**Performance**

**Report**

**1800 951 822**

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| Name of service: | Kings Cross Community & Information Centre |
| Service address: | 50 Macleay Street POTTS POINT NSW 2011 |
| Commission ID: | 200497 |
| Home Service Provider: | Kings Cross Community Centre Inc |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 18 July 2023 |
| Performance report date: | 5 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 Kings Cross Community & Information Centre (**the service**) has been prepared by J Renna, 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, 24605, 50 Macleay Street, POTTS POINT NSW 2011

# Material relied on

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

* the Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by a desk assessment, review of documents and interviews with staff, consumers/representatives and others;
* the provider’s response to the Assessment Team’s report received on 2 August 2023, confirming acceptance of the Assessment Team’s assessment; and
* the performance report dated 8 March 2023 in relation to the Assessment Contact – Desk undertaken on 10 February 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |

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 2

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| Ongoing assessment and planning with consumers | | CHSP |
| 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

Requirement (3)(e) was found non-compliant following an Assessment Contact undertaken on 10 February 2023, as the service was unable to demonstrate care and services were reviewed regularly for effectiveness, and when circumstances changed or when incidents impacted the needs, goals or preferences of consumers.

The Assessment Team’s report for the Assessment Contact undertaken on 18 July 2023 included evidence of actions taken in response to the non-compliance, including, but not limited to, implementation of detailed intake/assessment forms.

The Assessment Team was satisfied the service demonstrated consumers’ care and service needs are regularly reviewed and recommended Requirement (3)(e) met. The Assessment Team provided the following evidence relevant to my finding:

* Management said reviews of consumers’ care and services are conducted annually or when circumstances change. Documentation for three sampled consumers showed up to date care and service reviews.
* Management and staff said assessment forms are sent to consumers, however, are not consistently returned.
* Staff demonstrated knowledge of care and service review processes, including that they are completed each January or when a consumer’s needs or circumstances change.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# Standard 6

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| Feedback and complaints | | CHSP |
| 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 |

Findings

Requirement (3)(b) was found non-compliant following an Assessment Contact undertaken on 10 February 2023, as the service was unable to demonstrate consumers were made aware of or had access to advocates, language services and other methods for raising and resolving complaints.

The Assessment Team’s report for the Assessment Contact undertaken on 18 July 2023 included evidence of actions taken in response to the non-compliance, including, but not limited to, adding information relating to external services in the consumer handbook, monthly newsletter, and signage/brochures in areas accessible to consumers.

The Assessment Team was satisfied these improvements were effective and recommended Requirement (3)(b) met. The Assessment Team provided the following evidence relevant to my finding:

* Consumer newsletters for March and June 2023 included information regarding external services.
* Signage and brochures relating to external complaints and advocacy services were observed in communal areas around the head office.
* The organisation’s complaint’s policy included information relating to external complaints and advocacy services.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(b) in Standard 6 Feedback and complaints.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)