**Performance**

**Report**

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| Name: | Proserpine and District Respite Services Whitsunday Leisure Activity Centre |
| Commission ID: | 700368 |
| Address: | 17 Stanbury Street, PROSERPINE, Queensland, 4800 |
| Activity type: | Quality Audit |
| Activity date: | 20 August 2024 to 21 August 2024 |
| Performance report date: | 26 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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7393 Proserpine and District Respite Services Inc  
Service: 24041 Proserpine and District Respite Services Inc - Community and Home Support

**This performance report**

This performance report has been prepared by J. Bayldon, 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 Quality Audit 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 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 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 said staff took the time to get to know them and understand their background, personal circumstances, and preferences. Documentation reviewed by the Assessment Team evidenced consumers profiles detailed information regarding consumers’ backgrounds, personal preferences, identity, and cultural practices.

Consumers interviewed said the service recognises and respects their different cultural backgrounds, and staff work with consumers to provide activities that include and celebrate all cultures in a safe way. Documentation reviewed by the Assessment Team evidenced the recording of consumers specific cultural preferences.

Consumers explained how staff provide support that allows individual decision-making, where consumers can request and change goals and preferences as needed. Staff gave examples of how they help consumers make day-to-day choices and access any support they need to make or communicate decisions.

Consumers said they feel heard when telling staff what matters to them and what they want. The service was able to evidence that identified risks and strategies to minimise risk of harm are documented discussed with consumers and their representatives to support them.

The Assessment Team reviewed the consumer handbook, which management said is provided to consumers upon entry to the service and outlines how and when information will be communicated and contacts for support services available. Staff described strategies they utilise when communicating information to consumers with poor cognition or needing visual aids or hearing assistance.

Consumers and management said consumers are advised how their personal information will be used, and consent forms are completed as part of the intake process. The Assessment Team observed staff to talk in a private space when discussing consumer personal information.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 1 Consumer dignity and choice at the time of the performance report decision.

# 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 care support documentation sampled by the Assessment Team evidenced assessments for consumers for identified risks including instructions to assist staff with tailored care and support. Staff and management described the process for completing assessment and planning including the consideration of risks to consumers.

Consumers interviewed said the service meets their current needs, goals and preferences. The Assessment Team observed care support planning documents effectively capture each consumer’s current goals and needs. Management interviewed said end of life planning is not formally addressed in the planning and assessment of group social support, however, management provided evidence that outcomes of discussions with consumers regarding their end-of-life preferences are documented.

Consumers said they are involved in the planning and review of the services they receive. Staff explained how care and service provision are flexible to enable consumers to attend appointments or do things of interest to them. A review of care support documentation demonstrated other providers of care are involved in assessment and planning and include social workers, physiotherapists and occupational therapists.

Management and staff described how care support plans are provided to consumers following reviews and a copy is offered to consumers to keep in their homes. Consumers said outcomes of assessment and planning are discussed with them and they have access to documentation related to the care and services provided.

Consumers said care and services are reviewed regularly, when needed or if requested by the consumer or their representative. Staff described the process for completing regular review of consumers’ care and services, and the care staff member explained the process for an annual comprehensive health assessment.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 2 Ongoing assessment and planning with consumers at the time of the performance report decision.

# 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 |

Findings

Staff demonstrated an understanding of what is important to individual consumers and could describe how they help the consumer to do as much as they can for themselves if this is their preference. Staff demonstrated an understanding of what is important to individual consumers and could describe how they help the consumer to do as much as they can for themselves if this is their preference.

Consumers said staff check how they are on each visit and if they have any concerns will report this to management. Staff and management demonstrated a good knowledge of individual consumers’ needs, personalities and interests. Consumers’ files demonstrated the assessment of emotional, spiritual, or psychological needs are identified, are detailed in care plans and reviewed on an ongoing basis.

Consumers said they are provided with opportunities for social interaction and social connection through the supports they receive. Staff provided examples of being flexible in providing group social support based on what the consumer’s preference is for the day. Care planning documents provide information about the consumers’ background and their interests.

Management said and documentation evidenced the service communicates with family and other representatives as required and provide information or make referrals as needed for additional services.

Consumers said they know the service will assist them to access any service they need, as required. Staff and management described the process for referrals to other organisations and individuals involved in the consumer’s care. Documentation evidenced the information pack provided to consumers upon commencement with the service demonstrated consumers receive information about organisations and providers who may be able to assist them.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 4 Services and supports for daily living at the time of the performance report decision.

# 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

Staff described how the space is used to cater to the different interests of consumers. The centre was observed to be bathed in natural light, responsibly furnished with aspects considering the needs of consumers. Consumers were observed by the Assessment team to be interacting with each other and staff of the service.

Consumers were observed moving freely throughout the facility. Staff described the processes for cleaning and maintenance of the centre. The centre was observed to be clean, well maintained with comfortable furnishings.

All furniture, fittings and equipment were observed to be clean and well-maintained. Staff at the centre described how the service’s maintenance staff complete any maintenance requests within appropriate timeframes.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 5 Organisation’s service environment at the time of the performance report decision.

# 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 said the service actively seeks their feedback particularly regarding activities on offer. Staff described how they encourage and support consumers to provide feedback and make complaints. Management said, and documentation evidenced, consumers are engaged in a variety of ways to capture feedback, including meetings and surveys. The Assessment Team observed feedback forms located throughout the service.

Consumers and representatives said they know how to access advocacy services and make external complaints. The Assessment Team observed posters and brochures available to consumers and their representatives about external advocacy support agencies, and the Commission.

Consumers expressed confidence in management’s ability to address complaints and resolve any concerns promptly. Management and staff demonstrated a shared understanding of processes to follow when a complaint is received. Staff were able to demonstrate an understanding of the principles of open disclosure and the complaint handling process they follow when feedback or a complaint is received from consumers or their representatives.

Consumers shared examples of where the service has actioned feedback and made improvements. The Assessment Team reviewed the service’s PCI and complaints register which had examples of how the service uses feedback and or complaints to improve the quality of care and services. Management confirmed that complaints and feedback are discussed at committee meetings. The Assessment Team reviewed committee meeting minutes which evidenced a standing agenda item for consumer feedback and complaints.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 6 Feedback and complaints at the time of the performance report decision.

# 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

Staff said the daily roster is sufficiently staffed to undertake their allocated tasks and provide services in accordance with consumers’ needs and preferences. The service was able to demonstrate staffing allocations meet consumer needs and ensure the delivery of safe and quality care and services. Management said in the event of unplanned leave, rostered staff attempt to fill the position with available care staff, or if no other staff is available on short notice, office staff who are also trained in supporting activities will be allocated to the floor.

Consumers said they feel activities are delivered in a kind, caring and respectful manner which is inclusive of their identity and culture. Staff explained the training they received and how they treat consumers with respect and in a kind and caring way. Management and staff spoke about consumers in a kind and caring way and knew each consumer’s background and their individual preferences.

Staff reported completing an orientation program when commencing employment at the service and said management are approachable and provide ongoing training to ensure staff have the skills and knowledge to undertake their roles. Management said staff provide copies of their qualifications during the onboarding process. The Assessment Team reviewed staff records which evidenced the service maintains position descriptions with established responsibilities, knowledge, skills and qualifications for each role.

Staff said they feel they are appropriately trained, supported, and equipped to perform their roles. Management monitors staff compliance with mandatory training by recording and tracking attendance within an electronic spreadsheet. Management and staff they are provided with additional training when the need is identified.

Consumers said they have provided feedback about staff performance and expressed confidence in service management of staff. Management said staff performance is monitored through observations, analysis of incidents and consumer/representative feedback. The Assessment Team reviewed documentation confirming that staff received a performance appraisal annually or more regularly during the first 12 months of commencing employment with the service.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 7 Human resources at the time of the performance report decision.

# 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 |

Findings

Management gave examples of improvements at the service and organisational level which were implemented in response to consumer/representative feedback. Documentation reviewed by the Assessment Team evidenced consultation with consumers and their representatives regarding service programs and environment changes. Consumers described a variety of ways they take part in influencing how services are developed, delivered and evaluated.

Management described the various ways in which the organisation communicates with consumers/representatives and staff regarding updates on policies, procedures or changes to legislation. Meeting minutes evidenced results from internal and external audits, incident data, complaints and feedback, regulatory compliance and workforce information and training is reported to the governing body at monthly meetings.

Consumers expressed their satisfaction with how information is provided to them during informal meetings at the service and posted monthly newsletters. Staff said they can readily access consumer information when needed. The Assessment Team reviewed the service’s PCI, which identified planned and completed improvement actions including changes to the service newsletter and activities which were implemented from improvement actions provided by consumers. Financial governance systems and processes are in place to manage the financial resources to deliver services. Committee meeting minutes evidenced the committee is provided monthly profit and loss statements and relevant financials are discussed. Management plans the workforce to ensure there are sufficient staff/volunteers to provide services and to support operational and administrative functions. The service through the CEO and committee ensures the organisation is complying with all relevant legislation, regulatory requirements, professional standards and guidelines. All feedback received is managed at the service level and reported at committee meetings.

Management record, analyse and trend all hazards, incidents and near misses. Risk assessments are conducted for each activity and consumer risk minimisation strategies implemented. Progress notes and care documentation reviewed evidence the organisation communicates with consumers and their representatives in the identification of risk, if incidents occur, and in the resolution of incidents.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 8 Organisational governance at the time of the performance report decision.

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)