**Performance**

**Report**

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| Name: | Port Curtis Day RnR |
| Commission ID: | 700357 |
| Address: | Port Curtis Place, 83 Oaka Lane, GLADSTONE CITY, Queensland, 4680 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 12 November 2024 to 14 November 2024 |
| Performance report date: | 22 November 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: 8363 Gladstone Community Linking Agency Inc  
Service: 26455 Gladstone Community Linking Agency Inc.  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8815 Gladstone Community Linking Agency Inc  
Service: 28363 Gladstone Community Linking Agency Inc - Care Relationships and Carer Support  
Service: 26142 Gladstone Community Linking Agency 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) – site report was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 20 November 2024

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Not Applicable |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 8** Organisational governance | **Not Applicable** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not Applicable |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 8** Organisational governance | **Not Applicable** |

A detailed assessment is provided later in this report for each assessed Standard. An overall assessment summary is considered Not Applicable as not all Requirements under the Standard were assessed.

# 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 | | HCP | 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 | 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 | Compliant |

Findings

The service demonstrated end of life wishes and advance care planning is undertaken during the onboarding process. Management and consumers said, end of life wishes, and advance care planning discussions have been undertaken during care plan reviews. The service have policies and procedures in place to support that consumers goals, preferences and current needs are identified including for end of life planning. Electronic care management systems ensure staff have access to care plans. Consumers were satisfied with the care planning process. I have considered the information within the assessment team report and the provider’s response and I consider Requirement 2(3)(b compliant.

The service demonstrated assessment and planning is reviewed in partnership with consumers and includes consideration of risks to consumer’s health and wellbeing. The service is delivering safe and effective personal and clinical care in accordance with consumers’ needs and preferences through a regular care plan review process. The service have policies and procedures in place to guide staff practice for the regular review of consumer’s care plans and where changes to consumers’ condition or circumstances are identified. Monitoring systems and tools ensure a review is triggered when changes are identified. Consumers and care plans demonstrated evidence of both regular reviews and reviews undertaken where changes were identified. I have considered the information within the assessment team report and the provider’s response and I consider Requirement 2(3)(e) compliant.

# Standard 3

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| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |

Findings

Effective management of high impact high prevalence risks in clinical care was demonstrated for wound, falls, and weight loss management. Prevention of diabetic complications was demonstrated through a shared responsibility approach, including expert engagement, staff knowledge, clinical assessments, management plans, and appropriate documentation. Electronic care management systems ensure effective management of high impact high prevalence risks with assessment tools available to staff. Monitoring systems and tools ensure high impact high prevalence risks are effectively identified and managed including for example, registers, incident data and risk management meetings. Staff have access to the electronic care management systems and other information to ensure they are providing the care required in line with any identified risks Consumers were satisfied with the management of their risks. I have considered the information within the assessment team report and the provider’s response and I consider Requirement 3(3)(b) compliant.

# Standard 6

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| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |

Findings

The service has systems and processes to support effective complaints management. Monitoring systems and tools including forms, letters, registers, agenda items are used to ensure appropriate action is taken. The process of open disclosure is implemented with complaints and when incidents occur. Consumers are satisfied that appropriate actions are taken, and open disclosure processes are undertaken when the service responds to complaints. Feedback and complaints inform improvements to consumers’ care and services. I have considered the information within the assessment team report and the provider’s response and I consider Requirement 6(3)(c) compliant.

# 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 |
| 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 | Compliant |

Findings

The service demonstrated improved governance systems relating to information management and feedback and complaints. All staff have access to the electronic care management system which contains consumer care planning and clinical documentation. Policies and procedures on other electronic systems are accessible to all staff. Consumers and representatives are provided with information through consumer/representative meetings, newsletters, and email correspondence, and can request information about consumers’ care and services. All consumers and representatives have received a copy of their care plan. Management are engaged in various meetings where information is discussed as appropriate with minutes distributed to inform consumers and staff. The service demonstrated systems are in place to encourage the provision of consumer feedback and complaints and ensure appropriate action is taken. Open disclosure and pathways capturing consumer feedback and complaints are established and effective and this contributes to improvement initiatives and outcomes. I have considered the information within the assessment team report and the provider’s response and I consider Requirement 8(3)(c) compliant.

Management demonstrated effective identification and management of high impact and high prevalence risks, identifying and responding to trends in the high-risk register and supporting consumers to live the best life they can. The organisation has documented procedures and clinical care pathway guidance for managing high impact and high prevalence risks. Incident management systems support the monitoring and evaluation of risks. Staff are trained in incident management systems and staff demonstrated an understanding of the Serious Incident Reporting Scheme, incident reporting and escalation processes at the service. I have considered the information within the assessment team report and the provider’s response and I consider Requirement 8(3)(d) compliant.

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