**Performance**

**Report**

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| Name: | Crookwell Neighbourhood Centre Incorporated |
| Commission ID: | 200826 |
| Address: | 48 Denison Street, CROOKWELL, New South Wales, 2583 |
| 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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8216 Crookwell Neighbourhood Centre Incorporated  
Service: 24929 Crookwell Neighbourhood Centre Incorporated - Care Relationships and Carer Support

**This performance report**

This performance report for Crookwell Neighbourhood Centre Incorporated (**the service**) has been prepared by M Abjorensen, 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)

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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 | **Not applicable** |
| **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

Feedback from consumers reported staff know about their identity, culture and background and the service treats them with dignity and respect. Staff described consumers with reference to consumer preferences and support requirements, consistent with the information captured in care documentation. Policies and procedures in place included code of ethics/code of conduct, which covered respect and dignity of consumers.

The service had policies and procedures relating to cultural safety and diversity. Consumers said staff understand their preferences and cultural aspects of their services which makes them feel valued. Staff demonstrated how services can be tailored according to consumer needs, preferences and circumstances. Consumer file documentation also includes fields for capturing any cultural needs.

Consumers described how they can exercise choice and independence, making their own decisions regarding the way that their services are delivered, which services they choose to accept and who they would like to be involved in their care. Care files contain information on consumer’s relationships, including representatives and their contact details.

Consumers said the services they receive support them to remain living at home and staff encourage them to be independent. Management explained assessment processes support the service to identify, and manage, risks to support consumer choice. The service provides consumers with information regarding dignity of risk. Policies and procedures reference the right of consumers to make choices and take risks.

Information is provided to consumers through the information pack, home visits and communications with staff at the service. Consumers reported receiving sufficient information to understand their services.

Consumers said staff respect their privacy and keep personal information confidential. Management advised, and observations confirmed, consumer information is kept in hard copy files, in locked cupboards in the office. Policies and procedures include privacy and confidentiality, including, consumer consent to share information.

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

# 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

Assessment and planning occurs during home visits with consumers to discuss service and support requirements, including the identification of risks to inform care and service delivery. Consumers reported the service has discussed their support requirements, such as mobility needs. Staff receive guidance on service delivery through care documentation and reported they have access to the relevant information to inform care delivery, including processes for non-response to a scheduled visit.

Management advised, and care documentation showed, needs, goals and preferences are discussed with consumers and documented in care files. Consumers said their current needs, goals and preferences are accommodated by the service and any changes regarding service delivery are communicated.

Consumers advised they are fully involved in assessment and care planning processes and provided positive feedback on how staff involve them and provide them with information. While currently consumers do not receive care and services from other providers, management noted they would liaise other services where required. Care documentation showed consumer and representative involvement in assessment and care planning processes. Progress notes reflect ongoing discussions with consumers and families regarding services and the individual situations of consumer.

Consumers said they had received copies of their care plans and felt they were well informed of the services they could access. Management confirmed all consumers are provided with a copy of their care plan initially and when needs change and copies were sighted in all consumer files. Reviewed care plans were also sighted in consumer files for all consumers.

Consumers confirmed reviews of their needs and services are conducted on a regular basis and said if anything changes, they can request a review or speak directly to staff. Management reviews care plans with each consumer formally on an annual basis, with input from the care worker. However, the progress notes showed changes in a consumer’s circumstance which has not resulted in a change in services or referrals. The Assessment Team report did not contain management response to this feedback. I encourage the provider to ensure relevant actions are taken to address changes in consumer needs, condition and function.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 2, Ongoing assessment and planning with consumers.

# 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

This standard was not assessed as the service does not provide any personal or clinical care services.

# 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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

Consumers said they are encouraged to stay active and maintain independence through services provided. Care documentation includes the interests, goals, needs and preferences to inform supports for daily living.

Consumers advised they enjoy services and feel comfortable, happy and safe with their regular care worker. The care worker advised if they had any concerns regarding a consumer, they would discuss this with management to ensure the consumer and their family, would get the necessary help. Progress notes sighted on consumers’ files document any changes in needs relating to emotional, spiritual or psychological wellbeing, with care plans updated as required.

Consumers provided feedback on opportunities they have to build and maintain relationships and pursue activities of interest in the community. For each of the three consumers that receive services, the care worker described important relationships, such as family and friends, and social activities they enjoy, such as family coming to visit and the consumers’ interests. Management said they gather information on consumers’ life stories and social needs on entry to the service to facilitate the continuity of any relationships through access to transport services and communication with nominated representatives, if needed.

Consumers were satisfied the service had good communication systems in place to ensure care workers knew their needs and when changes occurred with their care. The sole care worker for each consumer was satisfied with the information they receive, as it helps them identify the support requirements for each consumer.

Consumers said they know the service can refer them to other services with their permission, however had not needed additional services to date as the domestic service was meeting their needs. Management outlined referral processes and noted the importance of timely referrals for consumers, such as carer support networks and respite services. Management advised any referrals would be documented in the consumer’s file.

Requirements (3)(f) and (3)(g) were not assessed as the service does not provide meals or equipment.

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

# 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. | Not applicable |
| 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. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

This Standard was not assessed. The organisation does not have a service environment.

# 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

Consumers said they are supported and comfortable to provide feedback and raise concerns with the service. In addition to annual surveys and feedback forms shared in the information pack, management advised they encourage and support consumers to call or email the service to provide feedback. The service’s ‘Complaints Procedure’ encourages feedback and complaints and explains how consumers and carers will be informed of the outcome of their complaint and asked for their feedback on the complaint’s procedure.

Consumers are provided with information to access services such as advocacy support and are provided with information to raise and resolve complaints through other methods. This information sheet includes contact details for external services such as advocacy groups and community support services. While the service does not currently deliver services to consumers who require language services, management identified an area of improvement to include translating and interpreter services to support consumers who may require these services.

Consumers interviewed stated they have not had a reason to make a complaint although they confirmed being aware of ways to provide feedback to the service and expressed their satisfaction. Staff spoke to working in conjunction with management and consumers to address and resolve complaints. The service’s complaints process and policies inform staff of appropriate action when addressing complaints, reflective of open disclosure principles. Management advised they will revise the complaints procedure to reference open disclosure.

The service demonstrated how feedback received is reviewed and used to make improvements to the quality of care and services through feedback received via annual surveys and response to individual consumer feedback. Consumers described how the service is responsive and helpful. The continuous improvement register shows planned, and completed, actions assigned with allocated timeframes to relevant staff. Policies and procedures show feedback is used to improve services delivered.

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

# 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

Requirement (3)(d)

The Assessment Team report found the service did not demonstrate effective regulatory compliance for the regulatory compliance under Requirement (3)(c) in Standard 8. Based on the information and evidence relating to service level processes, I have considered this under Requirement (3)(d) in this Standard. The Assessment Team provided the following evidence relevant to my finding:

* Management advised training needs are identified through regular communication with staff and performance appraisals. The service has onboarding and induction processes, which includes information provided on the Quality Standards and introductions to consumers.
* Consumers were satisfied that staff are equipped to deliver their care and services suited to their needs
* Training records were incomplete, management added this action to the continuous improvement register.
* Information and evidence under (3)(c) in Standard 8 shows the service could not produce a current probity check for one staff member.

In coming to my finding, I have considered the Assessment Team report which does not demonstrate deficits relating to training, support or recruitment of the workforce.

The intent of the Requirement covers the organisation’s support for the workforce to deliver the outcomes for consumers in line with the Quality Standards. Overall, I find the service has systems and process are in place to demonstrate the workforce is trained, equipped and supported to deliver the outcomes of the Quality Standards. Further, I do not find it proportionate to deem the service ineffective based on documentation deficits alone. Rather, feedback from the workforce and consumers shows the outcomes of these standards are delivered through the support delivered by the organisation.

Based on the information summarised above, I find the provider, in relation to the service, compliant with (3)(d) in Standard 7, Human resources.

Requirements (3)(a), (3)(b), (3)(c), (3)(e)

Consumers interviewed confirmed that staff turn up on time when delivering care and services. The service provides care and services to three consumers and operates with a total of one manager/coordinator and two staff members. Management explained processes to manage planned and unplanned leave through regular verbal and written communication. The service has policies covering various workforce domains including ‘workforce planning’.

Consumers described staff as kind, caring and respectful when delivering care and services. Staff and management showed familiarity with consumers and provided examples of how interactions with consumers are respectful with consideration to consumers’ identity, diversity and preferences.

Consumers said that staff providing care and services are competent and skilled to do so. Staff reported regular contact with the service with oversight from management through the review of progress notes. Management described the role requirements for staff and competency is determined through appraisals and consumer feedback. Position descriptions, minimum qualifications and role requirements are documented.

Consumers expressed how they feel comfortable to provide feedback to the service and spoke to receiving a survey from the service asking for feedback on the delivery of care and services. Management advised they seek feedback from consumers on staff performance ensuring care and services are delivery satisfactorily. While formal performance appraisals have not occurred for all staff, management and staff confirmed regular discussions occur, where feedback and support, is provided. The service has policies and procedures relating to staff performance, including performance monitoring, development and performance management.

Based on the information summarised above, I find the provider, in relation to the service, compliant with (3)(a), (3)(b), (3)(c) and (3)(e) in Standard 7, Human resources.

# 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

Requirement (3)(c)

The Assessment Team found the service was able to demonstrate effective systems are in place relating to information management, continuous improvement, workforce governance and feedback and complaints. However, the Assessment Team found the service did not demonstrate effective organisation wide governance systems relating to regulatory compliance. The Assessment Team provided the following evidence relevant to my finding:

* Information Management:
  + The organisation is predominately paper-based. Consumer information is kept confidential and stored securely. Staff have access to the information they need to perform their roles. The organisation has policies relating to secure storage of information, privacy and confidentiality and record keeping.
* Continuous improvement:
  + The service monitors the delivery of care and services through feedback processes to inform areas of continuous improvement. The organisation has policies relating to strategic planning and quality improvement.
* Financial governance
  + The governing body maintains oversight through financial reports. The organisation has policies relating to funding agreements, financial management and budgets.
* Workforce governance
  + The workforce is assigned responsibilities and accountabilities. Processes are in place to monitor the performance and competency of the workforce.
* Regulatory compliance
  + The organisation has systems in place when receiving and responding to regulatory compliance and legislative changes
  + Management is responsible for monitoring workforce compliance checks. While police checks were produced for management and care staff, the probity check for one staff member was not current.
  + The service was not aware of the serious incident response scheme (SIRS) and the continuous improvement register contained actions to review policies to ensure they capture relevant information
* Feedback and complaints
  + The service demonstrated that process is in place to seek feedback and complaints from consumers and/or their representatives such as feedback surveys and consistent communication with staff. The organisation has policies and procedures for the feedback and complaints process.

In coming to my finding, I have considered the Assessment Team report which demonstrates effective organisation wide governance systems. The information and evidence does not demonstrate ineffective organisation wide governance systems relating to regulatory compliance.

I have considered the information relating to probity checks under Requirement (3)(d) in Standard 7, which is better suited to service level processes.

I have considered the intent of the sub-requirement for regulatory compliance is to understand how the organisation undertakes the task to remain informed of regulatory and legislative requirements. Overall, the information provided indicates the organisation has processes in place to remain informed of regulatory and legislative requirements.

However, I find the information and evidence provided shows areas for improvement in relation to the implementation of SIRS and documentation and I encourage the provider to ensure systems reflect current regulatory requirements.

Based on the information summarised above, I find the provider, in relation to the service, compliant with (3)(c) in Standard 8, Organisational governance.

Management demonstrated how consumers are engaged in developing, delivering and evaluating their care and services through seeking feedback through the service’s annual survey and verbal communication methods. Consumers reported they are comfortable to provide input to the service informing the delivery of care and services, however stated they are satisfied with current care and services and didn’t feel the need to provide feedback at present.

The governing body receives service updates through an annual report produced by management, in addition to quarterly virtual meetings, annual in-person meetings and regular email communication. Information provided to the board includes consumer numbers, complaints, training, workforce information and occupational health and safety topics.

The service demonstrated that effective risk management systems and practices are in place to identify risk associated with the care and services for consumers and displayed a commitment to ensure consumers are supported to live the best life they can. For example:

* The service has a risk management plan to identify, rate and manage risks through assigned actions and responsibilities within the service.
* The incident investigation template and risk management checklist guide staff to capture incident information and adhere to processes and follow up actions.
* Staff described actions to identify and manage consumer risks, including incident reporting and respecting consumers choice to take risks to promote their independence.

Management updated the continuous improvement register to include an action for training on the Serious Incident Response Scheme and abuse and neglect of consumers.

The organisation has policies and procedures relating to risk management, emergency and disaster situations and the identification and response to neglect and abuse of consumers.

Requirement (3)(e) in Standard 8 was not assessed as the service does not provide clinical care for consumers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b) and (3)(d) in Standard 8, Organisational governance.

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