**Performance**

**Report**

**1800 951 822**

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| Name: | Catholic Church Endowment Society Incorporated |
| Commission ID: | 600628 |
| Address: | 34 Yorketown Road, ELIZABETH PARK, South Australia, 5113 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | 7 September 2023 |
| Performance report date: | 14 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: 9787 Catholic Church Endowment Society Incorporated  
Service: 27706 Catholic Church Endowment Society Incorporated - Care Relationships and Carer Support  
Service: 27705 Catholic Church Endowment Society Incorporated - Community and Home Support

**This performance report**

This performance report for Catholic Church Endowment Society Incorporated (**the service**) has been prepared by J Renna, 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 3 March 2023 in relation to the Quality Audit undertaken from 1 February 2023 to 3 February 2023.

The provider did not submit a response to the Assessment contact (performance assessment) – non-site report.

# 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 4** Services and supports for daily living | **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 | | 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 |

Findings

Requirement (3)(e) was found non-compliant following a Quality Audit undertaken from 1 February 2023 to 3 February 2023, as the service did not demonstrate care and services were reviewed regularly for effectiveness and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. This was specifically for 15 of 17 consumers sampled whose care and services had not been reviewed in the previous 14 months.

The Assessment Team’s report for the Assessment Contact undertaken on 7 September 2023 included evidence of actions taken to address the non-compliance including, but not limited to, development of a schedule for care plan reviews to ensure all outstanding consumer care plans were reviewed by the end of August 2023 using an updated care plan format.

The Assessment Team found these improvements were effective and recommended Requirement (3)(e) met. The Assessment Team provide the following evidence relevant to my finding:

* Coordinators said staff are trained in identifying deterioration of consumers and reporting changes to the manager. This will trigger a review process and may result in a referral to My Aged Care for formal review of the consumer’s needs, goals and preferences.
* The Assessment Team sighted care plan review schedules for CHSP consumers, with no reviews overdue.
* The Assessment Team reviewed a sample of care plans, individual support plans and progress notes which showed evidence of regular reviews as well as reviews when circumstances change or when incidents impact on the consumer.
* The plan for continuous improvement showed evidence of the service undertaking a spot check audit for 15 consumers to ensure the consumer care plans had been reviewed as per the schedule.

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

# Standard 4

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| Services and supports for daily living | | CHSP |
| 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 |

Findings

Requirement (3)(d) was found non-compliant following a Quality Audit undertaken from 1 February 2023 to 3 February 2023, as the service did not demonstrate information about each consumer’s condition, needs and preferences were consistently and effectively communicated and documented within the organisation and with others where responsibility for care is shared. Specifically, for 15 of the 17 sampled consumers, the service did not demonstrate assessments and reviews had been completed. Further, staff and coordinators were not making records or notes about the services provided for these 15 consumers or recording information about the consumers’ conditions, needs and preferences.

The Assessment Team’s report for the Assessment Contact undertaken on 7 September 2023 included evidence of actions taken to address the non-compliance including, but not limited to, updating forms and protocols to obtain feedback from external providers and updated protocols regarding progress notes and service notes. The social support group coordinators also implemented regular spot check audits to ensure support workers document activities in the progress notes for each consumer attending the group programs on the day.

The Assessment Team found these improvements were effective and recommended Requirement (3)(d) met. The Assessment Team provide the following evidence relevant to my finding:

* Consumer feedback indicated communication is appropriate between the service and the consumer and/or representative and the services are as the consumer requires.
* Staff could describe consent requirements for sharing information.
* Management advised that support workers are allocated time to document individual progress notes for each consumer who has attended the social support group on the day. The service is undertaking regular spot check audits to ensure workers are documenting the activities.
* Documentation reviewed showed examples of referring consumers to new or changed services.

Based on the information summarised about, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 4 Services and supports for daily living.

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)