**Performance**

**Report**

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| Name of service: | Camden Community Centre - CAMDEN PARK |
| Service address: | 7 Carlisle Street CAMDEN PARK SA 5038 |
| Commission ID: | 600122 |
| Home Service Provider: | Camden Community Centre Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 28 March 2023 to 30 March 2023 |
| Performance report date: | 1 May 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.

**This performance report**

This performance report for Camden Community Centre - CAMDEN PARK (**the service**) has been prepared by A. Grant, 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.

# Services included in this assessment

**CHSP:**

* Community and Home Support, 24587, 7 Carlisle Street, CAMDEN PARK SA 5038

# Material relied on

The following information has been considered in preparing the performance report:

* The assessment team’s report for the Quality Audit; 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.

# 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 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **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

The service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers and representatives described staff as kind, caring and respectful. Management and staff spoke about consumer in a respectful manner and described how they provide a personalised service by understanding the consumers identity and culture. Documentation viewed demonstrated the service is inclusive and respectful of consumers' identity.

The service was able to demonstrate services are culturally safe. Consumers and representatives described what is important to them and how their services are delivered to accommodate this. Staff demonstrated how they provide a culturally safe service through program planning. Documentation highlighted consumers cultural preferences and included information about what is important to them.

The service was able to demonstrate how each consumer is supported to exercise choice and independence, make decisions about their care and services including when others should be involved, and communicate their decisions. Consumers and representatives confirmed that the service involves them in making decision about the care and services they receive. Coordinators, staff and volunteers described how they support consumers and their representatives to exercise choice and make decisions about their services. Documentation reflected consumers choices about who should be involved when decisions are made about the services they receive.

The service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. While no consumers and/or representative stated that they require support from the service to take risks, staff and management were able to describe how they support consumer to take risks and provided documentation to support the process.

The service demonstrated that 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. All consumers and representative interviewed confirmed they are provided with information that is timely, accurate and easy to understand. Management and staff described how they provide verbal and written information and advised how they consult with consumer to support their understanding.

The service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers and representatives interviewed felt staff were respectful of personal information. The service demonstrated they have effective systems in place to protect consumers privacy and personal information.

# 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 was able to demonstrate assessment and planning, including consideration of risks to consumer’s health and well-being, informs the delivery of safe and effective care and services. Consumers and/or representatives interviewed confirmed assessment and care planning informs the safe and effective delivery of their services. Coordinators described the service’s assessment and planning to inform how they deliver safe and effective services. Care planning documentation viewed in relation to sampled consumers showed consumers’ risks had been assessed at entry to the service and ongoing, including individualised strategies to manage identified risks.

The service was able to demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences. Consumers and/or representatives sampled confirmed in various ways that assessment and planning processes identified consumers current needs, goals and preferences. Case Managers described how they assess consumer’s needs, goals and preferences at commencement of services and reviews. Care planning documents evidenced that assessment and planning were conducted, including consumer’s needs, goals and preferences.

The service was able to demonstrate assessment and planning is based on ongoing partnership with the consumers and those who they wish to be involved, including other organisations and health care professionals. Consumers and/or representatives confirmed they are involved in assessment and planning of the services they receive. Coordinators described how consumers, representatives and others are involved in assessment and planning of their social group services.

The service was able to demonstrate the outcomes of assessment and planning are communicated to the consumer and documented in a care plan, which is readily available to the consumer. All consumers and/or representatives confirmed the outcomes of assessment and planning had been communicated to them, and a copy of the consumer’s care plan was provided to them. Care planning information viewed confirmed that outcomes of consumers’ assessment and planning were documented in the consumers’ hard file Coordinators confirmed care plans are provided to consumers.

The service was able to demonstrate care and services are reviewed regularly for effectiveness, including when circumstances changed or following incidents. Consumers and/or representatives confirmed consumers’ care and services are reviewed regularly and as required. Care planning documentation showed that consumers’ reviews had been undertaken as per the service’s process.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | **Not applicable** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Not applicable** |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | **Not applicable** |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | **Not applicable** |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | **Not applicable** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Not applicable** |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | **Not applicable** |

Findings

All individual requirements within Standard 3 are not applicable, therefore Standard 3 is not applicable and as a result was not assessed.

# 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)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | **Compliant** |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | **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** |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | **Compliant** |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | **Not applicable** |

Findings

The service was able to demonstrate that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences. Consumers and representatives provided extremely positive feedback regarding the social support group and transport they receive to optimise the consumer’s independence, health, well-being and quality of life. For the consumers sampled, staff could explain what was important to them, what they liked to do and how they support them to engage in service for daily living.

The service was able to demonstrate services and supports for daily living promote consumers; emotional, spiritual and psychological wellbeing. Consumers stated the staff and the services provided promote their psychological wellbeing and support them emotionally. Staff and volunteers demonstrated how they support consumers emotionally and promote their psychological wellbeing.

The service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social and personal relationships, and do things of interest to them. Consumers attending social groups described their enjoyment in attending the groups and how the service enables them to stay connected to their community and do things of interest to them. Staff and management described their processes to assist consumers to participate in their community, have social relationships and do the things of interest to them.

The service was able to demonstrate information about the consumer’s condition, needs and preferences is communicated within the service, and with others where the responsibility for services and supports for daily living is shared. Consumers and representatives were satisfied that information about their services is shared within the service and with others involved in their service provision. Coordinators described how information about consumers’ conditions, needs and preferences is shared internally and with representatives, where required, about the services and supports provided to consumers.

The service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers and/or representatives confirmed that the service arranges external speakers to attend the social groups, based on their requests. Coordinators described processes to provide information to consumers for external services, however, could not demonstrate referrals to MAC when staff become aware of changed needs for consumers.

The service was able to demonstrate that, where meals are provided, they are varied and of suitable quality and quantity. Consumers sampled provided positive feedback about the meals, saying there is sufficient variety to meet their needs and preferences. Staff and volunteers demonstrated awareness of individual consumer’s dietary needs and delivery preferences. Care planning documents viewed for sampled consumers showed that consumer’s dietary requirements, allergies and preferences were documented. The service applies food safety practices during cooking and reheating activities and staff receive food safety training.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | **Compliant** |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | **Compliant** |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | **Compliant** |

Findings

The service was able to demonstrate the environment was welcoming, easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Consumers and/or representatives confirmed staff make consumers feel welcome when they attend the social groups. Staff and volunteers described how they ensure consumers feel welcome. Observations confirmed the social group environment was welcoming, easy to understand and functional.

The service was able to demonstrate the environment, is safe, clean, well maintained and comfortable and enables consumers to move freely, both indoors and outdoors. Consumers confirmed they feel safe at the centre. Staff and management described processes to ensure the environment is safe, clean and well maintained. Observations showed the service environment was clean and well maintained and consumers can access the garden areas.

The service was able to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Consumers interviewed in relation to this requirement confirmed furniture and equipment are cleaned regularly. Staff and management described processes to ensure service equipment is safe, clean and well maintained. This was confirmed through observations and documentation.

# 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

The service was able to demonstrate consumers and their representatives are encouraged and supported to provide feedback and make complaints. All consumers and representatives interviewed stated they are actively encouraged to provide feedback to the service. Staff and coordinators described their processes for obtaining feedback from consumers regarding the services delivered.

The service was able to demonstrate that consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Staff and coordinators discussed processes to ensure consumers have access to advocates and language services if required, and consumers are made aware of other methods for raising and resolving complaints.

The service was able to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Consumers and/or representatives interviewed advised they are asked regularly for feedback and information from consumers is actioned promptly. Staff and coordinators described how they action any feedback or complaints with the consumer and/or representative and how this is documented in the feedback register.

The service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. Staff and coordinators described how the service used consumers’ feedback and complaints to improve the quality of services. Documentation viewed showed that complaints and feedback are collated and reviewed for trend analysis at the service level by coordinators and management and discussed at volunteer and staff meetings.

# 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

The service was able to demonstrate 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. Consumers and/or representatives stated they are satisfied with staff punctuality and the support provided during the delivery of services. Management described, and documentation confirmed the processes to ensure there is adequate staff to deliver care and services.

The service was able to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identify, culture and diversity. All consumers and/or representatives said staff are kind and caring. Staff and management spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services.

The service was able to demonstrate that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. All consumers and representatives described staff delivering services as competent. Staff advised they are provided adequate training which enables a competent workforce at the point of service delivery. Coordinators described the service process to assess and monitor the competency of its workforce.

The service was able to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Staff described in various ways how the organisation supports them to perform in their role through training. Management described how they identify and provide training to support the workforce in these areas.

The service was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. All staff confirmed they undergo a performance review to support them in their roles. Management described their process for regular assessment and monitoring of staff performance. All staff stated that they had undergone a performance appraisal within the previous 12 months, while 2 new staff members confirmed that have undergone a 3-month probation appraisal. Staff confirmed they were required to benchmark their performance, undertake goal setting, and receive feedback from there supervisor.

# 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** |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | **Not applicable** |

Findings

The organisation was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services. Consumers and/or representatives described how they have input about services provided. Management and staff described how consumer feedback received through formal and informal channels is used to influence the program delivery. Management described, and documentation confirmed the various ways the service engages with consumer to inform continuous service improvements.

The service was able to demonstrate the organisation promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The service has various methods to ensure the organisation is accountable for the delivery of care and services. The organisation has a Risk Management Framework and a Business Continuity Plan which identifies risks and provides detailed strategies to be taken to enable the organisation to continue its service delivery. Management described, and documentation confirmed how information is communicated to the governing body through General Manager report and quarterly meetings.

The organisation was able to demonstrate an established, documented and effective organisation-wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback and complaints.

*Information Management:*

The service has effective policies which describe how consumers personal information is stored, access and protected. Computer access to data systems is password protected, and information can only be accessed by workers. Volunteers do not get access to information since staff are always present during transport and social group activities.

*Continuous Improvement:*

The organisation’s Continuous Improvement Plan identifies opportunity for service improvements through consumer feedback, staff recommendations and reviews of policies and procedures. The Continuous Improvement Plan outlines planned actions, persons responsible, estimated competition date and tracks the results of implemented improvements by documenting outcomes and evaluations.

*Financial governance:*

The Board provides governance and oversight to the financial position of the organisation. The treasurer reviews and reports on the organisation’s finances monthly and third-party financial auditing is conducted annually in accordance with legislative requirements with the Australian Charities and Not-for-profits Commission.

*Workforce governance:*

Management described, and documentation confirmed the process undertaken by the organisation to ensure that the workforce is supported with adequate staff and volunteers. The service utilises output data, group attendance and new referrals to ensure that there is adequate support to manage consumers’ needs. Management advised that using this process, the service has identified that Friday session are expanding, and additional staffing resources will be required.

*Regulatory compliance:*

Management is subscribed to relevant Commission, Commonwealth, and state bulletins to ensure up to date monitoring of changes in regulations and requirements. Coordinators advised, and documentation confirmed that staff have undergone training in Serious Incident Response Scheme (SIRS).

*Feedback and complaints:*

Management advised, and documentation confirmed that the organisation summarises feedback and complaints and this is discussed during Board meetings. The service uses information from consumer feedback and complaints to make service improvements including what activities are undertaken at the social groups. – End of *Feedback and complaints heading.*

The service was able to demonstrate effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. Management stated, and staff confirmed that the workforce recently received updated training on SIRS and how to identify elder abuse and neglect. Management advised that previous training on elder abuse and neglect were provided through ARAS. Management advised, and documentation confirmed that the service has developed a new vulnerable assessment form to better identify consumer at risk and provide more comprehensive strategies to protect consumers.

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