Kal'ang Community Care

Performance Report

133 Denmans Camp Road
Kawungan QLD 4655
Phone number: 07 4124 7780

**Commission ID:** 700173

**Provider name:** Kal'ang Respite Care Centre Aboriginal Corporation

**Assessment Contact - Site date:** 22 September 2020

**Date of Performance Report:** 21 October 2020

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team did not assess all Requirements in Standard 2, therefore an overall compliance rating or summary is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

The service advised the Assessment Team that a Team Leader and Manager complete initial assessments using a Client Intake Assessment form. The form includes information from a Home Risk Assessment and Medical Condition Risk Assessment. Consumers, representatives, medical officers and allied health professionals were involved in the assessment process as required. Care plans were completed by the Team Leader. A review of care plans established they were individualised and contained information about risks to each consumer’s health and wellbeing.

Staff confirmed they had training in behaviour management, managing hypoglycaemia, identifying allergic reactions and recognising deteriorating conditions. Staff said they knew how to identify and report on risks to consumer’s health and well-being.

Based on the Assessment Team’s information, I find the service is Compliant in this requirement.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team did not assess all Requirements in Standard 8, therefore an overall compliance rating or summary is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*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.*

The Assessment Team found the organisation had an effective risk management framework that enabled the identification of risks, including clinical risks for consumers. The service’s risk management systems had documented policies and procedures to manage and respond to clinical and environmental risks to consumers, including abuse and neglect of consumers.

The organisation had a clinical governance framework which has been reviewed by the service’s management and board members.

A review of all consumer files confirmed that Home Risk Assessment forms had been completed. The service had a Client Home Risk Register and an Individual Client Risk Register that staff could access.

Staff described the process for identifying and reporting incidents, hazards and risks, including elder abuse and neglect. Refresher training on reportable hazards was scheduled for 9 October 2020.

The service reported on incidents and complaints and the reports were provided to the Board at monthly meetings. Board meeting minutes established that risks were discussed at Board meetings. Board members confirmed that risks and incidents were discussed at the monthly board meeting. Board members advised that their responsibility was to put mechanisms in place to mitigate the identified risks.

The service advised that all reported incidents were included in the risk register. A review of the risk register by the Assessment Team confirmed that all incidents and hazards had been included in the risk register.

Based on the Assessment Team’s information, I find the service is Compliant in this requirement.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.