**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Technology for Ageing and Disability Queensland |
| Commission ID: | 700463 |
| Address: | 1/23 Ashtan Place, BANYO, Queensland, 4014 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 23 October 2024 |
| Performance report date: | 21 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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8175 Technical Aid to the Disabled Queensland Incorporated  
Service: 24647 Technical Aid to the Disabled Queensland Incorporated - Community and Home Support

**This performance report**

This performance report 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 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) – non-site report was informed by review of documents and interviews with management and staff.
* the assessment team’s report for the Quality audit dated 22 August to 24 August 2023 and the performance report dated 19 November 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| 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 7

|  |  |  |
| --- | --- | --- |
| Human resources | | CHSP |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service has processes in place to assess, monitor, and review staff performance.

Sampled staff confirmed they have undergone a performance review, receive regular feedback on their performance, and management support their ongoing training and professional development.

Management described any feedback on contractor performance received from consumers is communicated to the contracted staff member. Staff can meet with the organisation’s Chief executive officer in person to address any workplace issues or concerns.

The service was previously found non-compliant under Requirement 7(3)(e) following a Quality audit conducted 22 to 24 August 2023 in relation to not demonstrating regular assessment, monitoring, and review of the performance of each member of the workforce. Interviews with staff and management, and review of relevant documentation identified the service has implemented the following improvement actions to remediate the deficits:

* Developed a staff performance review template and schedule. The template captures information on areas of staff performance, development opportunities, and the organisation’s vision and strategic priorities.
* Completed performance reviews for staff.

Based on the information above, I find this Requirement is compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | 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 |
| 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)(c)

Management described the systems and processes in place at the service to maintain continuous improvement, oversee workforce governance, and ensure regulatory compliance.

The organisation ensures continuous improvement in relation to the Aged care quality standards, including through ongoing developments in technology relevant to the delivery of services, and provision of staff training.

Staff performance reviews are undertaken and consumer feedback on contractor performance is monitored. Contractor qualifications, licencing, and insurances are monitored to ensure compliance with regulatory requirements.

Any changes to regulatory and legislative requirements are tracked and monitored by a Board member and trained staff member via electronic media and various subscriptions.

The service was found non-compliant in this Requirement following a Quality audit conducted 22 to 24 August 2023 due to not demonstrating continuous improvement, workforce governance, and regulatory compliance. Interviews with management and staff, and review of documentation identified the following actions have been implemented to remediate the deficits:

* A plan for continuous improvement has been established.
* A staff performance review template and schedule has been implemented and staff performance reviews completed.
* Processes are in place to ensure the service is kept up to date with changes to relevant legislation and regulatory requirements.
* Policy and procedure documentation has been updated to reflect reporting requirements regarding the Serious Incident Response Scheme.

Based on the information above, I find this Requirement is compliant.

**Requirement 8(3)(d)**

The organisation has an incident management policy, procedure, reporting form, and register.

A documented procedure regarding incident identification, management, and reporting is available to guide staff practice.

The service was found to be non-compliant in this requirement following the Quality audit conducted 22 to 24 August 2023 specifically in relation to the service’s incident management policy and procedure not reflecting serious incident reporting requirements. Review of documentation identified the service has implemented the following actions to remediate this deficit:

* The service’s incident management policy and procedure have been updated to include the Serious incident response scheme and list the types of reportable incidents.
* The service’s incident management procedure has been revised to include incident ratings as low, medium, or high and whether they are reportable under the Serious Incident Response Scheme.

Based on the information above, I find this Requirement is 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)