**Performance**

**Report**

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| Name: | St John Ambulance, Transport Access Project |
| Commission ID: | 700057 |
| Address: | Unit 6, 2 Jenner Street, NUNDAH, Queensland, 4012 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 10 January 2024 to 11 January 2024 |
| Performance report date: | 15 February 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: 7720 St John Ambulance Australia (Queensland)  
Service: 23940 St John Ambulance Australia (Queensland) - Community and Home Support

**This performance report**

This performance report for St John Ambulance, Transport Access Project (**the service**) has been prepared by L. Malone, 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) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 6 Feedback and complaints | Not Applicable as not all Requirements have been assessed |
| **Standard 7** Human resources | **Not Applicable as not all Requirements have been assessed** |
| **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 6

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| Feedback and complaints | | 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 |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Requirement 6(3)(c)

The service was previously found non-compliant with Requirement 6(3)(c) as it did not demonstrate appropriate actions were taken in response to complaints or that an open disclosure process is utilised.

At the Assessment Contact from 10 to 11 January 2024, it was found actions had been undertaken to address the previous issues including delivery of training to staff in the complaints process and a review of the complaints and feedback procedures. The service has a centralised complaints and feedback register, staff use a notification tool to document all feedback, complaints and suggestions, and the tool is then reviewed by management. The service has documented information which provides guidance as to who is responsible and processes for complaints resolution.

The Assessment Team reviewed documented complaints, feedback and compliments on the register and found evidence of appropriate actions taken to resolve issues, open disclosure and processes to seek feedback from consumers about their satisfaction with the outcome. Management provided examples of how feedback process had been improved for consumers and of communications to support effective processes including a letter provided to consumers acknowledging and apologising for previous deficits in processes.

Requirement 6(3)(d)

The service was previously found non-compliant with Requirement 6(3)(d) as it did not demonstrate how feedback and complaints are reviewed and used to improve the quality of care and services.

At the Assessment Contact from 10 to 11 January 2024, it was found actions had been undertaken to address the previous issues including systems of categorisation and strengthened processes of management review which support identification of trends and opportunities for improvements. Management provided examples of improvements made in response to consumers’ feedback such as changes to advance booking timeframes or the font size in written communications. The service demonstrated effective management oversight and responsiveness to identified trends and opportunities to use feedback to improve care and service delivery.

I have considered the evidence, as summarised above, and I find Requirements 6(3)(c) and 6(3)(d) to be Compliant.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

Requirement 7(3)(d)

The service was previously found non-compliant with Requirement 7(3)(d) as staff had not received adequate training to deliver outcomes required by the Quality Standards.

At the Assessment Contact from 10 to 11 January 2024, it was found actions had been undertaken to address the previous issues including implementation of training in the Quality Standards, Serious Incident Response Scheme (SIRS), cultural safety, prevention of elder abuse and other relevant topics. The service utilises plans to develop some staff as matter experts in particular topics and have resources such as operating procedures and policies to equip staff to deliver care in line with the Quality Standards. Consumer feedback was positive in relation to this requirement with some expressing trust in the service, that it is reliable or that they observe staff to communicate and work together well.

I have considered the evidence, as summarised above, and I find Requirement 7(3)(d) to be 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

Requirement 8(3)(a)

The service was previously found non-compliant with Requirement 8(3)(a) as it did not demonstrate how consumers are engaged in the development, delivery and evaluation of services.

At the Assessment Contact from 10 to 11 January 2024 it was found actions had been undertaken to address the previous issues including the implementation of a consumer survey and a consumer advisory group in development. The service demonstrated how survey data is utilised, analysed and presented to governing body to evaluate and align care and service delivery to the needs of the consumers. Consumers confirmed the development of the consumer advisory group with some noting their interest in participating and others speaking positively of the opportunity to be engaged.

Requirement 8(3)(b)

The service was previously found non-compliant with Requirement 8(3)(b) as it did not demonstrate how the governing body is accountable for safe, inclusive and quality care and services.

At the Assessment Contact from 10 to 11 January 2024 it was found actions had been undertaken to address the previous issues including the development of a current organisational chart which outlines clear roles and responsibilities of key personnel. The Assessment Team found evidence in the form of meeting minutes, trend analysis and board reports which demonstrates how the governing body communicates and utilises information to provide recommendations and plan strategies which promote a safe and inclusive culture. The service also has processes to identify vulnerable people and monitor their safety and wellbeing.

Requirement 8(3)(c)

The service was previously found non-compliant with Requirement 8(3)(c) as effective systems of organisation wide governance were not demonstrated.

At the Assessment Contact from 10 to 11 January 2024 it was found actions had been undertaken to strengthen systems of governance. The Assessment Team found information to be accessible, stored securely and current, the service utilises a range of information sources such as government or peak body resources to maintain up to date on regulatory obligations, and has an effective system to identify opportunities for continuous improvement through the analysis of feedback and complaints, incident and other information.

Requirement 8(3)(d)

The service was previously found non-compliant with Requirement 8(3)(d) as it did not demonstrate effective systems or policies to respond to risks including high-impact, high-prevalence risks, and the risk of abuse and neglect.

At the Assessment Contact from 10 to 11 January 2024 it was found actions had been undertaken to improve risk management systems such as the implementation of training for all staff in preventing abuse and neglect, engagement of external advocacy and training providers, improvements to the service’s incident management system and processes, and review of relevant policies. The Assessment Team reviewed evidence related to SIRS and found the service identifies, reports and investigates serious incidents in a timely and appropriate manner and promptly escalates these incidents to the governing body and relevant external agencies. The service has written policies which support consumers’ right to live the best life they can and be supported in choices involving risk.

I have considered the evidence, as summarised above, and I find Requirements 8(3)(a), 8(3)(b), 8(3)(c) and 8(3)(d) to be 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)