**Performance**

**Report**

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| Name of service: | Logan Respite Project |
| Service address: | 280 A Kingston Road SLACKS CREEK QLD 4127 |
| Commission ID: | 700793 |
| Home Service Provider: | Logan Central Respite Centre Association Inc |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 21 June 2023 |
| Performance report date: | 26 July 2023 |

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.

**This performance report**

This performance report for Logan Respite Project (**the service**) has been prepared by M Franco, 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.

# Services included in this assessment

**CHSP:**

* Care Relationships and Carer Support, 23993, 280 A Kingston Road, SLACKS CREEK QLD 4127
* Community and Home Support, 25055, 280 A Kingston Road, SLACKS CREEK QLD 4127

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives.
* the provider’s response to the assessment team’s report received 29 June 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 7 Human resources | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 7

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| Human resources | | CHSP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these Standards. Workforce in various roles when interviewed by the Assessment Team described completing relevant training and being supported in their role by the service. Management when interviewed by the Assessment Team described organisational recruitment and onboarding processes, including mandatory training relevant to the role, and ongoing support and training opportunities. This was substantiated through documentation analysed by the Assessment Team.

Evidence analysed by the Assessment Team showed an operational manual including policies and procedures; and training and education completed by staff and management including Aged Care Quality Standards, privacy and confidentiality, inclusion and diversity, person centred care, dignity, and risk, reporting abuse and incidents, incident management, elder abuse, understanding dementia, Covid-19 and infection control, and aged care reforms including Serious Incident Response Scheme (SIRS).

Based on the evidence summarised above I find the service compliant with Requirement 7(3)(d) of the Aged Care Standards.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| 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

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate it has effective organisation wide governance systems in place in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

Information management:

Evidence analysed by the Assessment Team showed the organisation has an established records management framework including policies and procedures related to collecting, sharing, and storing information. Evidence analysed by the Assessment Team showed the service has a newsletter which outlines service-related issues as a way of ensuring staff information is current. Newsletter sighted by the Assessment team included information relating to Food Safety Kitchen Audit, staff appraisals, quality improvements and information relating to upcoming consumer outings and reminders to monitor expiration dates for first aid and vaccinations.

Continuous improvement:

Evidence analysed by the Assessment Team showed the organisation has an established continuous improvement process, including documentation of improvements in the service’s continuous improvement plan which included improvements informed by consumer feedback and improvements identified by the service related to application of the Aged Care Quality Standards.

Financial governance:

Evidence analysed by the Assessment Team showed the organisation has an established financial governance framework including planning, decision making, accountability and reporting processes. financial policies outlining accountabilities and responsibilities. Management also advised that the junior administration officer is now responsible for collecting the payments from consumers and is also teaching some support workers to do the same as a back-up for when they take leave.

Workforce governance:

Evidence analysed by the Assessment Team showed the organisation has an established workforce governance framework including policies and procedures in place in relation to workforce management. Evidence analysed by the Assessment Team showed the organisation was able to demonstrate effective workforce planning, recruitment, induction, training and development, and performance review and management to enable delivery and management of safe and quality services to consumers.

Regulatory compliance:

Evidence analysed by the Assessment Team showed the organisation has effective processes to track changes to aged care legislation and regulatory requirements and implement relevant changes. Management demonstrated evidence of maintaining registers to track first aid, CPR, and other regulatory requirements for staff compliance.

Feedback and complaints:

Evidence analysed by the Assessment Team showed the organisation has an established feedback and complaints framework to encourage and support consumers to provide feedback and make complaints. Including policies and procedures, consumer surveys, a complaint register which enables the service to record, monitor and action consumer feedback.

Evidence analysed by the Assessment team showed the organisation was able to demonstrate it has effective risk management systems and practices, including in relation to managing high-impact or high prevalence risks associated with the care of consumers.

Managing high impact or high prevalence risks:

Records showed that the service captures information relating to consumers who are a high falls risk or at risk of absconding and are highlighted on the respite centre list to alert staff of the risk. Staff provided knowledge and understanding of individual consumer risks and strategies to support them including the use of walking aids. The chef who prepares and cooks meals onsite reported receiving information from health professionals such as speech pathologists or general practitioners about changes to consumer meal preparation due to swallowing deficits. The chef described colour coding systems in the kitchen to ensure each consumer received the appropriate meal type. The chef also demonstrated understanding of consumer risk by discussing not changing a consumer’s meal type for example moving a consumer’s meal from soft diet to minced moist without written advice from a health professional. Staff are provided with information relating to risk management in policies and procedures, the service’s risk assessment guide which includes processes, risk matrix and corrective action guides, the workplace health and safety manual includes risk management procedures, and the corporate governance manual includes integrated risk management.

Identifying and responding to abuse and neglect of consumers:

Training was provided to staff discussing abuse and neglect on 13 January 2023 as confirmed by the signed attendance sheet, as discussed in Requirement 7(3)(d). The training material provided to the Assessment Team included education about different types of abuse including physical, emotional, sexual, financial, neglect and self-neglect, and potential service involvement for example over charging or charging for services not delivered. Discussion also included recognition of signs of abuse, duty of care, reporting requirements (inclusive of SIRS), seeking professional help and prevention tips which included contact numbers for My Aged Care and the Carers Gateway.

Supporting consumers to live their best life:

Consumers are supported to live their best life through choice and community engagement. Management and staff discussed consumers in a respectful way and understood their needs and preferences.

Managing and preventing incidents:

Management and staff were able to identify and give examples of incidents and provide the reporting and documentation process when an incident was identified. The incident register, as sighted by the Assessment Team contained 6 incidents documented between February and June 2023.

The Assessment Team discussed incident reporting with a management committee member and management. Based on the management committee taking a more active role, increased incident reporting in the last 5 months, the introduction of a new workplace health and safety officer, and that staff were able to demonstrate understanding of what an incident is and the incident reporting process

Based on the evidence summarised above I find the service compliant with requirements 8(3)(c) and 8(3)(d).

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