**Performance**

**Report**

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| Name: | Halls Creek Community Care Inc |
| Commission ID: | 500268 |
| Address: | 35 Thomas Street, Halls Creek, Western Australia, 6770 |
| Activity type: | Quality Audit |
| Activity date: | 1 October 2024 to 3 October 2024 |
| Performance report date: | 1 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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9440 HALLS CREEK COMMUNITY CARE INC  
Service: 27222 HALLS CREEK COMMUNITY CARE INC - Care Relationships and Carer Support  
Service: 27223 HALLS CREEK COMMUNITY CARE INC - Community and Home Support

**This performance report**

This performance report has been prepared by R Beaman, 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.

# 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.

# 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.

# Other relevant matters:

Standard 3, Requirement (3)(c) has not been assessed as the service does not provide care and services in relation to end of life, therefore the rating is not applicable.

Standard 8, Requirement (3)(e) has not been assessed as the service does not provide clinical care, therefore the rating is not applicable.

# 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 expressed feeling safe and supported with their identity, culture and diversity valued and respected. Consumers confirmed staff know them well and are kind and respectful in their interactions. Consumers described being supported on choice and opportunities to maintain their independence and described how the service provides accurate and timely information in relation to their care and services. Consumers expressed satisfaction with how the service maintains confidentiality of their information.

Staff were knowledgeable about consumers’ identity and cultural needs and preferences and described how they provide culturally safe services and supports in line with consumers’ needs and preferences. Staff described how they provide care and services in a respectful manner. Staff described, and service documentation confirmed, staff are provided with ongoing education, training, and support in relation to providing culturally safe care and services and maintaining privacy and confidentiality which are supported by policies and procedures.

Care documentation included information consistent with consumers’ cultural needs and preferences and provided guidance to staff in providing culturally safe care and services. Management described and documentation confirmed policies and procedures are in place to guide staff in supporting consumer choice and assessing risk.

Based on the assessment team’s report, I find all Requirements in Standard 1 Consumer dignity and choice compliant, therefore the Standard is 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

Care documentation showed consumer’s needs, goals and preferences are discussed and documented and includes the consideration of risks related to the consumer's health and wellbeing and service environment, and advance care directives if provided. Documentation confirmed consumers undertake reassessment at regular intervals and where changes to a consumer’s health and well-being, goals and preferences are identified.

Consumers confirmed being involved in assessment and planning of their care and services, and expressed satisfaction with the services provided. Consumers confirmed they are supported to include representatives and others in their assessment and planning if they wish, and staff read care plans to them and address any questions consumers have.

Staff confirmed undertaking reassessment processes and described how they would report any changes to management for follow up. Management described assessment and planning processes which include partnering with consumers, their representatives, and other services where appropriate. Management confirmed consumers are asked about advance care directives but often prefer to speak to their medical practitioner.

Based on the assessment teams report, I find all Requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore the Standard is 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)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Not assessed |
| 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 and representatives confirmed care is safe and right for them and said the service explains and reduces the impact of risks. Consumers confirmed staff know them well and are confident staff would identify and promptly respond to any change to their condition, including timely referrals to other organisations and providers of care when required. Consumers confirmed staff have access to their care plans and personal information detailing their condition, needs and preferences.

Care documentation showed consumers receive safe and effective personal care and where there are risks to consumers’ health, including falls, they are documented with strategies to guide staff deliver care in a safe and effective manner. Care documentation reflected changes in consumers’ condition is promptly identified, with actions taken to address changes, including referrals to external providers of care.

Staff and management confirmed they have received training on observing changes and risks to consumers and demonstrated they promptly responded to a change in one named consumer’s condition. Staff demonstrated knowledge of processes in place to minimise the spread of infection.

Based on the assessment team’s report, I find all Requirements in Standard 3 Personal care and clinical care compliant, therefore the Standard is 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)(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 expressed satisfaction with the services and supports for daily living provided, confirming the services meet their needs, goals, preferences, and emotional and psychological well-being. Consumers confirmed the service provides consumers with support in participating in the community, maintaining social and personal relationships and do things of interest to them. Consumers felt staff knew them well and delivered services and supports safely, with equipment that is safe, well-maintained, and suitable for their needs. Consumers were satisfied with the meals provided.

Staff were knowledgeable about consumers’ needs, goals and preferences and described how they provide services to support consumers’ emotional and psychological well-being. Staff and management described processes in place to refer consumers to external providers of care where needed. Staff described, and observations confirmed, how they support consumers to participate within the community and maintain relationships both within and outside the service. Staff confirmed processes in place to escalate and communicate changes to consumers’ needs, goals, and condition, with referrals placed where additional supports are required. Staff were knowledgeable of reporting maintenance issues to management and confirmed equipment is clean and well-maintained.

Based on the assessment team’s report, I find all Requirements in Standard 4 Services and supports for daily living compliant, therefore the Standard is 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 expressed satisfaction with the service environment, confirming they can move freely both indoors and outdoors and the environment, including the service’s vehicle used to transport consumers, is clean and well maintained. Consumers confirmed they feel welcomed and find furniture and fittings safe, clean, and suitable for use.

Observations showed the service environment had suitable signage to aid wayfinding and furniture, and fittings were clean, well maintained and consumers appeared comfortable within the service environment. Staff described, and service records confirmed, cleaning and maintenance processes are in place. The service has preventative maintenance schedules in place.

Based on the assessment team’s report, I find all Requirements in Standard 5 Organisation’s service environment compliant, therefore the Standard is 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 confirmed they are informed of feedback and complaints processes and are aware of advocacy and language services available to them. Consumers felt supported and safe in providing feedback and complaints and were confident the service would respond appropriately to complaints raised.

Staff demonstrated awareness of external advocacy services available to consumers, and described how they would support consumers to access services if needed. Management described the complaints management processes to ensure complaints are actioned in a timely manner, with open disclosure and corrective actions taken to address concerns. Management described, and service documentation confirmed, processes are in place to analyse and trend feedback and complaints to inform service improvements, such as improvements to the quality and quantity of meals on wheels following a review of consumer feedback from food satisfaction surveys.

Welcome packs are provided to all consumers and include information on feedback and complaints processes, and advocacy and language services. The complaints register confirmed feedback and complaints are documented, with actions and open disclosure practices evident. The service has policies and procedures in place to guide staff practice in relation to feedback and complaints.

Based on the assessment team’s report, I find all Requirements in Standard 6 Feedback and complaints compliant, therefore the Standard is 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 confirmed there are a sufficient number of well-trained competent staff delivering services and supports. Consumers confirmed staff are kind, caring and respectful in their interactions and while delivering care and services.

Staff described being supported to undertake their roles, confirming adequate time is allocated to deliver safe and quality care and services. Staff and management described, and service documentation confirmed, recruitment, onboarding, and induction processes are in place to ensure staff have the required knowledge and skills to undertake their roles. Staff confirmed completing regular performance reviews.

Staff described, and training records confirmed staff undertake mandatory training which includes the code of conduct, cultural awareness, advocacy and respect, dementia awareness and elderly abuse. Staff complete follow up assessments to ensure knowledge is embedded.

Management described the systems and processes in place to monitor the workforce to deliver safe and quality care and services, with the appropriate mix and number of staff including processes to manage planned and unplanned leave. Staff performance is monitored through formal and informal processes, such as scheduled performance reviews, regular staff meetings, incidents, and feedback and complaints.

Based on the assessment team’s report, I find all Requirements in Standard 7 Human resources compliant, therefore the Standard is 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 |
| 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. | Not assessed |

Findings

Consumers confirmed they are engaged and supported in the development, delivery, and evaluation of care and services. Management described avenues for seeking feedback and improvement opportunities from consumers which includes two consumers attending Board meetings. Documentation showed, and management confirmed, the organisation actively seeks consumer input into service delivery.

Service documentation showed the governing body monitors consumer experience and provides information, support and direction through reports to ensure the delivery of inclusive, safe, and quality care and service. Management described reporting requirements to the governing body on performance and consumers’ experience to ensure the governing body has accurate information to make informed decisions. Consumers described being supported by the Board to improve services.

Documentation confirmed the service has organisational governance systems in place to ensure information is managed appropriately to enable staff to deliver care and services in a way that meets consumers’ needs and preferences. Systems and processes are in place to ensure continuous improvement is consumer focussed, and the workforce is monitored at an organisational level to ensure staff have adequate skills and training.

A range of policies, procedures, reporting mechanisms, and auditing processes support the organisation’s risk management systems. Staff were knowledgeable of risk management processes, including supporting consumers to undertake risks, use of the incident management system, and how to report serious incidents including elder abuse and neglect. Management confirmed no incidents have occurred, but they would review any incidents and undertake a route cause analysis, to identify trends for process improvement.

Based on the assessment team’s report, I find all Requirements in Standard 8 Organisational governance compliant, therefore the Standard is 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)