**Performance**

**Report**

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| Name: | Mallacoota District Health & Support Service CACP Project |
| Commission ID: | 300100 |
| Address: | Cnr Mattsson Street & Genoa Road, Mallacoota, Victoria, 3892 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 28 August 2024 |
| Performance report date: | 20 September 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

Home Care Packages (**HCP**) included:  
Provider: 1329 Mallacoota District Health & Support Service Inc  
Service: 18858 Mallacoota District Health & Support Service CACP Project

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8202 Mallacoota District Health & Support Service Inc  
Service: 24845 Mallacoota District Health & Support Service Inc - Care Relationships and Carer Support  
Service: 25237 Mallacoota District Health & Support Service Inc - Community and Home Support

**This performance report**

This performance report has been prepared by L Glass, 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 Assessment contact (performance assessment) – site 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 Home Care Packages (HCP)

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| --- | --- |
| Standard 6 Feedback and complaints | Not applicable as not all Requirements were assessed |
| **Standard 7** Human resources | **Not applicable as not all Requirements were assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all Requirements were assessed** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 6 Feedback and complaints | Not applicable as not all Requirements were assessed |
| **Standard 7** Human resources | **Not applicable as not all Requirements were assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all Requirements were 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 6

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| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

The service was found not compliant with these Requirements following a Quality Audit conducted from 19 March to 20 March 2024. The Assessment Team report for the assessment contact conducted on 28 August 2024 recommended the Requirements were met. I have considered the information in the Assessment Team report and accept the recommendation based on the information provided. I am satisfied Requirements 6(3)(a) and 6(3)(d) are Compliant.

Consumers are confident the service supports them to provide feedback about the care and services received. Information on making a complaint is provided to consumers in the information handbook and welcome pack and discussed by management on an ongoing basis. The Assessment Team viewed the consumer welcome pack and handbook which also provided details of how consumers can provide feedback or make a complaint and contact details for external organisations providing complaints related support. The service has several other ways consumers, representatives and members of the community can provide feedback. Consumers receiving care and services provide feedback by calling their program manager, sending an email, or in person. The service has a complaints management policy which provides staff guidance on how to encourage consumers and representatives to provide feedback and make complaints.

Consumers and representatives confirmed the service reviews their feedback and complaints to improve the quality of care and services. Management and staff generally respond to feedback immediately. Identification of consumer issues and opportunities for improvement occurs through discussions with consumers, representatives and during the weekly clinical committee meeting. Actions to remedy issues identified through feedback are undertaken immediately. While the service is actively addressing complaints, the Assessment Team found some feedback was not documented in the complaints register. However, the Assessment Team was satisfied feedback is communicated verbally and reviewed regularly by management.

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

The service was found not compliant with Requirement following a Quality Audit conducted from 19 March to 20 March 2024. The Assessment Team report for the assessment contact conducted on 28 August 2024 recommended the Requirement is met. I have considered the information in the Assessment Team report and accept the recommendation based on the information provided. I am satisfied Requirement 7(3)(e) is Compliant.

The service demonstrated staff performance is regularly reviewed and monitored. Staff have regular meetings with the team leader, during which staff performance and any challenges are discussed. The service conducts annual performance reviews and monitors internal staff performance through regular supervision. Performance monitoring includes consideration of incidents, feedback, and compliments, and performance issues are escalated and actioned as required, with support provided and an employee assistance program available as required.

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | 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 | Compliant |

Findings

The service was found not compliant with this Requirement following a Quality Audit conducted from 19 March to 20 March 2024. The Assessment Team report for the assessment contact conducted on 28 August 2024 recommended the Requirement is met. I have considered the information in the Assessment Team report and accept the recommendation based on the information provided. I am satisfied Requirement 8(3)(c) is Compliant.

In relation to this requirement the service was found not compliant, when they were unable to demonstrate effective organisation wide systems of governance relating specifically to feedback and complaints. The Assessment Team found effective systems and processes of communicating information, and that the governing body is informed of consumer feedback. The service has systems and processes in place to ensure feedback is captured, recorded, escalated and resolved. The service practices an open disclosure process, and this expectation was confirmed by a review of the feedback and complaint policy and procedure. A comprehensive written report is presented to the Board prior to each of the 5 scheduled meetings each year, detailing risks or concerns for discussion and resolution. Board members confirmed they receive a report from management for discussion and review. The Assessment Team viewed the documentation and confirmed Board meeting minutes detail discussions and outcomes to improve consumer quality of care and services.

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)