**Performance**

**Report**

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| Name: | Noosa Community Support |
| Commission ID: | 700050 |
| Address: | 11 Wallace Drive, Wallace Park, NOOSAVILLE, Queensland, 4566 |
| Activity type: | Quality Audit |
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| Performance report date: | 25 July 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: 7293 Noosa Shire Council  
Service: 23838 Noosa Shire Council - Care Relationships and Carer Support  
Service: 23837 Noosa Shire Council - Community and Home Support

**This performance report**

This performance report for Noosa Community Support (**the service**) has been prepared by Jennifer Hartley, 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 a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 18 July 2024.
  + the provider’s response accepted the findings of the assessment team and did not provide further information or evidence for consideration in the decision.

# 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.

# 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 and representatives said consumers are treated with dignity and respect and the service asks about their background and identity. Consumers’ personal preferences, culture and background are recorded in care documentation. Staff demonstrated an understanding of consumers’ backgrounds and were observed interacting with consumers respectfully.

Consumers and representatives said the service is culturally safe with one consumer describing specific cultural support related to their cultural heritage. Care documentation and staff confirmed consumers’ cultural information is recorded and respected.

Consumers and representatives said the service supports them to make decisions about their care and services and those they want included in decision making. The service provides information to support consumers to make informed choices and staff described how they assist consumers to do so.

Staff and management described how they would support consumers who wished to take risks and the process to assist with mitigating risks. Consumers could not identify any individual risks they wished to take, however said they believed the service would support them.

Consumers said information is provided on entry to the service which is clear and accurate. Staff described how they assist consumers with communication barriers through reading newsletters aloud. Management described the information provided to consumers which includes a monthly newsletter detailing future activities and information sessions planned.

Consumers said their privacy is always respected. The service demonstrated how consumers’ personal information is stored in a secure manner.

For the reasons detailed, I am satisfied consumers are treated with dignity and respect, can maintain their identity and make informed choices about care and services. I find Standard 1 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

Consumers and representatives said care is planned to meet consumers’ needs and preferences with strategies to manage risks. Consumer care documentation demonstrated consumers’ risks are assessed and care is planned to manage those risks. The service uses risk assessment tools and policies to guide staff practice.

Consumers said their current needs are assessed including end of life preferences. Staff described how consumers’ needs, goals and preferences are discussed including end of life planning when starting services. The service provides support to consumers who wish to complete advance health directives which are stored in care documentation when available.

Consumers said they are involved in assessment and planning when entering the service or as needed. Consumers’ care documentation recorded occasions where other organisations were involved in consumers’ care.

Consumers and representatives are provided with a copy of the consumers’ care plan. Staff described consumer information they access which includes detailed notes on mobile devices. Consumers’ care documentation evidenced information communicated by staff and available to staff.

The service reviews consumers’ services annually or when required due to a change in circumstances. Consumers described how the service has made changes to care and services when a change in their condition has occurred. A review of care planning documentation confirms care plans are reviewed on a regular basis.

I am satisfied consumers are engaged in planning their services and their needs and preferences are being met. I find Standard 2 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. | Compliant |
| 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 are satisfied with the care provided and said their individual needs are considered. Care staff demonstrated knowledge of individual consumer’s needs. The service has policies and procedures to support the delivery of care provided.

Consumers are satisfied risks are effectively managed. Care documentation recorded assessed risks which included the consumers’ living situation, mobility and complex care needs. Care documentation identified strategies are in place to manage identified risks.

Consumers said they can discuss end of life wishes with the service if they choose. Staff and management described the processes for providing or escalating care to align with consumers’ needs, goals and end of life wishes.

Consumers are confident staff would identify a change in their condition. The service has policies and clinical protocols to guide staff with appropriate escalation when a deterioration or change are identified with a consumer’s condition. Staff provided examples of escalating changes in consumers’ condition to the care coordinator.

Consumers and representatives are satisfied the service has sufficient information to meet consumers’ needs and preferences. Consumers’ care and service plan information are stored in an electronic system which staff can access through mobile devices.

Management described how consumers are referred to My Aged Care if their needs or condition changes. Consumers said the service provides referrals to allied health professionals.

Consumers are satisfied the service has implemented strategies to minimise infections. Staff described actions they take and training they have received to minimise infection related risks. The service has documented policies and procedures and an outbreak management plan.

I am satisfied consumers’ clinical and personal care is effectively managed. I find Standard 3 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 are provided sufficient support to meet their needs and optimise their independence with activities which include the social group and bus outings. Staff demonstrated knowledge of consumers and their needs and preferences which were reflected in care planning documentation.

Consumers and representatives are satisfied with the support provided by staff relating to their emotional well-being. Staff demonstrate an understanding of what is important to the consumer and how delivery of a flexible service promotes consumers’ well-being. Staff described the emotional support they have provided to a named consumer who can feel lonely.

Consumers described how they are supported in the community, with relationships through the social group which allows them to participate in activities of interest to them. Care planning documentation identifies people of importance to the consumers and areas of interest to them.

Consumers and representatives are satisfied the service and others providing care have sufficient information to provide services in line with consumers’ needs and preferences. Management described how information is shared through a mobile device, the electronic care system and verbally through handovers.

The service demonstrated timely and appropriate referrals to other individuals and organisations such as allied health professionals for mobility equipment, meal providers and home maintenance. A named consumer described how the service supported them to access a meal delivery service.

The service provides morning tea and lunch for consumers attending the social support group. Consumers are satisfied with the quality and quantity of meals provided. Care documentation records consumers’ food preferences and dietary needs and was observed in the servery at the centre.

Consumers are satisfied the equipment in the support centre is safe and any issues are reported. Staff demonstrate an understanding of the processes for escalating maintenance concerns. The support centre equipment was observed to be clean, safe and well-maintained.

I am satisfied the services provided support consumers to remain independent and improves consumers’ quality of life. I find Standard 4 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

The service was observed to be easy to navigate with appropriate lighting which created a welcoming environment. Consumers described how the support centre optimises their sense of belonging and independence. Consumers were observed participating in activities and utilising the various areas of the centre including the gardens and outdoor areas.

The service’s indoor and outdoor environments were observed to be safe, comfortable, clean and well-maintained. The service demonstrated systems to complete cleaning and preventative and reactive maintenance.

The equipment, fittings and furnishings were observed to be cleaned, suitable and well maintained. Maintenance staff described how the service proactively and reactively maintains equipment which was evidence in maintenance records.

I am satisfied the service’s environment meets the Standard. I find Standard 5 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 are comfortable to raise complaints or feedback to the service. Management and staff described how consumers who wish to make a complaint are supported through feedback boxes or directly to staff and management.

Consumers and representatives are aware of external complaints processes and advocacy services. Management described how information for advocacy services and external complaints services are provided to consumers in the welcome pack. Information related to these services was observed throughout the service.

Although consumers and representatives said they have not raised complaints, they are confident management would be responsive to feedback provided. Management and staff described the practice of open disclosure and how it would be used in practice.

The service demonstrated a system for documenting and using feedback and complaints to improve care and services. The service implemented an improvement related to transport following feedback from consumers.

I am satisfied the service encourages and supports consumers to provide feedback and make a complaint. I find Standard 6 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 are satisfied there are sufficient staff who are accessible and reliable. Management plans the workforce to consider consumer demand, individual requirements and preferences. Consumers are satisfied with how unexpected staff leave is managed and communicated by the service.

Consumers said staff are kind, caring and respectful. Staff demonstrated an understanding of consumers’ individual needs and backgrounds. Staff receive annual training in areas such as the code of conduct, customer service, advocacy and cultural diversity.

Consumers are satisfied with the skill level and care provided by the workforce. Management described how staff competencies including driver’s licenses, criminal history checks and other training are verified and monitored.

Staff participate in annual mandatory training and are supported with additional training when a need or desire is identified. Training records evidenced the training undertaken by staff and demonstrated staff are current with training requirements.

Staff performance is monitored through regular monthly meetings with supervisors and consumer feedback. Staff complete more formal performance appraisals at 6 and 12 month intervals.

I am satisfied the service has demonstrated sufficient workforce oversight. I find Standard 7 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. | Compliant |

Findings

Consumers are engaged with improving the delivery of care and services through feedback. Consumers said they are regularly engaged to provide feedback and suggestions relating to the activities and meals provided.

The service has a governing body which provides oversight through monthly reporting and leadership meetings. The governing body review incidents, complaints and feedback, regulatory compliance and workforce.

The service demonstrated effective organisational systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service has policies and procedures relating to risk and incident management. Staff escalate incidents through an electronic incident management system which are overseen by management. Staff have completed training related to the Code of Conduct for Aged Care, elder abuse and manual handling.

Whilst the service does not provide clinical care, there are processes to ensure oversight of personal care including risk mitigation. Staff demonstrated an understanding of open disclosure. Although the service is not involved in prescribing practices for consumers, infection prevention strategies have been implemented.

I am satisfied the service has demonstrated effective governance systems. I find Standard 8 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)