**Performance**

**Report**

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| Name: | Senior Citizen & Welfare Services |
| Commission ID: | 700064 |
| Address: | 83 Oaka Lane, GLADSTONE, Queensland, 4680 |
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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: 7707 Gladstone Central Committee on the Ageing  
Service: 24401 Gladstone Central Committee on the Ageing - Community and Home Support

**This performance report**

This performance report has been prepared by Dean Saunders, 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.

Other information:

The Assessment Team did not assess Standard 3, Standard 5 or requirement 8(3)(e). The service does not provide personal care or clinical care, and does not have a service facility patronised by consumers.

# 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 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

At audit the following was found by the Assessment Team.

Consumers interviewed said they are treated respectfully and with dignity. They reported volunteers and office staff are friendly and polite and services are arranged to suit their personal circumstances and preferences. Volunteers and management spoke about consumers in a way that conveyed respect, they demonstrated knowledge of individual consumers’ identity, and described how they show respect to consumers.

Consumers said volunteers understand their needs and preferences and services are delivered in a way that makes them feel safe and respected. Whilst the service advised they currently do not have any consumers from diverse cultural backgrounds, they could give examples of how services can be tailored to meet the cultural needs of consumers.

Consumers say they are supported to make their own decisions about the care and services they receive. Consumers gave examples of how the service makes it easy for them to use the transport service to be involved in activities that are important to them.

Consumers advised volunteers and staff support them to make decisions about the services they receive and to maintain their independence. The service supports each consumer’s dignity of risk and works to mitigate potential risk where possible. The service recognises consumers have the right to self-determination regarding the service they receive, including the right to take risks.

Consumers said they receive information in a way they can understand and enables them to make informed choices. Examples provided included change of service time, and holiday closures. Consumers are kept informed through regular conversations with office staff and volunteers as well as regular newsletters, created and distributed based on updated community events and transport options. Volunteers described how they communicate with consumers with hearing impairments by ensuring communication is completed loudly and by providing the consumer with an opportunity to ask questions or repeat instructions if required.

Consumers said their privacy is respected and confidentiality of their personal information is maintained. Office staff and volunteers described various ways they ensure a consumer’s privacy is upheld.

For the above reasons I find this standard 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

At audit the following was found by the Assessment Team.

Consumers/representatives said they are satisfied the service assesses consumers’ needs and preferences and considers the consumer’s well-being and risks. All care plan files reviewed included the consumer’s mobility and medical needs and other relevant information to guide staff practice.

Consumers stated the service was provided to meet their needs, goals and preferences. Consumers stated transport is provided by the service based on their choice of frequency in attendance. Staff/volunteers demonstrated a good knowledge of each consumer’s needs and preferences and advised they are willing to accommodate any last-minute changes. Due to the nature of the service, consumers and staff are not involved in end-of-life planning as part of the Senior Citizen and Welfare Services.

Consumers/representatives said the service prioritises the involvement of the consumer and other relevant individuals in the planning and delivery of appropriate services. Management explained how they involve the consumer, their representative if requested and relevant information from the local health services as required. Service plans reviewed demonstrated this information is detailed as appropriate.

Consumers/representatives said management will discuss the consumers’ service plans which are documented. Management have access to electronically stored service plans and this information is used to ensure services are carried out in accordance with individual care needs and preferences.

Consumers/representatives said they communicate with the service when circumstances or preferences change, and this is reflected in an updated care plan. Management said, whilst they do not have a formal review plan, they will discuss changes with consumers as required and are informed by consumers when their needs and preferences change.

For the above reasons I find this standard 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)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

At audit the following was found by the Assessment Team.

Consumers advised the service supports them to maintain their independence and well-being while considering their preferences and needs. Volunteers described how they support consumers to maintain their independence and quality of life and engage with consumers to ensure their preferences are supported.

All consumers said they felt connected with staff who knew them very well and encourage them to participate in doing the things they like. A consumer described the confidence they have by being able to remain attending social activities using the transport service, thanks to the support provided by the volunteers at the service.

Consumers say they feel supported to participate in activities they like and are provided with appropriate support to optimise their connection with the community and the people important to them. Consumers talked about the flexibility the service provides in when they can choose to use the service, and locations they can be dropped to, providing them with opportunities to engage with the community outside of their usual activities.

Consumers are satisfied the appropriate information about their needs and preferences is shared within the service and with others involved in their care, such as their representatives. Consumers reported office staff and volunteers have a good knowledge of their needs and preferences. Volunteers advised information about the consumer’s services is available on the run sheet for each service.

The service encourages consumers to seek additional services and supports to meet their emerging needs. While most consumers also receive services through external providers of care when a consumer is identified to possibly require additional support or an increase in services, the service will assist in referring them to the most appropriate organisation, including My Aged Care to facilitate reassessment.

The service utilises a bus to transport consumers to and from their activities. Consumers advised they feel safe when using the service’s vehicle as it meets their needs and they have not had any reason to report any safety concerns. They advised the vehicle is always clean whenever they use it.

For the above reasons I find this standard 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

At audit the following was found by the Assessment Team.

Consumers said they would be comfortable making complaints and providing feedback, and advised of a variety of methods to provide feedback and said they will talk with volunteers or office staff if they want to provide feedback or make a complaint.

Whilst the service has no current consumers requiring language services, management demonstrated should consumers require it, they have information on how to access advocates and language services for raising and resolving complaints. On commencement with the service, consumers are provided with information pamphlets on how to raise an external complaint and provide feedback. This information details their privacy and use of their personal information as well as their rights and responsibilities as consumers. Management was able to demonstrate how they would make contact with translator services should it be required for new clients.

The service demonstrated it has a documented process for receiving, categorising, and actioning feedback and complaints. Management and volunteers demonstrated commitment to resolving any complaints in an open and honest manner. While the service has received no complaints, management demonstrated a complaints register is available and the process they would follow should they receive a complaint, including the use of open disclosure and adding any actions for improvement onto a continuous improvement plan.

Management demonstrated a process and procedure used to ensure feedback and complaints are used to improve the quality of care and services. All consumers interviewed advised they have never provided generalised feedback or complaints to the service and expressed their satisfaction with the services provided. However, all consumers said they felt confident management would respond in a timely and appropriate manner to any feedback and complaints that may arise.

For the above reasons I find this standard 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

At audit the following was found by the Assessment Team.

The number of and the mix of workforce members and volunteers is planned to meet the service needs of consumers. Consumers are satisfied with the services received including when they are provided. Consumers said they are satisfied with the workforce, and provided positive feedback about all volunteers who drive the bus, and management. Consumers advised the service is always on time and said they have never experienced a cancellation.

Consumers said staff are kind, caring and respectful of the consumer’s identity and culture. Management, and volunteers spoke about consumers in a kind and caring way and knew each consumer’s background and their individual preferences. Management and volunteers could describe how they treat consumers in a kind and respectful manner.

The organisation has human resources (HR) policies, procedures and guidelines including training processes to ensure the volunteer workforce are competent and have the knowledge and compliance criteria to effectively perform their roles. Volunteer manuals were reviewed by the Assessment Team which includes information on incidents, feedback and complaints and manual handling to guide staff practice. Management advised all volunteers are required to complete an induction program and undertake supervised driver inductions.

The service has processes for the recruitment, induction, and onboarding of the workforce, as well as ongoing mandatory induction training. Mandatory training topics have been completed by relevant persons in the workforce. Staff and volunteers said they received induction training at the commencement of employment. Volunteers said they believed the induction program is adequate to meet their needs. Induction training topics include dignity and respect, manual handling, operation of the bus and lift and incident identification and reporting.

Management demonstrated systems are in place to monitor and review workforce performance. Management said they discuss any individual performance concerns with the staff member or volunteer and work with the individual staff member or volunteer to ensure performance meets the organisation’s expectations.

For the above reasons I find this standard 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 |

Findings

At audit the following was found by the Assessment Team.

Consumers said they have the opportunity to provide feedback on services and management demonstrated the various avenues for consumers to be involved in the evaluation of services. Consumers said the organisation is well run and they can have a say on how things are done by providing feedback directly to management or via the suggestions box. All consumers interviewed advised they had not previously provided suggestions for improvement however are aware of the process should they choose to do so.

Management described how they and the Board work together to promote a culture of safe, inclusive and quality care. The Board has members with a mix of essential skills including, but not limited to, financial and business backgrounds. The Quality Standards are considered at Board meetings when discussing business and consumer matters. Management advised the Board meets monthly and is provided with a service delivery report encompassing data relating to consumer numbers, feedback and complaints, incidents, new volunteers or any new risks to consumers or the business. Management advised Board members volunteer at the service often, to contribute to the organisation such as engaging with consumers and attending bus runs in addition to providing oversight of general business.

The service has effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

Volunteers and staff said they can readily access the information they need to deliver safe and quality services, and to support them to undertake their respective roles. The service maintains an electronic information system which provides relevant staff access to consumer service planning documentation. Policies and procedures are available to staff and volunteers in hard copy format at any time.

Continuous improvement was demonstrated through a range of systems and processes, and documents evidence the issues identified for improvement, actions taken, completion dates and outcomes. Management advised continuous improvement is identified through consumer and staff suggestions, feedback and complaints, incidents, surveys and self-assessment against the Quality Standards.

The service provides transport services to consumers with a small gap payment to ensure its financial security is maintained. Volunteers can collect cash payment from consumers upon pick-up or consumers/representatives can make a late cash payment in person. Management ensures the tracking of payments made and monitoring of outstanding amounts. The workforce demonstrated a shared understanding of the service’s cash handling procedures.

Management plans the workforce to ensure there are sufficient staff to provide services and to support operational and administrative functions. Volunteers were clear on their responsibilities, showed an awareness of the functions carried out by staff and how to share information and/or escalate any concerns or suggestions for improvement. All volunteers are given a handbook on commencement, and this outlines what is expected of them, as well as things they can complete in line with their training and position.

The service has systems to ensure it complies with the regulations it is required to meet as an approved provider of aged care services. These systems are designed to identify relevant regulatory requirements and to incorporate these requirements into the service’s policies, procedures and practices. Volunteers are informed about relevant regulatory requirements by management as they change.

The service demonstrated effective governance systems related to feedback and complaints, including using feedback to actively look for ways the service can improve. All feedback received is managed at the service level and reported to management for action.

The service provided evidence to show it has effective risk management systems and practices in place to manage high impact and high prevalence risks, identify abuse and neglect of consumers and support consumers to live the best life they can. The Assessment Team reviewed the service’s incident management policy which stipulated the process and procedures taken by volunteers and management in the event of an incident. Volunteers and management demonstrated an understanding of incidents and their role in identifying and reporting incidents including the abuse and neglect of consumers.

The service does not provide clinical care so requirement 8(3)(e) is not applicable.

For the above reasons I find the above listed requirements to be 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)