**Performance**

**Report**

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| Name: | Kingsgrove Community Aid Centre Inc |
| Commission ID: | 201077 |
| Address: | 30 Morgan Street, KINGSGROVE, New South Wales, 2208 |
| Activity type: | Quality Audit |
| Activity date: | 12 February 2024 to 13 February 2024 |
| Performance report date: | 20 March 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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7409 Kingsgrove Community Aid Centre Inc  
Service: 24806 Kingsgrove Community Aid Centre Inc - Community and Home Support

**This performance report**

This performance report for Kingsgrove Community Aid Centre Inc (**the service**) has been prepared by M Abjorensen, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **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

Consumers advised they felt valued and respected by staff. Staff interviewed demonstrated knowledge of consumers’ individual backgrounds, culture and identities. Management advised the service has a commitment to person centred support which values diversity and promotes respectful relationships. Documentation reviewed contained reference to consumers’ personal circumstances, what is important to them and their cultural backgrounds.

Consumers reported feeling cultural safe, acknowledging their background, preferences and what is important to them is understood by staff. Consumers expressed appreciation the service provides staff that can communicate in their preferred language. Staff advised verbal handovers provided supported the delivery of individualised culturally safe care. The service has a cultural safety policy and procedure that is displayed for both consumer and staff awareness.

Consumers advised they are supported to maintain their independence and exercise choice, including making decisions of involving family in service delivery if required. Staff described how they support consumers to make choices through the information they provide to consumers, such as group program plans and lunch delivery options. Care documentation reviewed records consumer choices and decisions about care and services, including authorised representatives.

Consumers confirmed the service supports them to live the best life they can and described strategies and choices implemented to support risk taking. The service has policies and procedures in place to ensure that consumers are supported to take risks.

Consumers confirmed they received information that is clear and easy to understand and advised they can speak to staff for clarification if required. Documentation observed to be provided to consumers included clear and accurate information on services available, consumers rights and responsibilities, feedback and complaints information, activity calendars and an information handbook. Documentation is reviewed and explained to consumers upon commencement of service delivery and during reviews. Information made available to consumers was observed to be made available in a variety of languages.

Consumers expressed satisfaction that staff respect their privacy and were confident their personal information is kept confidential. Staff provided practical ways consumer privacy and confidentiality is maintained and are consistently reminded of their obligations to maintain consumer confidentiality in staff meetings. Documentation showed policies and procedures to maintain privacy and dignity of collected consumer information are in place.

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

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# 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

Consumers confirmed they were involved in the assessment and planning process. Staff advised consumer assessments are based on My Aged Care initial assessments and internal assessments are used to gather and confirm information on consumer's background, medical history, medication, allergies and relevant contacts. In addition, sensory function, cognition and mobility risks are identified and documented to ensure the delivery of safe and effective care and services.

Consumers advised they received services that meet their current needs, goals, and preferences. Staff described how consumers are asked what their needs, goals and preferences are to ensure suitability of services implemented.

Consumers said they are involved in making decisions regarding their services and they and others they would like to be involved in their care and services are frequently consulted. Management interviewed and documentation reviewed confirmed consumers’, their support network and/or other organisations involved in their care are included in assessment and care planning discussions.

Consumers advised they did not need a copy of their care plan as they were satisfied outcomes of assessment and planning had adequately been explained to them. Staff confirmed they have access to individualised medical update forms which provide enough information for them to deliver appropriate consumer care.

Consumers confirmed the service completes reassessments regularly. Staff advised consumers’ individualised services are reviewed at least annually or if needs change. Documentation reviewed showed reviews were triggered from consumer incidents reported.

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

# 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

Standard 3, Personal and clinical care is not applicable, as the service does not provide consumers with personal and clinical care funded through the CHSP program.

# 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

Consumers advised social support services offered had assisted in improving their quality of life and sense of belonging. Staff described providing services and supports based on individualised consumer needs and preferences.

Consumers said attendance at the social groups supported their emotional and psychological wellbeing. Staff and management demonstrated an in-depth knowledge of consumers' emotional, spiritual, and psychological wellbeing. Documentation reviewed showed consumers emotional, spiritual, and psychological needs are assessed and used to inform service delivery needs.

Consumers advised services they received enabled them to participate in their communities and do things of interest to them. Staff confirmed awareness of important consumer relationships and could describe individualised social activities enjoyed by consumers. The service demonstrated a strong community network and partnerships with other organisations in place to help consumers to participate in their community and do things of interest to them.

Consumers stated that they are satisfied that information about their care and services is shared within the service and with others involved in their care. Staff advised they are kept informed when consumer needs and preferences change via verbal and written communication.

Staff described the referral process to other organisations and providers of care, including, obtaining consent from consumers to share their details. Review of documentation showed consumers are appropriately referred to external organisations as required.

Consumers stated they were happy with the meal service and staff were aware of their dietary requirements. Staff interviewed, and documentation reviewed confirmed consumers dietary requirements and preferences are easily accessible and used to inform suitability of meals provided. Management advised the service provides nutritious meals during social group activities that respect cultural preferences.

Requirement (3)(g) is not applicable for CHSP funded services, as the service does not provide equipment to consumers funded through the CHSP program.

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

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | 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

Consumers expressed their appreciation that the service provides a place for the cultural and linguistic diverse community to gather. Consumers provided positive feedback on the service environment and said it was welcoming, safe and easy to move around independently. The service environment was observed to be free of obstacles and had appropriate signage for entry and exit, level ground with wide paths, and entry doors for scooters and wheelchair access. Bathrooms were accessible, clean, and easy to locate.

Consumers confirmed the service environment was comfortable, clean and well maintained. Staff advised any maintenance issues raised are addressed and attended to promptly. Staff described ensuring the service environment is kept clean, safe and comfortable for consumers, confirming, the service environment is also cleaned professionally. Consumers were observed to be moving freely around the hub, amenities and outdoor areas.

Consumers advised the furniture in the service environment and the buses they travel on are safe, clean and well maintained. Staff expressed satisfaction with the suitability, safety and cleanliness of equipment used. Staff confirmed furniture and equipment is sanitised before and after use. Buses were observed to be in a good clean condition and contained functions such as automatic doors with extendable lower steps and safety equipment such as first aid kits. Service and maintenance logs of vehicles were observed to be in place.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 5, Organisation’s service environment.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers described how they felt comfortable to verbally pass on feedback/express a complaint to the service if required. Consumers said staff and management are highly approachable and genuinely felt listened to. Staff described how they encourage and support consumers to raise issues through face-to-face or phone discussions, emails and surveys. The service has an encouraging feedback and complaints policy and procedure.

Consumers could recall information being provided that included advocacy, language services and complaints processes. Staff advised consumers can choose to have their family as advocates. Multi-lingual complaints and advocacy resources were observed to be displayed in the foyer of the service environment.

Consumers said they felt confident their complaints would be resolved in a timely manner. Staff and management understood the concept of open disclosure and provided practical examples of how open disclosure principles had been used in resolving consumer feedback/complaints. Complaint documentation reviewed showed complaints were actioned in a timely manner and resolved to the satisfaction of the consumer. Complaints and feedback policies and procedures include open disclosure principles to be used during complaint resolution.

Management confirmed feedback and complaints are presented bi-monthly to the Board for review. Documentation reviewed showed continuous improvements to the quality of services are based on reviews of consumer feedback and complaints data.

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

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers confirmed receiving consistent services and are adequately informed of any service delivery changes. Management advised recruitment is identified by an increase in consumer numbers and consumer care needs. The service has human resource management policies which address workforce planning.

Consumers described staff as kind, caring and respectful of their cultural needs. Staff and management were observed to be interacting with consumers in a kind and respectful manner. The service’s code of conduct is made available to both internal and external staff.

Consumers said staff are competent in their roles and felt safe when care and services are delivered. Management advised staff must have appropriate qualifications and a current first aid certification to be employed. The service uses an external human resources company to manage recruitment processes and to monitor and manage accredited police checks and banning orders. Position descriptions, outlining skills, knowledge and experience required were observed to be in place. Subcontractor agreements viewed included responsibility of the subcontractor to provide relevant certifications, insurances and criminal checks.

Consumers were satisfied staff are equipped to deliver care and services. Staff advised they felt adequately supported to undertake their roles by on-the-job training and other training opportunities provided. Management advised identification of staff training needs occurs through ad hoc and formal performance appraisals and regulatory updates. A staff training matrix was observed to record training completed.

Staff and management confirmed annual performance reviews are conducted, however, staff and management advised regular monitoring of staff development also occurs throughout the year. Documentation reviewed confirmed completion of staff probationary and performance reviews.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 7, Human Resources.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not Applicable |

Findings

Consumers confirmed they have comfortably provided feedback to the service numerous times in regard to various aspects of their service delivery. Management advised feedback from the annual general meeting held with consumers and consumer feedback surveys is used to identify service delivery continuous improvements.

Management interviews, and documentation reviewed confirmed the governing body promotes a culture of safe, inclusive and quality care and services. To remain informed, and accountable for service delivery, the Board receives reports inclusive of risks, incidents, feedback and complaints and survey/audit results.

Effective organisation wide governance systems are in place including:

Information management

* Consumers confirmed they receive information that is timely, clear and accurate and are satisfied that their personal information is kept private and respected by staff delivering care and services.
* Staff advised they have access to sufficient consumer information relevant to their role.

Continuous improvement

* The service identifies opportunities for continuous improvement via management, staff and consumer feedback, consumer reviews, incidents and identified risks.
* Progress of continuous improvement plans is monitored by management.

Financial governance

* The organisation oversees financial governance through financial reports provided to the Board and finance committee.

Workforce governance

* The organisation has workforce governance processes in place including the assignment of clear responsibilities and accountabilities, recruitment strategies and workforce performance management.

Regulatory compliance

* Organisational systems are in place for all staff to meet regulatory compliance requirements.

Feedback and complaints

* Management confirmed a feedback register is used to collate feedback and complaints and data trends are discussed and used for continuous improvement ideas.

Effective risk management practices and systems were demonstrated, for example:

* Strategies to mitigate risks are developed and documented on risk treatment plans.
* A consumer high risk register is maintained and monitored to ensure oversight of the effectiveness of risk mitigation strategies developed.
* The service has an incident register in place for the recording of incidents. Staff provided practical examples of the incident reporting procedure followed and confirmed appropriate follow up action is taken to ensure the safety and wellbeing of consumers.
* Staff confirmed the completion of mandatory identifying and responding to abuse and neglect training. Policies and procedures to guide staff practice are in place.

Requirement (3)(e) is not applicable, as the service does not provide clinical care funded through the CHSP program.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all applicable Requirements in Standard 8, Organisational governance.

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