**Performance**

**Report**

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| Name: | St Margaret's Sandgate/Brighton Home Assist/Home Secure |
| Commission ID: | 700604 |
| Address: | 58 Rainbow Street, SANDGATE, Queensland, 4017 |
| Activity type: | Quality Audit |
| Activity date: | 15 September 2023 to 20 September 2023 |
| Performance report date: | 11 December 2023 |

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: 7564 The Corporation of the Synod of the Diocese of Brisbane  
Service: 25063 The Corporation of the Synod of the Diocese of Brisbane - Community and Home Support

**This performance report**

This performance report for St Margaret's Sandgate/Brighton Home Assist/Home Secure (**the service**) has been prepared by P. Sherin, 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 Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* the provider’s response to the assessment team’s report received 07 November 2023 providing additional information.

# 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

Consumers and representatives said staff treat consumers with dignity and respect. Staff consistently spoke of consumers in a respectful way and demonstrated knowledge of what is important to consumers they individually support. Management advised monthly telephone surveys are completed to ascertain how consumers are treated by staff. Policies and procedures are available to guide staff practice in their conduct towards consumers.

Consumers confirmed staff consider and support their cultural needs and preferences when providing services. Staff provided examples of how they support individual consumers’ cultural needs and preferences; this aligned with information under care planning documentation. Staff receive annual cultural diversity training and policies and procedures are available to guide staff practice in this regard.

Consumers and representatives said the service supports and involves consumers in making decisions about their services. Staff and management spoke of the importance of promoting consumer choice and independence and provided examples of how this is supported for individual consumers. Choice and decision making is discussed as part of consumer intake and review processes and this information is documented.

Consumers said staff respect the decisions they make and described ways the service supports them to engage in activities of risk. Staff and management described how they support consumers to take risks and live the life they choose while ensuring their safety. The service has a client choice and independence policy and procedure outlining the importance of respecting consumers’ decisions and processes in place to support dignity of risk.

Consumers and representatives said they are provided with timely information and consumers are supported to understand the information. Staff provided examples of how they communicate information to consumers that face communication challenges, such as using interpreters for translating services. Staff advised they are alerted to potential communication barriers and mitigation strategies via job sheets. Review of documentation such as the service’s information pack and newsletters identified a range of information is provided to consumers.

Consumers and representatives did not raise any concerns regarding privacy and confidentiality. Staff and management described how consumer privacy is respected and confidentiality of information is maintained. The service has policies and procedures on privacy and confidentiality available to guide staff practice.

# 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

The service has an assessment and planning process to ensure staff deliver safe and effective services, including the consideration of risk to consumers. Consumers and representatives confirmed they are involved in discussions during the assessment and planning process. Review of documentation including consumer files and job sheets identified information is captured to guide staff practice and includes strategies to manage any risks.

The service has processes to support the identification of each consumer’s specific goals, needs, and preferences. Staff advised goals, needs, and preferences are discussed and documented during the initial interview on intake and each time a new service request is made. Management advised consumers are provided information on end-of-life planning through information packs and information talks organised by the service.

The service has processes in place to involve consumers and representatives in the planning of services, to enable access to external service providers, and to ensure information regarding consumers is shared appropriately; this was confirmed by consumers and representatives. Staff described how they work in partnership with consumers and representatives, contractors, occupational therapists, and other organisations as needed and communicate regularly regarding the needs or wishes of consumers.

Management advised consumers are informed during initial intake and via information forums how they can access their individual electronic files at any stage. Consumers and representatives were aware of the services the consumer is provided, when the service would be delivered, and the staff providing these services. Staff described how all consumers receiving home maintenance services are provided a quote outlining costs, including a breakdown of the materials and labour charges. Staff advised they are informed of a consumer’s service delivery needs via job sheets, which consumers sign to confirm work is completed to their satisfaction and a receipt provided to confirm payment received.

The service demonstrated processes in place to ensure consumers’ services are reviewed regularly for effectiveness. Consumers and representatives reported the service supports consumers when their needs change. The service implements a review process whereby a report is generated monthly to contact consumers where there has been no contact in 6 to 12 months. Management advised, and staff and sub-contractors confirmed, staff are trained to monitor and report changes to consumers’ condition that may require further follow up.

# 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)(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

The service demonstrated each consumer receives safe and effective services which support their independence, health, wellbeing, and quality of life. Consumers and representatives reported the services they receive helps them to maintain independence and remain living at home. Staff described how they work with individual consumers to ensure the service meets consumer preferences, whilst also ensuring safety and suitability for purpose. Management advised consumers who receive minor home modification work are surveyed on a regular basis to confirm modifications implemented have resulted in greater independence and quality of life.

The service has policies, procedures, and processes in place to ensure information about the consumer’s condition, needs, and preferences is effectively communicated within the service, and with others where responsibility for care is shared. The service ensures consent is obtained and confidentiality of information maintained where information is shared. Consumers and representatives confirmed they are involved in discussions about consumers’ preferences and where information is shared with others. Staff advised, and documentation reviewed confirmed information about the consumer’s needs and preferences is readily available for staff to access.

The service demonstrated processes in place to guide staff in ensuring timely referrals to other organisations and providers of care and services. Consumers and representatives said they were satisfied with the services and supports delivered by those the consumer was referred to. Review of documentation identified information is provided to consumers regarding various organisations and providers they can be referred to.

# 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 confirmed they are encouraged to provide feedback on services received, the service is open to hearing their feedback, and they feel comfortable raising any concerns. Management described various methods of providing feedback and complaints including contacting the service via phone, using feedback forms, and participating in yearly surveys.

The service demonstrated consumers are made aware of and have access to advocate services, language services, and other methods for raising and resolving complaints. Referrals to advocacy agencies are made where required. Consumers are provided information packs on entry which contain information about interpreter and advocacy services, and external complaints handling bodies.

Consumers and representatives who had raised complaints in the past described how the service effectively resolved their concerns. Staff are aware of the service’s complaints handling processes, and demonstrated an understanding of open disclosure describing how they apply this in response to complaints. The service manager contacts consumers to discuss any complaints and this information is documented under a complaint register.

Consumers and representatives confirmed feedback and complaints are used by the service to inform improvements and provided examples of this. Review of documentation identified the management committee receives a regular overview of feedback and complaints received. Staff described how they work to address any feedback and complaints or escalate this for further resolution.

# 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

Consumers and representatives provided positive feedback regarding the service’s management of the workforce and confirmed staff arrive on time and do not rush through their services. Staff said they did not feel rushed and have enough time to provide services. Staff advised workloads are discussed at monthly meetings to ensure tasks are completed within timeframes and consumer needs are met. Management advised toolbox meetings are used to discuss workloads, prioritise tasks, and allocate resources where required.

Consumers said staff are kind and caring and they are treated with dignity and respect. Staff advised they speak to consumers respectfully and take the time to listen to consumers to get to know them while providing services. Documentation such as the service’s code of conduct and staff induction handbook outline the service’s commitment to ensuring workforce interactions with consumers are caring and respectful.

Consumers and representatives advised the workforce is competent and can perform their roles effectively. The service has appropriate human resource procedures to enable the monitoring of staff competency in line with trade licensing requirements. Management advised all roles require staff to hold appropriate qualifications, experience, and background checks including for sub-contracted services. Review of documentation identified position descriptions are available outlining the key requirements for each role and records are maintained to demonstrate staff competency.

Staff said they are supported by management to undertake training and professional development. Management stated, and a review of documentation confirmed, staff are required to complete mandatory training on a range of topics. Sub-contracted staff confirmed they are kept up to date with any legislative changes and training available via newsletters and annual gatherings with the service.

The service demonstrated appropriate processes are in place to assess, monitor, and review staff performance. Staff, sub-contractors, and management confirmed formal performance reviews are held annually. Management and staff advised feedback and complaints from consumers and representatives are used as part of staff performance assessment. Review of documentation identified regular performance reviews are completed.

# 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

The service demonstrated consumers are engaged in the development and delivery of services they receive. Consumers confirmed they can provide feedback directly to management which is considered. Management committee members described ways consumers are encouraged to provide feedback and be engaged in the evaluation of their services. Review of monthly management committee reports evidenced this occurs.

The service’s management committee is accountable for a culture of safe, inclusive, and quality services. The management committee stays informed of the service’s operations through formal management reporting pathways including feedback and complaint mechanisms. Incidents and feedback are managed at the service level and reported to the management committee through monthly reports.

The service demonstrated appropriate and effective organisation wide governance systems related to information management, continuous improvement, workforce governance, financial governance, regulatory compliance, and feedback and complaints.

The service implements effective risk management systems and practices to ensure safe and effective outcomes for consumers. Policies and procedures regarding consumer safety and wellbeing are in place to guide staff practice and staff receive training on this. Risks to consumers are identified as part of initial conversations on entry and recorded via the electronic management system. Incident management forms are completed, and incidents recorded using an incident register. Incident data is communicated to the management committee via regular reporting to enable appropriate oversight and management.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)