**Performance**

**Report**

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| Name: | Kalwun Community Aged Care Packages Program |
| Commission ID: | 700260 |
| Address: | 118 Bonogin Road, BONOGIN, Queensland, 4213 |
| 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: 2391 Kalwun Development Corporation Limited  
Service: 18235 Kalwun Community Aged Care Packages Program  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7417 Kalwun Development Corporation Limited  
Service: 23814 Kalwun Development Corporation Limited - Care Relationships and Carer Support  
Service: 23815 Kalwun Development Corporation Limited - Community and Home Support

**This performance report**

This performance report for Kalwun Community Aged Care Packages Program (**the service**) has been prepared by E Blance, 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 and representatives and others
* the provider’s response to the assessment team’s report received on 19 March 2024.
* other information known by the Commission

# 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)

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

Consumers and representatives say staff treat consumers with dignity and respect and support their cultural diversity. Staff demonstrated knowledge of consumers’ cultural backgrounds and management monitor interactions between consumers and staff. Staff spoke of consumers in a way that was respectful. Policies and procedures guide staff practice for supporting dignity and respect towards consumers.

Consumers and representatives confirmed staff understand consumers’ needs and preferences and consumers feel safe and respected when services are being delivered. Staff spoke of the importance of being aware and sensitive to each consumer’s culture and of being aware of their story and being trauma informed.

Consumers and representatives say consumers are supported to make their own decisions about the services the consumer receives. Management and staff evidenced how each consumer is supported to make informed decisions about the care and services they receive. Consumers say staff consult with them about their choices.

Consumers and representatives provided examples of risks consumers take to live the life they choose and feel consumers are supported. The service has a variety of processes to determine potential risks to consumers and strategies to help mitigate these risks. Consumers' assessments identifies risk factors including whether consumers live alone, live in rural or remote locations, are socially isolated, have a cognitive impairment, limited mobility, or are highly dependent.

Consumers and representatives say the information they receive is current, accurate, and timely. Consumers and representatives can make choices about consumer’s care and services and are actively involved in discussions with the service. Consumers say monthly statements are easy to understand and staff and management at the service are approachable in helping them with any enquiries.

Consumers and representatives say consumers’ privacy is respected and confidentiality of consumers’ personal information is maintained. Consumer’s privacy and confidentiality is upheld through the actions of staff and staff are guided by the privacy policy.

I have considered the information within the Quality Audit report as summarised, and the provider’s response, and I find the Standard compliant.

# 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

Consumers and representatives say they are satisfied with the care and services provided and it meets consumers’ current needs. Assessments are conducted upon commencement with the service and identified risks are documented to inform staff. Staff could identify risks associated with consumers and say there is sufficient information to guide staff in their delivery of care and services. The service has policies and procedures including falls risk assessments, pain assessments and mobility assessments to inform delivery of care and services to consumers in delivering HCP and CHSP.

Consumers and representatives say consumers are receiving care and services that support their needs and preferences. Staff were knowledgeable of each consumers’ needs and preferences. Staff confirmed discussions regarding advance care planning, including end of life wishes are held during the assessment and planning process and reviews. Consumers’ needs, goals and preferences are supported in the care and services they receive which include for example, domestic assistance, transport services, clinical care, social support, respite and meals. Policies and procedures include processes to guide staff in the assessment and planning process, including advance care and end of life planning.

Consumers and representatives say the service involves them in the planning and delivery of care and services. Other organisations, individuals and service providers are included in assessment and planning and communication regarding changing needs and preferences for example with allied health professionals and Medical Officers.

Consumers say staff discuss with them their care needs and preferences. Staff confirmed they have access to care plans, service plans and other information. Consumers have access to their care plan.

Consumers and representatives say staff communicate with them about the consumer’s needs and that the care and services received are effective. Reviews are completed annually for HCP and CHSP consumers, or when there was an identified change in the consumer’s health and well-being or circumstances. Staff described the processes for review or reassessment if required. The service has policies and procedures to guide staff practices.

I have considered the information within the Quality Audit report as summarised, and the provider’s response, and I find the Standard compliant.

# 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

Consumers and representatives say the clinical and personal care consumers’ receive is tailored to their specific needs. Staff providing clinical and personal care have a shared understanding of consumers’ needs. Information for the delivery of care by staff is detailed in care and service planning documentation accessible to staff. Staff monitor best care practices during care and service delivery such as for skin integrity and mental health. The service has policies and procedures to guide staff practices.

Risks to consumers are identified and managed to ensure risk is minimised such as falls, and specialised nursing care needs. Incidents are recorded, investigated, and actioned to ensure assessed interventions can be implemented to mitigate recurrence. Care and service plans are tailored for each consumer individually to ensure risks are managed. Policies and procedures guided staff practices.

The service supports all consumers who are nearing end of life with care and services. Advance health directives are recorded for those consumers who wish to, with palliative care plans developed when required. The service is supported by clinical staff when a consumer is nearing end of life and requires care supports. Preferences for end of life wishes are respected.

The service monitors deterioration or changes in consumers’ conditions through staff observation in delivery of care and services and through identified clinical decline. Policies and procedures guide staff practice. Staff described their role in identifying consumers whose health or abilities have changed and demonstrated escalation processes to alert management.

Consumers are satisfied with the quality of care and services. A copy of the care and service plans is available in consumers’ homes. Staff receive information in relation to consumers’ condition, needs and preferences via alerts from management.

Staff could describe the process for referrals. Care documentation demonstrated for example that referrals are made to the physiotherapist, occupational therapists and other allied health professionals as needed to implement falls prevention strategies and the corresponding assessment reports are integrated into the care management systems. Consumers say they are satisfied with the delivery of services by external providers including podiatrists, physiotherapists, and dietitians. Policies and procedures guided staff practices.

Consumers reported they are comfortable with the strategies to minimise risk of infection. Staff described how they prevent and control infections in their delivery of care through hand hygiene, the use of personal protective equipment (PPE) and COVID-19 testing when required. Policies and procedures guided staff practices in relation to antimicrobial stewardship, infection control and management of infectious outbreaks.

I have considered the information within the Quality Audit report as summarised, and the provider’s response, and I find the Standard compliant.

# 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

Consumers are supported to maintain their quality of life and independence. Consumers were observed engaging in a variety of group activities at the wellness centre. Review of care documentation demonstrates assessment processes capture what is important to each consumer to optimise their quality of life. Consumers are supported with meal delivery and cleaning.

Consumers say the service supports their emotional, spiritual, and psychological well-being. Staff say they can identify a consumer who may be feeling low and can intervene to support the consumer. Strategies of support are documented to guide staff. Consumers say they are supported to acknowledge sacred, cultural and religious practices which contributes to their overall wellbeing.

Consumers say they are supported to participate in their community such as for shopping, meeting friends and social connections such as having coffee. Staff could describe how consumers interact with outside organisations, develop friendships and relationships of importance, with care documentation identifying persons of importance to them.

Consumers and representatives say staff know consumer’s well and support their needs and preferences. Care needs are documented in care and service plans. Staff and other organisations have access to information with consent in delivering care and services and receive updated information when things change.

Consumers and representatives say consumers are referred to other organisations and providers of support services. Documentation demonstrated consumers are supported with referral for example housing assistance, advocacy groups, legal aid, men’s and woman’s groups and education and exercise programs specifically for Indigenous consumers.

Consumers say they are satisfied with the quality and quantity of meals provided by the service with its kitchen located at the wellness centre and through brokered services if required. The chef and staff described how consumer meal preference information is gathered to support the safe delivery of meals to consumers. Meals are catered to all consumer preferences including for Indigenous cuisine.

Consumers say the equipment provided is safe, suitable, and well maintained. Allied health professionals conduct assessments to support consumers needing assistive equipment. The service has their own transport buses and these are maintained and undergo regular servicing as per their maintenance schedules.

I have considered the information within the Quality Audit report as summarised, and the provider’s response, and I find the Standard compliant.

# 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 service environment is welcoming to consumers and optimises their sense of belonging and independence. Consumers and representatives confirmed that they feel welcome in the service environment and management provided various strategies used to ensure the environment is open and hospitable. Consumers can access the gardens and enjoy indigenous painting on the patio. Consumers spoke very fondly of their experiences at the wellness centre.

The service environment is clean, well maintained, and comfortable. Consumers can move freely indoors and outdoors. Consumers and representatives confirmed that the environment is well maintained and suits the needs of the consumer.

Furniture, fittings, and equipment are safe, clean, well maintained, and suitable for the consumer. Consumers are satisfied with the environment.

I have considered the information within the Quality Audit report as summarised, and the provider’s response, and I find the Standard compliant.

# 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

Consumers and representatives are encouraged and supported to make complaints and provide feedback. Service agreements encourage consumers to provide feedback and inform of the various methods in which they can do so. Additional feedback is sought during care plan reviews and monthly consumer surveys.

Consumers and representatives say they were aware of external complaints and advocacy services, however, would prefer to manage any concerns or complaints directly with the service. Information relating to language services, advocacy, and external bodies such as the Commission is provided in the entry information and HCP agreement. Policies and procedures guides management and staff on matters including advocacy and external feedback and complaints processes.

Consumers and representatives advised staff and management are responsive when concerns are raised. Staff and management demonstrated an understanding of the importance of utilising open disclosure. Policies and procedures guide staff practices in the use of open disclosure, investigating, resolving, and evaluating feedback and complaints.

Feedback and complaints are reviewed and used to improve the quality of care and services. Consumers and representatives say that the service made efforts, or have been able to make changes, to improve care and services after receiving feedback. Management report to the board and discuss feedback and complaint trends. Continuous improvement opportunities are sourced through various avenues, including observation, surveys, feedback, and complaints.

I have considered the information within the Quality Audit report as summarised, and the provider’s response, and I find the Standard compliant.

# 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 workforce is planned to enable the delivery of safe and quality care and services. Most Consumers and representatives say staffing is consistent and the service notifies them of any changes to their scheduled care and services. Management has contingency plans in place to replace staff when required and rosters are reviewed on a regular basis to ensure staff allocations are adequately meeting changing consumer needs and preferences.

Consumers and representatives say staff are kind and caring and are respectful to consumers. Staff were able to describe consumers’ backgrounds, culture, and identity and those important to the consumer. Management demonstrated ways they monitor staff interactions with consumers.

The workforce have the qualifications to perform their roles effectively and are supported by management. Consumers and representatives say that staff are well trained and meet the needs of consumers in a friendly and helpful manner. Relevant qualifications and registrations are verified where required, and these are kept and reviewed regularly including staff competencies. Position descriptions establish the roles, responsibilities, and competencies required of various staff members.

The service provides online and face-to-face education for staff. While the Assessment team found that the service has not included education about key elements of the Quality Standards, and the Serious Incident Response Scheme (SIRS), staff were able to demonstrate an understanding of the Quality Standards and the SIRS. Staff are trained in relation to the requirements of their role and review of documentation confirmed, compliance with completion of mandatory training modules is monitored.

The service has systems in place to regularly assess, monitor, and review staff performance. Staff confirmed how they are regularly engaged in their professional development including opportunities to request specific training relevant to their role. Appraisals are undertaken on an annual basis and monitoring of staff.

I have considered the information within the Quality Audit report as summarised, and the provider’s response, and I find the Standard compliant.

# 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

Consumers and representatives say they are confident in the way the service is run and their engagement in the development, delivery, and evaluation of care and services. Consumers are supported to be engaged through consumer feedback, surveys, and regular contact with management.

The governing body promotes a culture of safe, inclusive, and quality care and services. The governing body monitors the service is compliant with the Quality Standards through ongoing monitoring of risks, feedback, and service delivery outputs. A leadership structure identifies the Chief Operating Officer (COO) holding overall accountability for quality and safety in the Senior Services business unit of the organisation.

The service demonstrated appropriate and effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, feedback and complaints, and regulatory compliance.

Information is available with access granted to specific roles. Information is stored on the service’s information management system, which is username and password-protected. The service has a privacy policy. Consumers receive appropriate information about proposed services offered and funding.

Incident reports, feedback, complaints, and other risks are identified through the service’s incident and feedback reporting procedures which continuous improvement opportunities can be identified. The service has a continuous improvement plan that determines the overarching direction of the service and tracks progress against time frames.

The service has effective governance systems related to financial governance, including transparent reporting procedures and structures. The service’s COO can make purchases to meet the needs of consumers. All staff reported they have sufficient equipment and stock to meet the needs of the consumers.

The service has effective governance systems related to workforce governance, including the clear delineation of roles and responsibilities. Support of the workforce is ongoing, with performance monitoring.

Regulatory changes are received and managed by management, who then disseminate them to appropriate parties throughout the service. The service has updated its policies and procedures to reflect regulatory changes, including the introduction of the SIRS to home care services. Consumers are provided with a copy of the Charter of Aged Care Rights.

The service has effective management of high impact or high prevalence risks and the identification of abuse and neglect of consumers. The service has policies and procedures in relation to incident reporting which capture types of incidents to report under SIRS and reporting timeframes. Data regarding incidents is monitored through regular management and clinical meetings for appropriate oversight.

The organisation has a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Whilst the service has these policies in place, there are no consumers currently subject to restrictive practices and the prescribing of antibiotics is completed by consumers’ respective Medical Officer.

I have considered the information within the Quality Audit report as summarised, and the provider’s response, and I find the Standard compliant.

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)