with role restricted access.

I have reviewed the assessment team report as summarised above. I have considered feedback which is consistent with the Consumer outcome and the information under each Requirement which is consistent with the Standard. I find this Standard compliant.

# Standard 2

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| 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. | 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 and representatives say the care and services provided meet consumers’ current needs, goals, and preferences. Care planning assessments occur on entry to the service, when a change to a consumer’s needs occurs or annually. The service uses an electronic care management system which is accessible to staff on mobile devices. Assessment and planning includes consultation with the consumer/representative and others such as medical services and the Regional Assessment Service to inform the development of an individualised care plan which is adapted to consumers changing needs.

Consumers and representatives said they are involved with consumers’ care planning, are happy with the care and services offered, and are satisfied the care delivered reflects the consumers' wishes and preferences. The service does not offer palliative care, and end of life planning can be a culturally sensitive topic for Indigenous consumers, however the service encourage consumers and representatives to discuss end of life wishes in preparation for the future.

The service involves consumers and other relevant individuals in the planning and delivery of care and services. The assessment process works in partnership with other organisations, including medical services, and communicates regularly regarding the changing needs of consumers. Consumers say they can choose to have their representatives participate in reviews.

Consumers and representatives say services, and the frequency of services are explained to consumers upon commencement with the service and when changes occur. Staff have access to consumers' information through an electronic mobile device which contains information required to provide services in line with the consumer’s preferences. Deficiencies identified in relation to documentation of consumers observations will be actioned on the service’s continuous improvement plan.

Staff discuss consumers’ care needs and preferences with them and are responsive when there is a change. Care documentation is reviewed every 12 months, when circumstances change, or if there is an incident involving a consumer. Where an incident occurs, this triggers a review of the care plan which includes relevant allied health professionals when necessary.

I have reviewed the assessment team report as summarised above. I have considered feedback which is consistent with the Consumer outcome and the information under each Requirement which is consistent with the Standard. I find this Standard compliant.

# Standard 3

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| Personal care and clinical care | | 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers say care is safe and considers individual consumers’ needs, goals, and personal preferences. Consumers are assessed for the type of care they need to optimise their health and wellbeing. The service has policies and procedures in place to support the delivery of care provided. Staff have knowledge of consumer’s needs, goals, and preferences and how care is tailored to consumers’ needs.

All consumers were satisfied that risks are effectively managed. For example, where Aboriginal and Torres Strait Islander health staff assist with monitoring consumer’s blood sugar levels, results are reported to the medical officer with consent. Risks for each consumer, including life choices and mobility preferences, are effectively managed. Consumers’ clinical conditions are recorded to guide care staff to assist with consumer needs. There are currently no consumers with complex care needs however documented processes and policies are in place if, and when required.

Consumers say staff know them well and can identify changes to their condition. Consumers say staff listen and act on any concerns they have about their health and respond with appropriate actions and care when needed. Staff have knowledge of appropriate response and escalation processes if concerns are identified. The service has policies, procedures, and protocols to guide staff in the management of deterioration. Aboriginal and Torres Strait Islander health staff demonstrated understanding of actions taken if a consumer displayed signs of deterioration.

Consumers and representatives are satisfied care information is documented and communicated within the service. Care documentation is stored in an electronic care management system and accessed through an electronic mobile device by field staff. Care documentation reflects adequate information to support the delivery of safe and effective care.

Enquiries for services unable to be provided by the service are referred to My Aged Care or other organisations. Management and staff have a knowledge base of appropriate supporting organisations in the area. Consumers say referrals are timely, appropriate, occur when needed and the consumer has access to, or can be referred to relevant health professionals, such as allied health and medical specialists.

Consumers are satisfied the service implements strategies to minimise infections to consumers. Staff practice infection prevention and control measures such as hand hygiene, the use of personal protective equipment, and refraining from contact with consumers when unwell. The service has documented policies and procedures and an outbreak management plan to guide staff in relation to infection control. Hand hygiene and infection control training is included in the service’s induction program and mandatory training calendar.

I note Standard 3 is included within the scope of this service as per the Commonwealth Home Support Program guidelines which provides for Standard 3 to be assessed where the service is funded under service type Allied Health and Therapy Services and employs a qualified Aboriginal and Torres Strait Islander health worker. No clinical or personal care is provided to consumers at this service. The role of the health worker at this service is to act as a conduit between the consumer and their medical and allied health specialists in relation to clinical and personal care. I have reviewed the assessment team report as summarised above. I have considered feedback which is consistent with the Consumer outcome and the information under each Requirement which is consistent with the Standard. I find this Standard compliant.

# Standard 4

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| 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)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers are supported to engage in activities of interest to them, and are provided with relevant supports, such as equipment and resources, to promote their well-being, independence, and quality of life. Staff demonstrated a good understanding of what is important to individual consumers and described how they help the consumer to do activities that had meaning for the consumers, based on their stated preferences. Staff accompany consumers on bus outings and are aware of individual choices and preferences about where consumers go on outings.

The service provides emotional support to consumers by listening to the consumer and designing activities to meet consumer needs. Staff demonstrate an understanding of what is important to the consumer and how the delivery of a flexible service promotes the well-being of the consumer. Care documentation guides the delivery of care and services to promote emotional well-being.

Consumers are supported to take part in community activities outside of their homes including going shopping and meeting at social gatherings. Staff described relationships of importance to individual consumers. Care documentation identified the people important to individual consumers, and those people involved in providing care and activities of interest to the consumer.

Consumers and representatives are satisfied the information about consumers’ needs and preferences is shared within the service and with others involved in their care. The service keeps others informed of consumers’ needs, preferences, and any changes to consumers’ condition. Information is shared within the organisation, including on an electronic mobile device accessible by field and office based staff.

The service demonstrated timely and appropriate referrals to other individuals, organisations, or providers and how they collaborate to meet the needs of consumers. Consumers’ needs are assessed to inform their service plans. Policies and training guide management and staff. Aboriginal and Torres Strait Islander health staff described how information is shared with the consumers’ medical officer or the Regional Assessment Service when the consumer requires support, equipment or mobility aids.

Equipment in the support centre is safe and consumers know how to report any concerns or issues. The service has processes for purchasing, servicing, and replacing equipment. Equipment used to support consumers to engage in activities for the social support group was observed by the Assessment Team to be suitable, clean, and well-maintained. Processes are in place for scheduled and non-scheduled maintenance of service equipment and property assets.

I have reviewed the assessment team report as summarised above. I have considered feedback which is consistent with the Consumer outcome and the information under each Requirement which is consistent with the Standard. I find this Standard compliant.

# Standard 5

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| 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

Consumers who attend the service for social groups say they feel welcome and find the service easy to navigate. The social support group room is easily accessible to consumers from the reception area. The room is free from clutter and hallways are wide ensuring easy for consumers to navigate. The service is well lit with accessible restroom facilities. There is consumer art and craft on display in the room adding to the consumers’ sense of belonging. Furniture within the service supports the function of activities for consumers.

The service is clean and well-maintained and consumers say they feel comfortable when visiting the service. Consumers can move freely around the service when they attended the social support group. An outside area is accessible to consumers from within the social support group room. Cleaning processes are scheduled and all staff take responsibility for maintaining a clean environment. Maintenance issues are reported to management.

Consumers say, and the service’s furniture, equipment and vehicles were observed as safe, clean, and well maintained. The service’s vehicles are leased and maintained through an agreement. The service’s building has scheduled maintenance and repairs and fire safety equipment is regularly maintained by an external contractor.

I have reviewed the assessment team report as summarised above. I have considered feedback which is consistent with the Consumer outcome and the information under each Requirement which is consistent with the Standard. I find this Standard compliant.

# Standard 6

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| 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. | Compliant |

Findings

Consumers and representatives are supported and comfortable to give feedback or make a complaint if required. Consumers say they would discuss any concerns with the service’s staff and are confident the appropriate action would be taken. Consumers say they are aware of the feedback and complaints processes however most would choose to speak to staff in person or via telephone.

Management and staff encourage feedback and complaints, and this was confirmed by consumers. How to provide feedback or make a complaint is discussed with consumers during the admission interview prior to commencing services. The service encourages feedback in the form of yarns and provides a yarn room where suggestions are discussed in a culturally appropriate and respectful way.

Consumers say the service often provides details for other organisations to assist them. Management assist consumers to access other community organisations including advocates, and language services which offer elder support and healthy ageing support as well as the Commission.

Consumers and representatives expressed confidence in staff and management addressing any complaints and resolving concerns promptly. Management demonstrated the process of investigating and resolving complaints including the principles of open disclosure. Complaints are lodged in the complaints and feedback register and monitored until satisfactorily closed.

Consumers expressed confidence the service uses feedback and complaints to improve the quality of services. Feedback and complaints informs continuous improvement across the service. The service regularly receives feedback and suggestions on what activities to offer and this is taken into consideration when planning outings and activities.

I have reviewed the assessment team report as summarised above. I have considered feedback which is consistent with the Consumer outcome and the information under each Requirement which is consistent with the Standard. I find this Standard compliant.

# Standard 7

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| 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. | 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 and representatives say staffing is consistent. Consumers say staff are punctual and management is flexible to change the day or time of their domestic service, transport service, social support, or lawn mowing and garden service. The service uses an electronic system to manage staffing and identify staffing needs. Staff receive notifications on a mobile digital device regarding consumer visits. A casual staff pool is used to manage planned and unplanned leave.

Consumers say staff are kind, trustworthy, and respect their cultural identity, histories, and traditions. Staff could describe consumers’ backgrounds, culture, and identity. Management monitor staff interactions with consumers. Staff receive training on cultural safety.

Consumers reported positive feedback regarding the skills of the staff who provide their care and services. The service encourages and supports staff to undertake further training and education to enhance their knowledge and skills. The service’s recruitment, selection, onboarding, and performance processes ensure staff are appropriately qualified with the skills required to perform their roles. Staff competency is determined through appropriate selection and recruitment processes, performance reviews, and a buddy shift program.

Consumers expressed confidence in the workforce’s ability to deliver care and services and said staff are well trained. The workforce receive training and education to deliver the outcomes required by the Standards. The service has provided training on elder abuse, and the Serious Incident Response Scheme (SIRS) training will be provided to staff in the near future.

Staff are monitored formally through reviews, incident analysis, observations, staff and consumer and/or representative feedback. Performance management processes are undertaken by management. Probation periods and regular reviews ensure staff are performing to the required level. Staff feel supported in performing their roles. Performance appraisals are completed as per the service’s process, with feedback being provided and further supports being offered, where required.

I have reviewed the assessment team report as summarised above. I have considered feedback which is consistent with the Consumer outcome and the information under each Requirement which is consistent with the Standard. I find this Standard compliant.

# Standard 8

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| 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. | 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 |
| 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

Consumers say they feel listened to and the service encourage story telling by inviting them to share their experiences and stories related to the care they receive, would like or need. Consumers are engaged to participate in the delivery and evaluation of the service through the form of yarns, complaints, and suggestions are actively sought by management and used to develop and improve the services for consumers. A recently established Advisory Driving Committee include consumers who will be involved in a research grant from Queensland University of Technology on Bushtucker.

The organisation’s governance framework consist of a leadership structure with a Board holding overall accountability for quality and safety in the organisation. The Board consists of a clinician, a health practitioner and other individuals with ties to the Indigenous community. The Board meets on a quarterly basis and any legislative changes are provided to the Board at meetings for discussion and action. The governing body remains informed of the service’s operations through formal governance frameworks, leadership and reporting pathways, financial reports including service delivery outputs and feedback and complaint mechanisms. Incidents and feedback are managed at the service level and reported to executive management through weekly meetings.

The service has effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints.

The organisation has a risk management framework to manage and respond to high-impact or high-prevalence risks. Incidents are recorded in the service’s incident management system, which are then analysed and trended. Incidents are assessed, investigated, and resolved. Staff have received training on reporting and responding to incidents and have access to the service incident management system. Management and staff demonstrated an understanding of what high-impact or high-prevalence risks are associated with the consumers of the service. The service had an incident management policy to guide staff in the reporting and escalation of incidents.

I have reviewed the assessment team report as summarised above. I have considered feedback which is consistent with the Consumer outcome and the information under each Requirement which is consistent with the Standard. I find this Standard compliant.

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)