**Performance**

**Report**

**1800 951 822**

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| Name: | Kaloma |
| Commission ID: | 700087 |
| Address: | 16 Gough Street, GOONDIWINDI, Queensland, 4390 |
| Activity type: | Quality Audit |
| Activity date: | 1 May 2024 to 2 May 2024 |
| Performance report date: | 24 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

Home Care Packages (**HCP**) included:  
Provider: 1311 Kaloma Home for the Aged Limited  
Service: 18234 Kaloma Home For The Aged [Ccp]

**This performance report**

This performance report for Kaloma (**the service**) has been prepared by G Cherry, 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
* the provider’s response to the assessment team’s report received 14 May 2024

# 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 | **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 | | HCP |
| 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

Sampled consumers/representatives consider staff to be kind, caring, respectful, and satisfied consumers are treated with dignity/respect and their values/diversity recognised. Interviewed management and staff spoke respectfully about consumers and documentation demonstrates inclusive, respectful, personalised care. Policy/procedural documents guide staff in organisational expectations. Consumers/representatives consider staff understand cultural needs/preferences and services are delivered in a method to ensure consumers feel safe/respected. Management and staff gave specific examples of meeting individualised cultural needs/preferences, noting the assessment process captures information to guide care delivery. A process ensure staff attend training relating to Standard 1 topics.

Consumers note they are informed of available services and supported to make decisions and be as independent as possible; a process ensures their involvement in exercising choice and to include those important to them. Consumers express satisfaction with management/staff availability to requests/changes to services, advising of prompt responses. Management and staff describe methods of supporting consumers, giving specific examples of individualised preferences. Consumers/representatives consider staff listen, demonstrating an understanding of what is important to consumers. Management and staff gave examples of supporting consumers to live a life of their choosing such as provision of mobility aids to access transport vehicles. Management describe processes implemented to ensure appropriate mitigation strategies to support safety/wellbeing if consumers chose to take risks.

Consumers/representatives consider regular receipt of information in a format which supports understanding/appropriate to their needs and enables informed decision making. Information is provided on commencement of services including assessment/care planning, complaints processes and the Charter of Aged Care Rights. Management advise translation and interpreter information is provided when required. The service demonstrates methods used to ensure consumer’s privacy is respected and personal information is kept in a confident manner. Consumers/representatives advise staff are respectful of personal privacy and interviewed staff describe methods to maintain privacy/confidentiality including security via a password protected electronic database.

# Standard 2

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

The service demonstrates an assessment/planning process (including consideration of risk) informs safe and effective care/services. Sampled consumers/representatives’ express satisfaction consumer’s receive safe care that meets their needs. Via document review the assessment team observed use of validated assessment tools by a registered nurse on entry to the service to enable baseline data and ongoing. Interviewed staff demonstrate knowledge of consumers individual needs, describing risk mitigation strategies for sampled consumers.

Consumers considers receipt of appropriate care in meeting their needs, goals, and preferences. Staff gave detailed examples/understanding of individual consumer needs noting they gain information via regular communication with management/staff and consumer/representative interactions. End of life wishes are discussed during initial assessment processes and documentation details individualised needs/preferences to support care delivery. Active involvement of consumers/representatives occurs throughout assessment/care planning processes, via meetings and ongoing reviews. Sampled consumers consider they participate in planning/review of services choosing who they wish to be involved. Interviewed representatives note involvement/consultation particularly when consumers require assistance with communication and/or understanding, providing examples of positive outcomes. Management described the process of partnering with other individuals/service providers in assessment/care planning, regularly communicating consumers’ needs and review of documents evidence this occurring.

Consumers/representatives express satisfaction with receipt of information and documentation demonstrates their consultation/involvement in decision making. Management and registered nurses undertake reviews/reassessment, update care plan information which is provided to consumers who sign in agreement. Electronic documents are maintained on the service’s database. A process ensures staff are informed of consumer’s changes in a timely manner and staff advise receipt of updates through various communication methods. An effective process ensures care plan documentation is reviewed/updated on a regular basis plus when changes and/or incidents occur. Interviewed staff describe circumstance which would result in review/reassessment, providing examples such as incidents, return from hospital or a change in service needs. Registered nurses demonstrate knowledge of care plan review and sampled consumers/representatives note staff consultation to ensure satisfaction, adapting care and services to suit.

# Standard 3

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

Findings

Consumers/representatives consider clinical and personal care is safe/effective and optimises health and well-being. Interviewed Management and staff demonstrate understanding of each consumer's needs/goals/preferences, articulating how care is based on principles of best practice and tailored to individual needs. Management and registered nurse’s complete validated assessment tools to determine appropriate care/services based on specific needs. Review of documents demonstrate consumer's clinical/personal care needs to guide staff in care delivery to ensure consumers receive support to maintain health and well-being.

Effective processes identify and monitor risks, including adjustment of practices in meeting individual needs. Validated tools are used for high impact/prevalence risks including development of minimisation strategies. Interviewed registered nurses note falls, skin integrity and cognition assessments are completed annually plus regular self-medication assessments. Identified risks (including minimisation strategies) are reflected in care plan documents. Interviewed staff demonstrate knowledge of individual consumer risk/management strategies. Sampled consumers/representatives consider involvement and receipt of information to enable informed decision making. A process exists for discussion/management of consumer’s nearing end of life care. While sampled consumers/representatives did not specifically discuss palliative care, they consider receipt of care preserves consumer’s dignity/maximises quality of life. Management advise consumers may choose to enter the service’s residential aged care and outlined use of existing documentation to enable transition, however if consumers chose to remain at home, provision of services/supports enables this, including involvement of community health nurse from nearby hospital.

An effective method ensures deterioration in a consumer’s capacity or condition is recognised/responded to in a timely manner. Documents detail actions in response to changes. Interviewed staff demonstrate an understanding relating to recognition/responding and reporting deterioration/changes in health and well-being, advising observation for triggers/signs which are reported to management. Representatives gave positive feedback in relation to timely staff/management response. Sampled consumers/representatives consider staff are knowledgeable of consumers' needs and consumers express satisfaction of familiar staff who understand their individual requirements. Document review details guidance/directives for care. Care plans are maintained at the service’s office, ensuring accessibility for staff members when needed and consumers are provided with a copy. Interviewed staff outline internal communication systems to gain details/updates on changes in consumer’s needs.

An effective system exists to ensure consultation/consent with consumers/representatives prior to medical/allied health professional referral. Consumers/representatives consider timely access when required. Document review demonstrates input from others and subsequent recommendations incorporated into care plans to guide care delivery. Interviewed staff demonstrate knowledge of external professionals used in supporting consumers’ needs. Consumers/representatives describe observation of staff practices regarding preventing infection transfer including hand hygiene, and use of personal protection equipment. Staff demonstrate knowledge of practical ways to minimise infection transmission. Documents contain information relating to infection control practices appropriate to consumer’s individual needs and registered nurses demonstrate awareness of antibiotic prescribing, consumer support including liaison with medical officers when needed.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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. | Compliant |

Findings

Consumers/representatives consider receipt of appropriate services/supports for consumers to maintain their independence and quality of life. Staff demonstrate awareness of what is important to individual consumers, describing methods of support to enable independence as per consumer choice. Documents detail individualised directives.

Consumers/representatives gave examples of emotional support received. A process guides staff in reporting/escalating any concerns relating to emotional/psychological well-being; resulting in necessary action taken by Management. Documents contain information on consumers’ emotional, spiritual, and psychological well-being needs to guide care delivery. Consumers/representatives consider flexibility in delivery of services, enables consumer participation within the community and to do things of interest. Staff gave examples of supporting consumers to maintain relationships/participate in the community. Documents identify those important to individual consumers and outline activities of interest.

An effective system ensures information relating to consumer’s condition/needs/preferences is communicated within the service and others with responsibility for care. Consumers/representatives express satisfaction relevant information is shared with those involved in care. Staff advise information is readily accessible and consumer consultation occurs. Documents contain information to guide care delivery/services aligned to individual preferences.

Timely and appropriate referrals occur to individuals/other organisations/providers of care. Consumers/representatives express satisfaction and Management/staff describe processes/methods used to engage other individuals/organisations noting a range of supports available. Documents demonstrate timely referrals when needed. Consumer’s nutritional needs are supported via assistance with meal delivery when required. An external provider delivers meals to the adjacent residential service and consumers receive meals via this method or directly from the supplier. Consumers/representatives express satisfaction noting meals of suitable quality and quantity.

# Standard 6

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| Feedback and complaints | | HCP |
| 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

Sampled consumers/representatives express awareness of providing feedback/make a complaint stating they feel comfortable in doing so. Management and staff describe processes to encourage and support feedback/complaints plus policy/procedural guidance regarding responding/escalating concerns. Consumers demonstrate awareness of advocacy/interpreting services, consider appropriate complaint management exists, noting they feel safe/comfortable in raising concerns. Staff demonstrate awareness of options available to support consumers if they require assistance. Documents detail information provided to consumers regarding internal and external complaints mechanisms, advocacy/translation services, plus board member details.

An effective system ensures appropriate action in response to complaints, including use of open disclosure practices. Consumers/representatives consider receipt of a prompt explanation/response/action to issues raised, noting confidence in being treated with respect and dignity. Consumers/representatives express satisfaction their views are considered, and they receive timely response to suggestions. Management describe actions taken in response to feedback/complaints including use of issues to drive continuous improvement, plus effective systems to receive/monitor and action feedback.

# Standard 7

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| Human resources | | HCP |
| 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

Sampled consumers/representatives’ express satisfaction with staff availability/consistency, stating care/services are received on time. A process ensures consultation/offering alternative options if staff are not available for set times/days. Interviewed staff consider they have sufficient time/information to provide care in a safe and efficient manner. Management notes sufficient staff numbers to cover leave absences and ensure required shifts are covered.

Consumers/representatives gave positive feedback in relation to staff interactions, considering staff to be kind, caring and respectful. Staff demonstrate examples of responding to consumers’ diverse needs, conducting respectful conversations and engaging consumers in decision making. Monitoring processes ensure staff interactions adhere to organisational expectations including a code of conduct. Consumers/representatives express confidence in staff ability to ensure required care. A process ensures staff (with appropriate skills) know their responsibilities/scope of practice, and requests for additional training are responded. An induction processes exists, as does ongoing mandatory training requirements, plus selection criteria guides recruitment. A system ensures compliance checks and competency assessments ensure currency of skills. The assessment team note while a system exists to ensure police certificates for subcontracted staff, and policy directs a documented agreement, it is not evident for 2 subcontractors. Interviewed subcontractors demonstrate knowledge in escalating incidents/concerns however the service did not demonstrate a process for education/training subcontractors. [refer to requirement 8 3(b)].

Consumers/representatives consider staff are trained/equipped to deliver quality care. A recruitment/induction/orientation process ensures staff are trained prior to commencement Interviewed staff advise receipt of ongoing training noting Management availability/support. Management said staff are informed of changes to policy and procedures and aged care reforms via training and regular meeting forums. Additionally, individual staff training needs are identified through feedback, document review and annual performance appraisal process.

Consumers/representatives consider they receive regular staff contact; they are comfortable providing feedback on staff performance to which Management is responsive. Staff Consider they receive support in performing their roles and can request additional training when needed. Training and staff development is discussed at board meetings, annual reviews. Management described monitoring staff performance via consumer/representative feedback and underperformance results in additional training/support.

# Standard 8

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

Findings

Requirement 8(3)(b) - The board promotes a culture of safe, inclusive, quality care and is accountable for its delivery. A process ensures information communicated to board members relating to the service’s operations through regular meetings and reporting mechanisms. Interviewed board members explained overarching processes of information transfer and actioning consumers concerns. Additionally, they note topics of board meeting discussions in relation to Quality Standard requirements. The advised frequently visiting the service to enhance visibility and foster an open and transparent management structure and were observed wearing signed clothing to increase visibility, promoting engagement. Interviewed staff noted recent improvements, plus an inclusive/responsive culture by management and board members.

However, via review of documentation the assessment team bought forward evidence a lack of completed subcontractor agreements nor a process of oversight/monitoring to identify deficits in requirements at the service level, plus a process to ensure competency/skills of subcontracted staff is not evident. Organisational policy requires a signed agreement by subcontracted staff prior to consumer engagement, however, via interview Management and 2 subcontracted staff acknowledge this is not in place. Management advised responsive actions to address this issue.

In their response, the provider supplied contracts required to be signed by subcontractors, organisational policy documents, plus an improvement requirement for receipt of signed contracts within a limited timeframe. In consideration of compliance while I accept contracts had not been signed for 2 subcontractors, it is noted a system exists to ensure police certificates for subcontracted staff, organisational policy directs a documented agreement, and interviewed subcontractors demonstrate knowledge in systems and processes including escalating incidents/concerns. Demonstration that the organisation’s governing body promotes (and is accountable) for a safe, inclusive culture of quality care/services is evident in multiple aspects. I find requirement 8(3)(b) is compliant.

Requirements 8(3) (a), (c), (d) and (e)

Overall consumers/representatives consider the service seeks feedback/input relating to consumers care and services. Consumers express satisfaction in receipt of quality service noting they have input in service delivery in meeting diverse needs. Interviewed Management and staff demonstrate understanding of requirements, providing examples of ongoing consultation, seeking feedback to ensure satisfaction. Effective governance systems are evident in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. Policies and procedures guide requirements relevant to each role and updates occur through established communication/reporting pathways and meeting forums. Dual systems of hard copy and electronic systems ensure consumer information is appropriately and safely managed/communicated. Staff have access to information to support care and service delivery via password-protection to ensuring security. Continuous improvement is evident via a range of systems and processes, including self-assessment against the Quality Standards and is embedded in service operations and staff practice. Documents detail identified improvement, actions achieved completion dates and outcomes. Effective governance systems associated with financial governance, including board member involvement to ensure appropriate oversight exists. The service actively monitors ongoing home care package balances, adopting strategies to use funds via consumer consultation/involvement. A system exists for monitoring compliance with regulatory requirements, plus and established system for reporting and actioning feedback and complaints.

An organisational risk management framework is evident, including policies and procedures to guide Management and staff practices in identifying and responding to risk. A system ensures incidents are recorded, assessed, actioned, resolved, and escalated as appropriate; and includes assessment/care planning processes to identify risks, resulting in tailored strategies for individual consumers. The service demonstrates and effective clinical governance framework providing guidance in relation to anti-microbial stewardship, risk assessment, minimising use of restrictive practices, training/development, consumer participation, incident reporting, best clinical practice, and principles of open disclosure. Interviewed Management and staff outline examples of clinical practice.

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)