**Performance**

**Report**

**1800 951 822**

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| Name: | Murilla Respite Service |
| Commission ID: | 700342 |
| Address: | 73A Murilla Street, MILES, Queensland, 4415 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 8 October 2024 |
| Performance report date: | 28 October 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: 7845 Murilla Community Centre Inc  
Service: 23914 Murilla Community Centre Inc - Care Relationships and Carer Support  
Service: 23913 Murilla Community Centre Inc - 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 Assessment contact (performance assessment) – non-site report was informed by review of documents and interviews with staff consumers/representatives and others.
* the provider’s response to the assessment team’s report received 24 October 2024.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Not Applicable |
| **Standard 8** Organisational governance | **Not Applicable** |

A detailed assessment is provided later in this report for each assessed Standard. A rating of Not Applicable is required as not all Requirements were assessed to determine the overall outcome of the 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 2

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| Ongoing assessment and planning with consumers | | CHSP |
| 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)(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 |

Findings

**Requirement 2(3)(b)**

The service demonstrated assessment and planning processes included discussions with consumers about their goals, preferences, advance care and end of life planning. Consumers said the service had included them in the development of their care plan to understand their current needs, goals and preferences including for advance care and end of life. Care staff access care plans to deliver services as per the consumer’s preferences. The service provides supports to consumers with end of life planning and information is included in service communication to inform consumers. I have reviewed the information within the Assessment contact report as summarised above as well as the Provider’s response, and I consider this Requirement compliant.

**Requirement 2(3)(d)**

The service demonstrated consumer care plans are completed in consultation with the consumer and a copy is provided to file in consumers’ homes. Consumers said a copy of their care plan is available. Staff access consumer care plans to guide provision of services that meet the consumer’s needs. Staff communicate changes in consumers’ needs or preferences to management to ensure the care plan remains contemporary. Policies, procedures and templates guide staff practices to ensure relevant information is captured within the care plan to effectively communicate information to the consumer, and is documented. I have reviewed the information within the Assessment contact report as summarised above as well as the Provider’s response, and I consider this Requirement compliant.

# 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 |

Findings

**Requirement 8(3)(c)**

The service demonstrated effective processes are in place to identify and report to the Serious Incident Response Scheme. Consumers were confident to report incidents to staff, and the service would take timely and appropriate action in response to a serious incident. All staff have completed Serious Incident Response Scheme training and staff described the incident reporting process in place. Staff and management had a shared understanding of the Serious Incident Response Scheme and the process for reporting incidents. The service has policies and procedures to guide staff practice. I note the service have continuous improvement actions for completion by November 2024 to ensure staff have access to further information about reporting requirements. Management and administration staff have accountability to ensure monitoring of regulatory compliance changes, and to communicate and share with the service’s staff and for discussion at management meetings. I have reviewed the information within the Assessment contact report as summarised above as well as the Provider’s response, and I consider this Requirement compliant.

1. The preparation of the performance report is in accordance with section s68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)