**Performance**

**Report**

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| Name: | Core Community Services Limited |
| Commission ID: | 200262 |
| Address: | 22 Nelson Street, FAIRFIELD, New South Wales, 2166 |
| Activity type: | Quality Audit |
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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

Home Care Packages (**HCP**) included:  
Provider: 73 Core Community Services Limited  
Service: 17669 Aged and Disability Care  
Service: 17668 Aged and Disability Care

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7568 Core Community Services Limited  
Service: 24574 Cabramatta Community Centre Inc - Care Relationships and Carer Support  
Service: 24573 Cabramatta Community Centre Inc - Community and Home Support

**This performance report**

This performance report for Core Community Services Limited (**the service**) has been prepared by E Woodley, 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 Home Care Packages (HCP)

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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 | **Compliant** |
| **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** |

# 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 | **Compliant** |
| **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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

The Quality Standard is compliant as the six specific Requirements have been assessed as compliant.

Consumers interviewed by the Assessment Team felt they are treated with dignity and respect by staff, and their culture and diversity are valued. Care documentation reviewed by the Assessment Team included information on consumer’s cultural needs and backgrounds, and how this influences delivery of care to ensure it is culturally safe. The service has policies, procedures, and training to guide staff on delivery of respectful and culturally safe care.

Consumers interviewed felt they are supported to exercise choice and independence, including deciding who is involved in their care. Where consumers had identified representatives they wanted involved in their care, the service demonstrated they communicate regularly and provide relevant information to these representatives. Care documentation reviewed included consumer choices on how they want their care and services delivered. The service demonstrated information is provided to consumers in a way that is clear and easy to understand, and this helps them make decisions about service provision. The service has policies and procedures regarding dignity of risk to ensure consumers are supported to take risks in order to live their best lives. For example, risk management strategies were implemented to maintain a consumer’s independence in their mobility, in line with their wishes.

Consumers and representatives interviewed by the Assessment Team felt staff respect their personal information and their privacy when delivering care and services. The service has procedures to direct staff on ensuring confidentiality of consumer personal information and appropriate sharing of information. Consumer information is stored securely on the electronic management system.

# Standard 2

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

Findings

The Quality Standard is compliant as the five specific Requirements have been assessed as compliant.

The service demonstrated initial and ongoing assessment and planning that considers risks to consumer’s health and well-being, and informs the delivery of safe and effective care and services. The service’s initial assessment processes consider the safety of the consumer’s environment, medical history, mental and physical health, emotional well-being, and activities of daily living. Consumers with higher level home care packages are assessed by a registered nurse to ensure effective clinical care. For consumers sampled, risks associated with mobility, cognition, hearing and vision impairment, isolation, pressure injuries, and infections were considered in assessment and planning. Care plans identified consumer’s current needs, goals, and preferences to guide staff in care and service delivery. The service provides information to consumers on advanced care and end of life planning on admission to the service, and supports consumers with this planning when accepted.

Consumers and representatives interviewed said they are involved in assessment and planning, and felt the service encourages them to make decisions about their care and services. The service includes other organisations and providers of care in assessment and planning where appropriate. For example, medical officers, wound care specialists and speech pathologists were involved in the assessment and planning of sampled consumer’s care. The outcomes of assessment and planning is communicated to consumers and representatives in their care plan, and the Assessment Team found all sampled care plans were signed by the consumer and/or representative. Staff have access to care plans through mobile devices, and a copy is kept where care and services are provided.

Consumers felt their care and services are reviewed regularly, and knew they can request changes to their services at any time. The service has an annual care plan review process, unless indicated earlier. Care plans reviewed by the Assessment Team were current, with reviews conducted at least annually, or earlier when consumer circumstances changed.

# Standard 3

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| Personal care and clinical care | | HCP | 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. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| 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. | Compliant | Compliant |

Findings

The Quality Standard is compliant as the seven specific Requirements have been assessed as compliant.

Interviews with consumers, representatives and staff, and documentation reviewed, demonstrated the service provides safe and effective personal and clinical care that identifies and manages high impact or high prevalence risks associated with this care. This included effective management of wounds, catheters, mobility, risks in the home environment, falls, choking, and assistance with eating. Consumers interviewed by the Assessment Team were satisfied with the personal and clinical care they were receiving by the service. Consumers said the service takes time to assess and understand their care needs, and staff consider individual preferences when providing care. Staff interviewed by the Assessment Team felt processes in place and oversight by the case manager and clinical team assisted them in providing safe and effective care and services to consumers.

Staff interviewed demonstrated an understanding of tailoring care and services for consumers nearing the end of their life to ensure their needs, goals and preferences are met, and dignity and comfort maximised. The service consultants with relevant individuals to ensure appropriate end of life care, including consumers, representatives, palliative care service providers, and other health professionals.

Consumers and representatives interviewed felt confident staff identify any changes to consumer’s health and well-being, and respond to this appropriately. One representative provided an example of staff calling an ambulance for hospital transfer after they identified a deterioration in the consumer’s condition. The service has established pathways for communication of information about consumer health and condition, escalation to management or other health services as required, and monitoring to assist in identifying changes in consumer condition. Consumer documentation reviewed by the Assessment Team included detailed information to support effective and safe sharing of the consumer’s care, both within the service and with others who share responsibility for care.

Most consumers and representatives were satisfied with referral processes and confirmed consumers are assisted to access external services as needed. For consumers sampled, appropriate and timely referrals had been made to occupational therapists, physiotherapists, palliative care services, podiatrists, and medical specialists. Where changes in consumer condition indicate they may require a higher level home care package, the service refers consumers to relevant assessment services.

Consumers interviewed identified standard and transmission-based precautions staff take to prevent infection, including wearing face masks, washing and sanitising their hands, and receiving information on infection prevention and control practices. Staff interviewed confirmed they had received training on infection control and the use of personal protective equipment, and were knowledgeable about standard and transmission-based precautions to prevent and control infection. The service has processes to keep up to date with public health directives and update policy and procedures in a timely manner to reflect any changes.

# Standard 4

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| Services and supports for daily living | | HCP | 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

The Quality Standard is compliant as the seven specific Requirements have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team felt the services and supports they receive for daily living support their independence, enable them to participate in activities of interest, help meet their emotional and psychological needs, and improve their overall health and well-being. Consumers and representatives said the service provides opportunities for consumers to build and maintain relationships of choice. Staff interviewed were knowledgeable about individual consumer’s needs and preferences regarding support for daily living, and this aligned with information in consumer care plans. For example, staff were knowledgeable about consumers preferences including timing of service delivery, and where they like to attend for shopping assistance and social support. Care documentation reviewed demonstrated assessment and ongoing review of emotional, spiritual, and psychological needs of consumers.

The service demonstrated information about consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. Consumers and representatives interviewed reported that the service has good communication systems in place for daily living and staff are informed of consumer’s current condition, needs and preferences. Care documentation reviewed by the Assessment Team included comprehensive information regarding consumer’s current condition, needs and preferences, including to inform others involved in the care of the consumer. The service demonstrated timely and appropriate referrals are made to organisations and other providers of care to support consumer’s daily living. For example, to physiotherapy and/or occupational therapy to inform equipment and home modifications, dementia support services, and centre-based respite services.

All consumers and representatives interviewed were satisfied with the meals provided at the social support group, including that their individual needs and preferences are met and there is always sufficient quantity of food. Food and dietary needs and preferences of consumers are identified at initial assessment and information is provided to the staff who provide meals during the support group. Staff interviewed were aware of the individual food preferences and dietary needs of consumers. The service conducts regular surveys to monitor consumer satisfaction with meals provided.

Consumers who had received equipment through their home care packages were satisfied with the quality and maintenance of the equipment. Staff regularly check consumer equipment to ensure it is safe, clean, and well maintained, and have reporting mechanisms for when equipment requires maintenance.

# Standard 5

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| Organisation’s service environment | | HCP | 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 | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The Quality Standard is compliant as the three specific Requirements have been assessed as compliant.

The Assessment Team observed the service environment to be clean, well maintained, and welcoming. The service environment is designed to optimise consumer belonging, independence, and function by ensuring the environment is welcoming and easy for consumers to mobilise independently. The Assessment Team observed an ongoing maintenance schedule for the service and environmental safety checks are carried out on a regular basis. Any hazards identified are followed up through the hazard and incident reporting system.

Furniture and equipment observed by the Assessment Team was clean and well maintained. Consumers said the buses they travel on are very clean and the service demonstrated processes to ensure vehicles are regularly serviced and cleaned.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

The Quality Standard is compliant as the four specific Requirements have been assessed as compliant.

Consumers interviewed by the Assessment Team confirmed they are supported to provide feedback and complaints, and felt staff welcome feedback and complaints as a way to improve the service. Service management conduct regular interviews to actively seek feedback from consumers and their representatives, including to inform staff performance reviews. Consumers are provided with information on advocates, language services and other methods for raising and resolving complaints on admission to the service. Information was available in several languages common for the service’s consumer cohort and translation services are also offered.

Consumers interviewed by the Assessment Team who had made complaints to the service said they were satisfied with the outcome of their complaint and described the open disclosure process used by the service to manage the complaint. For example, one consumer who had made a complaint regarding a support worker felt the matter was delt with very quickly and was satisfied with the service’s response to this complaint. The service has policies and procedures that support consumers and representatives to make complaints, guide staff on the management of complaints, and direct the monitoring and trending of complaints to inform continuous improvement at the service. The service demonstrated oversight and analysis of feedback and complaints to improve the quality of care and services.

# Standard 7

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| Human resources | | HCP | 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

The Quality Standard is compliant as the five specific Requirements have been assessed as compliant.

The provider demonstrated effective workforce planning systems to inform the deployment of sufficient number and mix of staff to meet consumer needs. The service considers consumer’s linguistic requirements when planning and deploying staff. All consumers interviewed by the Assessment Team provided positive feedback about the care and services they receive, and about the sufficiency and competency of staff. Consumers also said staff are always kind, caring and considerate.

The service has processes to ensure staff are competent, have appropriate qualifications, training, and support to perform their roles in line with the Quality Standards. Recruitment and brokerage systems ensure staff recruited or contracted have the relevant qualifications to their roles. The Assessment Team found the service has effective orientation and training processes, and documentation reviewed demonstrated ongoing monitoring of staff training completion.

The service has policies and procedures to direct the regular assessment, monitoring, and review of the workforce. Support workers have regular performance reviews with management that is informed by consumer feedback and experiences. Staff interviewed by the Assessment Team, including management, confirmed they have undertaken performance reviews in line with the service’s policy.

# Standard 8

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| Organisational governance | | HCP | 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 | 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 | 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 | 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 | 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. | Compliant | Compliant |

Findings

The Quality Standard is compliant as the five specific Requirements have been assessed as compliant.

The organisation demonstrated consumers are engaged in the development and delivery of care and services. The service has established a consumer advisory body that meets monthly to provide feedback and advice to the organisation. At least one member of the Board attends each consumer advisory meeting, and meeting minutes reviewed by the Assessment Team confirmed reporting systems are occurring effectively. The organisation demonstrated the Board promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. Board meeting minutes reviewed demonstrated the Board receives reporting from all sub committees, staff and management presentations, and regular reports outlining monthly performance to ensure they have oversight and are accountable for the delivery of safe and quality care.

The organisation demonstrated effective governance systems are implemented at the service. The information systems at the service were effectively ensuring security, maintenance, and appropriate sharing of information. This included the systems for consumer information management, workforce rostering, training, and human resources. The service demonstrated strategic planning, continuous improvement, and feedback processes in place. This included planned feedback surveys, staff meetings, review of management systems, incidents and complaints, and monitoring against the continuous improvement plan and strategic plan. Financial governance systems and processes are in place to manage the finances and resources that the organisation needs to deliver safe and quality care and services. The service demonstrated human resource governance systems and processes to ensure workforce arrangements are consistent with regulatory requirements. The Assessment Team sighted current certification including nursing registrations, police checks, and driver’s licenses for staff. The Assessment Team sighted the roles and responsibilities of Board members, including training for approving budget and monitor expenditure, and approving key policies. The role of management was defined in job descriptions. The organisation has staff that monitor regulatory compliance and implement required changes to policies and procedures. Information is fed down to relevant managers and staff through regular meetings, emails, training, and updates to policies and procedures.

The organisation demonstrated risk management systems and practices that manage high impact and high prevalence risks, respond to abuse and neglect of consumers, support consumers to live their best lives, and manage and prevent incidents. The organisation has policies and procedures to guide risk management across the service. This includes maintenance and monitoring of risk and incident registers, staff education and training, and incident management systems. The organisation has a clinical governance framework that includes integrated procedures for the delivery of clinical care. This included guidance on antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. Service management confirmed staff had extensive training to ensure understanding of these polices, of the concepts that underpinned the procedures in place, and monitoring to ensure that staff adhere to those procedures. Members of the Board have clinical experience and work with the service to enhance clinical governance and best practice.

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)