**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Charlestown Caring Group Inc |
| Commission ID: | 200628 |
| Address: | 23 James Street, CHARLESTOWN, New South Wales, 2290 |
| Activity type: | Quality Audit |
| Activity date: | on 18 April 2024 |
| Performance report date: | 21 June 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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7985 Charlestown Caring Group Inc  
Service: 24193 Charlestown Caring Group Inc - Community and Home Support

**This performance report**

This performance report for Charlestown Caring Group Inc (**the service**) has been prepared by Monika Franco, 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 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)

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard has been assessed as compliant as 6 of the 6 specific requirements are compliant for the service.

Consumers confirmed they are treated respectfully and are provided dignified care and services. Staff and volunteers demonstrated knowledge of the consumer’s preferred names and personal circumstances and consistently spoke of consumers respectfully. Observations made by the Assessment Team and documentation reviewed confirmed staff are educated and trained on dignity, respect, identity, culture, and diversity.

Consumer and representatives advised the service knows what is important to them and that staff providing services know and understand their needs and preferences in relation to their care delivery. Documentation reviewed demonstrated the services documents consumers cultural preferences and ensures care delivery is aligned with their preferences. This process is routinely reviewed for effectiveness via a consumer survey.

Consumers and representatives said that staff always consult with them and support consumers to make decisions. A review of documentation demonstrates how consumers are provided with service details, including contact details, operation hours, monthly newsletters, and at onboarding, they are provided with the aged care code of conduct, and a healthy aging program flyer. Communication preferences are captured at assessment and planning, and these are used to inform communication. Care documentation sampled include file notes and forms capture information about the consumers informal supports such as friends, relationships of choice, including intimate relationships and involvement with these important people when consented to.

Management advised and care documentation confirmed service delivery is person centred with a focus on enablement. The care coordinator said discussions are held at assessment and planning regarding Dignity of Risk. Consumers ability to make choices are screened on admission and then as required. Where a consumer has elected to continue a risk identified activity, education is provided to the consumer or their advocate to understand their choice.

Consumers interviewed at the social support group said that they receive written information in a way they can understand. Management advised of a planned improvement at the service to update the consumers ‘health ageing program’ information sheet to include detailed information regarding the fee schedule to support greater understanding of care and services.

Management reported and the Assessment Team observed, consumer information is stored on an electronic database. Access to electronic information is limited by role and is password protected. Staff and volunteers demonstrated an understanding of their responsibilities in relation to maintaining confidentiality. Documentation demonstrated consumers are provided with information about the use and disclosure of their personal information.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 1, Consumer dignity and choice.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for the service.

The service demonstrated that care plans, assessment and planning considered consumer’s risk to health, well-being and informed the delivery of safe and effective care. Staff could demonstrate that risks to consumer health and wellbeing, were identified through alerts appearing on the mobile ‘app’ when a consumer’s rostered support was opened; and risks and mitigation strategies were provided electronically and, on the consumer, ‘information sheet’. Management advised that risks are identified at the commencement of services, and during the delivery of care and supports. Consumer information is received in the initial stages through a My Aged Care referral. Care plans contained information on the level and types of risks to consumers’ health, safety and wellbeing, and this information is provided to support staff through consumer care planning documentation available through the mobile ‘app’, and in a quick reference sheet provided to staff at each social support group.

Care planning documentation used by the service, capture individualised consumer goals, and provides a background of the consumer including interests, background, medical history, and MAC information. Progress notes are updated regularly by the service and staff. The service undertakes assessments using validated assessment tools to identify possible consumer deterioration. Management advised that assessments and updates are occurring for all new consumers, however for existing clients care plans have not been regularly reviewed and have not had re-assessments. The service has acknowledged this and advised it will be addressed as a priority for immediate action. Management advised that consumers are asked during the initial assessment process if they have an Advanced Care Plan (ACP), and the Assessment Team noted this is recorded in consumer care planning documentation.

The service demonstrated it involves all whom the consumers choose to be involved in their care and service delivery. Consumers interviewed confirmed the service allows them to choose people who they wish to be involved in their care and services. Management advised that at the initial assessment, all other involved in the consumer’s care is captured. This includes working with the consumer, representative, advocate, and medical practitioner. Consumers reported that when they seek assistance for transportation to attend a medical appointment, the service will not come into the medical appointment unless they have requested them to attend. The Assessment Team sighted consumer documentation that provided details of contacts nominated by the consumer that the service can contact in emergencies, as well as details for medical specialists and allied health professionals used by the consumer. Consumers are able nominate and sign documentation to authorising an advocate, and this was sighted by the Assessment Team.

The service demonstrated it undertakes regular contact with consumers and undertakes a comprehensive assessment at the commencement of supports and care. The service has not recently reviewed and re-assess consumer care plans to ensure their effectiveness. Consumers interviewed all reported that the service contacts them regularly regarding their supports and services, citing that they are contacted either the day before they attend the group social support, or the morning of, to check on them and to see if they are going to be attending the group. Consumers said that they really appreciate this. The service could demonstrate that they discuss with consumers their supports and services, and the Assessment Team sighted notes contained in care planning documentation detailing this.

Consumers reported that they are able to ring the service and seek additional supports such as transportation to medical appointments when their circumstances change, and that this isn’t a problem as long as they have provided notice. Staff confirmed that regular contact is made with consumers and reported that all consumers attending the social group are contacted prior to attending. Where there is an unexpected non-attendance, staff are required to report this to the service. The Assessment Team noted in the incident register staff contacting the service and the nominated emergency nominee contacted by the service. Management advised that although reviews and updates have not been recorded in consumer care plans, the service regularly contacts all consumers, and if a concern has been identified, this would trigger a review to be undertaken. Regular contact was confirmed by consumers interviewed.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 2, On-going assessment and planning with consumers.**Standard 3**

|  |  |  |
| --- | --- | --- |
| 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

Standard 3 is deemed Not Applicable as the service does not provide personal or clinical care.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard has been assessed as compliant as 6 of the 6 specific requirements are compliant for the service.

Consumers advised that the service made them feel safe, and that they were able to continue their independence. Staff interviewed spoke and described consumers’ needs and goals, and what was important to them. Staff demonstrated how they receive consumer information, and how they use this to identify risks and provide care. Management reported that consumer’s goals, supports and care are discussed with the consumer and/or representative at the commencement of the service.

All consumers interviewed said that they love the coming to the group, and they have a great time. Consumers said that the service recognises when they are feeling low or not themselves, and this promotes wellbeing. Staff interviewed said that the service will contact consumers on the morning or the day before the activities, and will check to see if the consumer is ok. A list is prepared showing which consumers will be attending. If a consumer is not well, it is noted, and the service will check with the consumer’s representative.

The service demonstrated that the services and supports provided enable consumers to participate in the community and do things that of interest to them. Consumers interviewed spoke about how the service assists them to participate in their community. The Assessment Team observed consumers participating in the Thursday social group and noted that all consumers were engaged. While some consumers did not participate in group activities, they were observed to be interacting with other consumers or staff, and reported to the Assessment Team that they love attending and catching up with their friends.

The service demonstrated that information about consumers’ condition, needs and preferences are communicated with others where care is shared. Staff said that information on consumers is provided to them on the day of the social group, as the service has contacted all consumers either the day before or on the morning to ascertain if they will be attending. This information is updated into the system, and available for staff. Staff demonstrated to the Assessment Team how they retrieve information, including from the cheat sheet as well as from the mobile ‘app’, and how this is used to record information including incidents. The Assessment Team noted that staff document any concerns in consumer progress notes, and these are read by the service to identify possible deterioration. Management advised that concerns regarding a consumer's condition are discussed with the consumer, and if needed, the consumer’s representative.

The service demonstrated that when there were concerns regarding a consumer’s health or wellbeing, the service had processes in place to undertake timely and appropriate referrals to other providers of care and services. Management reported that when required, consumers are referred to other organisations and providers of care and services, including notifying the consumers’ representative or MAC when concerns of possible deterioration require an ACAT assessment for a referral to additional services.

All consumers interviewed said the food was wonderful. Staff reported that when preparing meals, they know what consumers like and dislike, and cook accordingly. Staff attending the social group could demonstrate they had access to consumer information detailing risks, allergens, and dietary requirements on the cheat sheet.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 4, services and supports for daily living.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard has been assessed as compliant as 3 of the 3 specific requirements are compliant for the service.

The service demonstrated that the service environment was welcoming and optimised each consumer’s sense of belonging. Management advised that when looking for a venue, a number of criteria is applied including accessibility, disability access, disabled toilets that have handrails. The hall for the social group is ideal because the toilets are also in the hall and consumers don’t have to go outside.

The service environment was safe, clean, well maintained, and enabled consumers to freely move within the building and outside. A ramp enabled ease of access, and parking for the bus and vehicles was directly outside on a level surface. The Assessment Team noted that the main door was open to allow consumers to freely access the facility. The social group is held in a large hall that is hired from the local church. The hall had large glass windows and was light, clean, and well kept. A kitchen adjoins the hall and provides facilities to cater for the group. The hall has air conditioning for comfort.

The service could demonstrate that all vehicles used in the transportation of consumers are cleaned after each use. Consumers interviewed reported that the hall is always clean. The Assessment Team noted that there was space away from the main thoroughfare to enable 4WW to be safety stowed and not present a trip hazard. Some chairs had additional small cushions for comfort, and some chairs had arms providing support to enable those consumers to stand.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 5, organisations service environment.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard has been assessed as compliant as 4 of the 4 specific requirements are compliant for the service.

Consumers interviewed said they did not have any concerns about the service and have not needed to make a complaint. They said they know how to provide feedback or make a complaint and felt comfortable contacting the service and speaking with management should they need to. A review of documentation demonstrates the service provides information to consumer via the service agreement, on how they can various methods of providing feedback and complaints internally and externally.

The service demonstrated that consumers and their representatives are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

The service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 6, feedback and complaints.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for the service.

The scheduler told the Assessment Team they had the resources to do their job and they schedule services one month in advance. Management advised they have had nil unfilled shifts in the past month, and they are proactive in ongoing recruitment of support workers and volunteers through local events and Services Australia. Management described the process for scheduling services, outlining there is a designated scheduling position, and they are supported by a suite of electronic tools to perform their role.

Consumers interviewed provided positive feedback in relation to their interactions with the workforce. They described in various ways how the staff and volunteers are kind, caring, respectful and helpful. Management and staff spoke about consumers in a kind and respectful way when speaking with the Assessment Team. The coordinator and support workers provided examples of how the service respects consumers individual differences and choices.

The aged care coordinators said they know their roles and responsibilities which include linking consumers with volunteers for individual support, planning activities for the social support group and providing the scheduler with the service hours. Support workers said they know what their role is because they have a list of duties, and they receive daily handovers for social support groups.

Management described how the service ensures its workforce is trained and equipped to provide services to consumers.

The service did not consistently demonstrate that regular assessment, monitoring, and review of the performance of each member of the workforce in undertaken. For example, staff reported receiving regular, ongoing informal feedback from their coordinators/supervisors, however, could not report an annual performance appraisal.

Management advised due to a lack of resources including senior management, this has stalled the more formal annual performance reviews for all of its workers delivering care and services. The organisation has an action on the plan for continuous improvement for annual performance reviews to be completed by September 2024.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 7, human resources.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard has been assessed as compliant as 4 of the 4 specific requirements are compliant for the service.

The service demonstrated it seeks input from consumers through feedback processes, informally through regular face to face contact and formally through consumer satisfaction surveys or when new services are implemented.

The service demonstrated that the governing body promoted safe and inclusive care, and considered information including risks, complaints, and feedback at board meetings.

The service demonstrated effective information management systems and processes to enable continuous care and delivery of services to its cohort of consumers. The service demonstrated continuous improvement systems and processes in place. The service has financial governance systems and processes to manage the finances and resources required to deliver quality services. The service demonstrated governance systems and processes to ensure workforce arrangements are consistent with regulatory requirements, including meeting police check requirements. The service has regulatory compliance systems and processes to ensure the service is complying with relevant legislation, regulatory requirements, and guidelines.

The service demonstrated it has an incident management system in place. The Quality, Risk and Compliance committee is responsible for reviewing incident trends, high-risk incidents, adverse outcomes, complaints, clinical incidents, and support service incidents, including providing advice to the clinical leaders and managers to investigate and implement systems and actions to minimise the likelihood of future occurrences. A review of documentation demonstrates incidents relating to consumers are actioned in accordance with its policies and procedures. Staff described how they conduct a risk assessment each time they visit a consumer or when they attend the service, they said this includes risk of abuse and neglect. The aged care coordinator provided an example of the identification that a consumer was at risk, and they reported this to management who referred this to a specialist agency.

The Assessment team has assessed requirement 8(3)(e) as not applicable as the service does not provide personal and clinical care services to its CHSP consumers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 8, organisational governance.

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)