**Performance**

**Report**

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| Name of service: | Italian Cultural Centre - PARALOWIE |
| Service address: | 304 Waterloo Corner Road PARALOWIE SA 5108 |
| Commission ID: | 600177 |
| Home Service Provider: | Italian Cultural Centre Inc. |
| Activity type: | Quality Audit |
| Activity date: | 6 July 2023 to 12 July 2023 |
| Performance report date: | 19 September 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Italian Cultural Centre - PARALOWIE (**the service**) has been prepared by M Murray, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Services included in this assessment

**CHSP:**

* Community and Home Support, 23758, 304 Waterloo Corner Road, PARALOWIE SA 5108

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

I am satisfied, based on the Assessment Team’s report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above. A summary of the Assessment Team’s evidence is outlined below.

Consumers and representatives interviewed said consumers are treated with dignity and respect, and the service recognises and values their identity, culture, and diversity. The Assessment Team observed correspondence with consumers is often provided in a language of their choice for ease of communication and understanding.

Consumers described their positive interactions with staff, with one consumer saying that volunteers know about their background and personal preferences, they gave this information to the service throughout the intake process and during regular conversations with care workers and care coordinators.

Staff described tailoring social group activities to suite cultural preferences. They said the service’s ethos and approach to consumers is culturally respectful, and staff treat everyone as important, and value everyone’s life experiences.

Consumers said the service involves them in making decisions about their services. Co-ordinators and volunteers described how they support consumers and their representatives to exercise choice and make decisions about the services consumers’ receive.

Social support groups are viewed by consumers as a place to create and maintain connections and friendships.

Management provided examples of mitigating risk, to as great an extent as possible, for consumers with declining mobility in order to support them to continue to attend activities. Case notes evidenced risks and benefits are discussed with the consumer prior to their decision to continue attending social events.

Consumers said they are provided with timely and relevant information when they first commence with the service, and when something changes with the service. Co-ordinators and volunteers described how they provide information to consumers in various ways, including verbally and in writing in either English or Italian.

Sharing of information is managed to maintain its confidentiality, volunteers said they are provided with the relevant consumer information for them to do their role, while other information is confidential.

# 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

I am satisfied, based on the Assessment Team’s report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above. A summary of the Assessment Team’s evidence is outlined below.

Co-ordinators described how they assess consumers’ needs and risks at commencement of services, and how assessments inform consumers’ care plans. Care planning documents evidenced comprehensive assessment. Planning is undertaken with consumers and includes discussions on risk and other assessments to understand the consumer’s needs, goals and preferences.

The service supports discussions on advance care planning and while most consumers do not wish to engage in these discussions, staff let them know they can support them to have a plan developed in the future if needed.

Staff engage with other providers of care, such as general practitioners, to support consumers after periods of being unwell or being hospitalised so that the service can provide support to meet any the consumer’s changed needs.

Consumers described their engagement with the assessment process and are satisfied their needs, goals and preferences are being met by the service.

Care planning documents evidenced consumers and/or their representatives, health professionals or external providers when required, are involved in the planning of consumers' services.

Co-ordinations advised that a care plan copy is provided to consumers on commencement with the service and is available in both English and Italian. Consumers recalled having been given a copy of their care plan.

Consumers confirmed their services are reviewed annually, or when their circumstances change. Co-ordinators advised that the service reviews all consumers at the start of each calendar year, as a minimum, and additionally if something changes such as on return from a stay in hospital.

Care planning documentation reviewed by the Assessment Team showed that reviews are completed annually and when circumstances change and contain sufficient information to assess risks, or any changes in needs, goals and preferences.

Reviews focused on developing strategies for maintaining the consumer’s connection with the social support group and evidenced discussions with representatives on how best to achieve this outcome.

# 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

The service does not provider personal care or clinical care. This Quality Standard is not applicable.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

I am satisfied, based on the Assessment Team’s report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above. A summary of the Assessment Team’s evidence is outlined below.

Consumers are satisfied that the services provided optimises their independence, well-being and quality of life through the provision of social support and group activities. Co-ordinators and volunteers described what is important to consumers and how they adapt services according to consumers’ needs and preferences.

Consumers felt that co-ordinators and volunteers know them well and described in various ways how the services provided has supported their emotional and psychological well-being. Consumers are also confident volunteers would recognise if they were feeling low and would respond appropriately.

Co-ordinators described how they provide prayer groups and celebrations of religious events for consumers to attend in order to support their spiritual needs.

Volunteers demonstrated an in-depth knowledge of each consumer and could speak to individual consumers’ emotional, spiritual, and psychological wellbeing. In many instances, volunteers had been at the service for over 15 years, and some consumers now receiving services had themselves been volunteers for the service in previous years.

Consumers discussed how their participation with the service supports their feeling of belonging to the community, particularly for those consumers who like to speak Italian together. Consumers outlined the variety of activities on offer and that they choose what activity to join in with based on their preferences and how they are feeling on the day.

Co-ordinators and volunteers described communication processes within the service and said information about consumers is effectively communicated.

Co-ordinators and volunteers advised the processes they follow to provide assistance to consumers to navigate My Aged Care and how they support consumers to connect with other community organisations when required.

Consumers are satisfied with and involved in the choice of meals being provided. Meals are traditional Italian meals and consumers said how important it is for them to enjoy a meal together as a group. Meals are three courses and of good quality and quantity.

Documentation included consumers’ dietary needs and preferences. Co-ordinators and volunteers demonstrated they know consumer’s dietary needs and preferences and how they adjust the meal delivery for each consumer in line with this information.

The service does not provide equipment to consumers, Requirement 4(3)(g) is not applicable.

# Standard 5

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

Findings

I am satisfied, based on the Assessment Team’s report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above. A summary of the Assessment Team’s evidence is outlined below.

All consumers said they found the service environments to be safe, welcoming and easy to understand. The Assessment Team observed clear signage throughout the service, in both English and Italian, to help consumers navigate their way around.

Co-ordinators described the venue is used for social support groups and is functional, welcoming and accessible for people with limited mobility.

The Assessment Team observed consumers utilising various areas within the centre, including the dining room, rooms for card games and bingo, and the outdoor bocce area. The internal and external environments were observed to be clean and well maintained.

Co-ordinators and volunteers described processes to ensure the service environment is safe, clean and well maintained. Cleaning records are kept and cleaning protocols to reduce the risk of transmission of infection are in place and followed by staff.

# 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

I am satisfied, based on the Assessment Team’s report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above. A summary of the Assessment Team’s evidence is outlined below.

Consumers know how to provide feedback or make a complaint internally and confirmed they were aware of external services to raise feedback and complaints such as advocacy services and the Aged Care Quality and Safety Commission.

The service was able to demonstrate that consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Consumers interviewed said, while they have not required the service of an advocate or interpreter, they are aware these services are available.

Co-ordinators said they can provide support to consumers when necessary to make a complaint or seek an advocacy service.

The service was able to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Consumers and/or representatives stated that the service would act on any feedback provided. The service has documented policies and procedures to provide staff and volunteers guidance on the management of feedback and complaints.

Management described how feedback and complaints are analysed and the information is used to make service improvements. The Board is made aware of complaints and demonstrated they are actively involved in finding solutions for more complex issues.

# 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

I am satisfied, based on the Assessment Team’s report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above. A summary of the Assessment Team’s evidence is outlined below.

Co-ordinators are employees of the service, while volunteers generally deliver the social support groups.

Co-ordinators described how they ensure the right mix of volunteers are available at every social support group activity, to oversee consumers and provide individualised care and attention. It was observed nearly all volunteers are bilingual and speak with the consumer in their preferred language. Staff said this allows them to engage and build rapport with consumers and deliver better quality care.

Consumers said volunteers and other staff are kind, caring and respectful giving an example of how volunteers who work in the kitchen now seek the advice and opinion of consumers, who used to volunteer in the kitchen. Consumers felt this consultation on aspects of meals and the menu demonstrates a respect for their knowledge.

Consumers and representatives described in various ways that co-ordinators and volunteers are competent in their job.

Management advised they assess competence at the interview stage and monitor this ongoingly through a variety of ways including mandatory and other training, observations, feedback from staff and consumers, incidents, and performance reviews. While the service team is predominantly volunteers, management said they value their time and the skills they bring to the service.

Consumers described many positive interactions with management and volunteers, and said they feel the workforce is well trained.

Management has a training calendar in place which includes mandatory training to support staff and volunteers to meet the expectations of the Quality Standards.

Management and co-ordinators said, as a volunteer-based service, performance reviews are largely informal, however, regular feedback sessions are held with individuals.

A volunteer outlined regular engagement with their coordinator, and said there are open conversations about performance.

# 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

I am satisfied, based on the Assessment Team’s report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above. A summary of the Assessment Team’s evidence is outlined below.

Management and volunteers described how consumers have input about their experience and services through formal and informal feedback processes, and broader inclusion in decisions the organisation is considering. Board meeting minutes evidenced the service involves consumers in the development, delivery, and evaluation of services.

The service has a range of reporting mechanisms to ensure the service’s governing body is aware and accountable for the delivery of care and services. Meeting minutes demonstrate the Board is monitoring how the organisation is delivering safe, inclusive, and quality care and services through performance indicators. The Board has also actioned updates to relevant legislation and for example, has put in place a process to meet the requirements of the Serious Incident Response Scheme (SIRS).

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

The organisation has a risk management framework which includes policies and procedures around organisational level risks, and consumer level risks. The organisation has effective processes to ensure all individual consumer incidents are reported and followed up appropriately. Consideration of the prevention of other similar risks or incidents occurring for other consumers is also considered more broadly by the Board and any risk identified and managed.

Management outlined that not all volunteers have had formal elder abuse training, however, the Assessment Team viewed information and education in relation to identifying and responding to abuse and neglect in the form of brochures at the service. The training is planned.

The organisation’s business plan is focused on acknowledging its consumer base and supporting consumers to live their best life by shaping strategic and other decisions around the consumer.

Clinical care is not provided by the service Requirement 8(3)(e) does not apply.

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)