**Performance**

**Report**

**1800 951 822**

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| **Name:** | Woden Community Service Incorporated |
| **Commission ID:** | 200947 |
| **Address:** | 50 Easty Street, PHILLIP, Australian Capital Territory, 2606 |
| **Activity type:** | Assessment contact (performance assessment) – non-site |
| **Activity date:** | on 12 October 2023 |
| **Performance report date:** | 20 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: 7747 Woden Community Service Incorporated  
Service: 26068 Woden Community Service Incorporated - Community and Home Support

**This performance report**

This performance report for Woden Community Service Incorporated (**the service**) has been prepared by M Abjorensen, 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) – non-site report which was informed by a review of documents and interviews with staff, consumers/representatives and others

* the performance report dated 1 May 2023 in relation to the Assessment contact - Desk undertaken 4 April 2023
* the performance report dated 9 December 2022 in relation to the Quality Audit undertaken 2 November 2022 to 9 November 2022
* the provider’s response to the Assessment Team’s report received 15 November 2023.

**Assessment summary for Commonwealth Home Support Programme (CHSP)**

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| Standard 2 Ongoing assessment and planning with consumers | 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 2**

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | Compliant |

**Findings**

Requirement (3)(e) was found non-compliant following an Assessment contact undertaken on 4 April 2023, as the service did not demonstrate care and services are reviewed regularly for effectiveness

The Assessment Team’s report for the Assessment contact undertaken on 12 October 2023 included evidence of actions taken to address the non-compliance, including but not limited to, developing a schedule of care plan reviews to ensure all outstanding consumers’ care plans are reviewed by the end of January 2024 following and updated care plan format and the introduction of a new computer system.

The Assessment Team provided the following evidence relevant to my finding:

Consumers confirmed they receive the care and services they require, and the service makes changes when required.

Management advised that all care plans are scheduled to be reviewed on an annual basis, as well as when consumer circumstances or condition changes, when incidents impact on the needs, goals or preferences of the consumer or if there is a request from consumers for additional services.

Care documentation showed evidence of review and updates to care plans due to the change in consumer circumstances.

The service has a care plan review schedule to ensure all outstanding care plans are reviewed by the end of January 2024. Management said the new system, internal restructure and additional staff will lead to the reviews and updates being completed on time.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 2, Ongoing assessment and planning with consumers.

**Standard 8**

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| --- | --- | --- | --- |
| Organisational governance | | HCP | 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 | Compliant |

**Findings**

Requirement (3)(c) was found non-compliant following an Assessment contact undertaken on 4 April 2023, as the service did not demonstrate effective organisation wide governance systems including: gaps in consumer data and multiple consumer lists, ineffective continuous improvement systems, overdue review of policies and procedures, lack of training related to the serious incident response scheme and code of conduct, and lack of incident reporting to the governing body.

The Assessment Team’s report for the Assessment contact undertaken on 12 October 2023 included evidence of actions taken to address the non-compliance, including but not limited to, completion of a data migration project to transfer all consumer data to a new computer system as of 1 July 2023, updates to training requirements and introduction of new training for the serious incident response scheme and restrictive practices, additional recruitment of staff, and systems and processes implemented to monitor, analyse and use feedback and complaints data to improve the quality of care and services with the governing body having visibility, overview and tracking of trends.

The Assessment Team provided the following evidence relevant to my finding:

Information management

* + The service has information management systems in place which include consumer management systems, email, document management and virtual and face-to-face meetings to share information. Consumer information is stored electronically, and systems are password protected.

Continuous improvement

* + Opportunities for continuous improvement are identified through risk assessments, incidents, industry changes, management and staff suggestions, consumer feedback and reviews. Management provided examples of improvements made and identified to be implemented, including updates to training requirements and an introduction of new training for the serious incident response scheme and restrictive practices in line with the service’s policies and procedures.

Financial governance

* + The management committee monitors and reviews the service’s financial status every 3 months and to monitor financial sustainability.

Workforce governance

* + The workforce is planned to ensure the service has enough workers to provide the services required and wanted by consumers and to support operational and administrative functions.

Regulatory compliance

* + Policies and procedures are revised in response to updates from Government departments and peak bodies. The service has a legislative compliance register that provides an overview on the regulatory and legislated updates.

Feedback and complaints

* + The service has systems and processes to enable monitoring, analysis and use of feedback and complaint data to improve the quality of care and services. The governing body has visibility, overview and tracking of complaints and feedback trends with a regular complaints and feedback report presented to the governing body.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 8 Organisational governance.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)