**Performance**

**Report**

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| Name: | Orange City Council |
| Commission ID: | 200578 |
| Address: | 144 March Street, ORANGE, New South Wales, 2800 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 21 February 2024 |
| Performance report date: | 22 March 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: 7320 Orange City Council  
Service: 24875 Orange City Council - Community and Home Support

**This performance report**

This performance report for Orange City Council (**the service**) has been prepared by S Byers, 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 Assessment contact (performance assessment) – non-site report was informed by review of documents and interviews with staff, consumers/representatives and others

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| 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 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

The service was found non-compliant in Standard 8 in relation to Requirement 8(3)(c) and 8(3)(d) following a Quality Audit completed 16 to 18 August 2023 where it did not demonstrate:

* effective organisation wide governance systems relating to information management
* effective management of high-impact or high-prevalence risks and supporting consumers to live the best life they can

At the February 2024 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the August 2023 Quality Audit.

Requirement 8(3)(c)

Management demonstrated the service has engaged system developers to implement system enhancements such as alerts into the care management system. To further improve information practices the service is digitising documentation and is currently in the process of transitioning hard copy documentation to the electronic care management system. Staff interviewed confirmed they have access to the information they need to support the delivery of care and services and provided examples of the interim improvements made to the care management system including additional tabs that highlight consumer medical history, needs and preferences.

The service demonstrated effective governance systems in relation to continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Management and staff demonstrated understanding of the policies and processes that supported each of the governance systems. The Assessment Team identified an area for improvement in the monitoring of staff certifications, management were responsive to feedback and committed to rectifying the issue in consultation with the people and culture team to ensure regulatory compliance monitoring systems remain effective.

I encourage the Approved Provider to continue to implement, embed and evaluate the continuous improvement actions in relation to information management and regulatory compliance systems. Based on the available evidence, I agree with the Assessment Team’s recommendation and find requirement 8(3)(c) is Compliant.

Requirement 8(3)(d)

The service has implemented a vulnerable client list to ensure staff are aware of the consumers at risk. Management described further improvements will be made to the list as part of the enhancements to the care management system as described in Requirement 8(3)(c). The service has implemented improved assessment and planning documentation to support the collection of information from consumers to guide the delivery of safe and quality care and services in line with their documented needs and preferences. The service has updated relevant policies and procedures in relation to incident management. Management and staff demonstrated understanding of the service’s incident management system, Serious Incident Response Scheme reporting obligations and how they would respond to abuse and neglect of consumers. Management and staff have completed relevant training in risk and incident management.

I encourage the Approved Provider to continue to implement, embed and evaluate the continuous improvement actions in relation to risk management, specifically the enhancements to the vulnerable client list. Based on the available evidence, I agree with the Assessment Team’s recommendation and find requirement 8(3)(d) is Compliant.

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)