**Performance**

**Report**

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| Name: | Ipswich City Council Home Assist |
| Commission ID: | 700387 |
| Address: | 37 South Street, IPSWICH, Queensland, 4305 |
| Activity type: | Quality Audit |
| Activity date: | 23 January 2024 to 24 January 2024 |
| Performance report date: | 16 April 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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7343 Ipswich City Council  
Service: 24843 Ipswich City Council - Community and Home Support

**This performance report**

This performance report for Ipswich City Council Home Assist (**the service**) has been prepared by Stewart Brumm, 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.

# 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 observations at the service, 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 4** Services and supports for daily living | **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.

# 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

The Assessment Team provided information that Consumers, and representatives, confirmed they are treated respectfully and with dignity and advised that the staff and friendly, caring and professional. The Approved Provider actively promotes an inclusive approach and a commitment to recognising, valuing and respecting diversity.

Consumers and representatives confirmed that staff understand their preferences and what is important to them, and this is considered when providing care and services. They agreed the service treats them in a way which makes them feel safe and valued and caters to their individual needs and preferences.

Consumers and representatives, confirmed staff respect their personal privacy while providing care and services.

Management and staff demonstrated knowledge, awareness and understanding in accommodating consumer choices and preferences. Consumers, and representatives, say they are supported to make their own decisions about the services they receive.

Consumers, and representatives, said the services they receive help them to live at home as safely as possible. Consumers, and representatives, confirmed they receive information in a way they can understand and which enables them to make informed choices.

I have considered the information presented by the Assessment Team and I am persuaded by the consumer and representative feedback and the Approved Providers ability to demonstrate compliance.

I find all requirements in 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

The Assessment Team provided information that consumers, and representatives, confirmed they are involved in the assessment and planning process, staff take the time to understand what they need to support their independence, safety and security and minimise risk.

Consumers said they have control in relation to the service they receive and any service requests are actioned promptly. Interviews with staff demonstrated focus on consumer choice to ensure their preferences are considered. Approved Provider records described the services the consumer receives, their needs, goals and preferences and the agreed work to be undertaken.

The Approved Provider demonstrated the outcomes of assessment and planning are effectively communicated to the consumer and documented.

Staff and contractors monitor the consumer’s overall health and welfare during each home visit and report any concerns or changes they have observed and this is followed up with the consumer or their representative.

I have considered the information presented by the Assessment Team and I am persuaded by the consumer and representative feedback and the Approved Providers ability to demonstrate compliance.

I find all requirements in 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 |

Findings

The Assessment Team provided information that the Approved Provider demonstrated each consumer gets safe and effective services which supports their independence, health and wellbeing and quality of life. Consumers, and representatives, reported the services they receive helps them to maintain their independence and remain living in their own home.

Consumers, and representatives, confirmed staff are respectful, kind and caring towards them. They spoke highly of staff who attend their home and the assistance they provide.

The Approved Provider demonstrated how the services provided enable consumers to access their local community, do things of interest to them and maintain their chosen lifestyle. The Approved Provider enables consumers to continue to live in their own homes, through the provision of home maintenance and modifications, and to access the community by ensuring safe access to and egress from their property.

Consumers, and representatives, are satisfied information about their needs and preferences is shared within the service and with others involved in their care. The Approved Provider demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services.

I have considered the information presented by the Assessment Team and I am persuaded by the consumer and representative feedback and the Approved Providers ability to demonstrate compliance.

I find all requirements assessed in 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

The Assessment Team provided information that the Approved Provider demonstrated that consumers and their representatives are encouraged and supported to provide feedback about the services delivered. Consumers can provide feedback through various methods, including contacting the service via phone, filling out feedback forms, and emailing the service.

The Approved Provider demonstrated that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Consumers advised that they are aware of the ways they are able to provide feedback and would feel comfortable to raise any issues or concerns they had if they needed to.

The Approved Provider demonstrated that appropriate action is taken in response to complaints and that an open disclosure process is used when things go wrong.

The Approved Provider demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. The Assessment Team observed that complaints are responded to in a timely manner, robust system for recording and analysing all feedback received.

I have considered the information presented by the Assessment Team and I am persuaded by this information and the Approved Providers ability to demonstrate compliance.

I find all requirements in 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

The Assessment Team provided information that the Approved Provider demonstrated that the workforce is planned to enable the delivery and management of safe and quality services. Consumers/representatives provided positive feedback regarding the service’s management of the workforce and that staff arrive on time and do not rush through their services.

Consumers stated they are treated with dignity and respect and could not report any instances of staff being disrespectful or rude. Consumers felt that staff were competent at their job and held the correct qualifications for the work and services they are providing.

The Approved Provider demonstrated that the workforce is trained and equipped to deliver the outcomes required by these Standards.

The Approved Provider demonstrated that there are appropriate processes in place to assess, monitor and review staff performance. Staff and Management confirmed formal performance reviews are held annually.

I have considered the information presented by the Assessment Team and I am persuaded by this information and the Approved Providers ability to demonstrate compliance.

I find all requirements in 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

The Assessment Team provided information that the Approved Provider demonstrated that management and consumers are engaged in the development and delivery of services they receive. Management outlined ways that consumers are encouraged to be engaged in the evaluation and how feedback from consumers assists to shape the development or changes.

Management stays informed of the service’s operations through formal management reporting pathways, as well as feedback and complaint mechanisms. Incidents and feedback are managed at the service level and reported to management through monthly formal updates.

The Approved Provider demonstrated appropriate and effective organisation-wide governance systems related to continuous improvement and workforce governance, information management, financial governance, regulatory compliance, feedback and complaints.

The Approved Provider demonstrated that it has effective risk management systems and practices that, when followed, lead to safe and effective outcomes for consumers.

I have considered the information presented by the Assessment Team and I am persuaded by this information and the Approved Providers ability to demonstrate compliance.

I find all requirements in this Standard compliant.

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