**Performance**

**Report**

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| Name: | KRHS Community Respite House |
| Commission ID: | 300089 |
| Address: | 235 Rossiter Road, KOO WEE RUP, Victoria, 3981 |
| Activity type: | Quality Audit |
| Activity date: | 8 May 2024 to 10 May 2024 |
| Performance report date: | 5 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: 507 Kooweerup Regional Health Service  
Service: 26207 KooWeeRup Regional Health Service

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8342 Kooweerup Regional Health Service  
Service: 24609 Kooweerup Regional Health Service - Care Relationships and Carer Support  
Service: 25914 Kooweerup Regional Health Service - Community and Home Support

**This performance report**

This performance report for KRHS Community Respite House (**the service**) has been prepared by G. Harbrow, 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 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)

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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** |

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

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers and representatives reported being treated with dignity and respect by both service and subcontracted staff. Staff could describe how they demonstrate respect for consumers, and observations by the Assessment Team confirmed staff spoke of consumers in a respectful manner.

Consumers and representatives were satisfied with staff’s understanding of consumers’ cultural needs and preferences. Consumers reported feeling supported and safe. Staff demonstrated a familiarity with the cultural backgrounds of individual consumers. Consumer care documentation reflected the capturing of relevant consumer information including background, cultural needs, and cultural preferences.

Consumers and representatives reported consumers are supported to exercise choice and maintain independence. Staff described strategies to support consumer decision making, and care documents indicated consumer input into the choice and decisions made about provided care and services. The service advised of engagement with community connections and provided examples of several social groups and programs available to consumers.

Consumers and representatives were satisfied the service supports consumers to live their best life. Staff and service management explained a process of risk assessment and identification. They advised of the involvement of other health service providers, such as allied health professionals, to ensure consumers are informed of risks associated with chosen activities. The service has guidance documents to facilitate consumer dignity of risk.

Consumers and representatives described information provided to them by the service as current and accurate, enabling consumers to exercise choice. Staff and management advise they are available to respond to consumer and or representative queries. Observations by the Assessment Team confirmed information provided by the service to consumers as clear and relevant.

Consumers and representatives were satisfied their information is kept confidential, and their privacy respected. Staff described measures to protect consumer information and to optimise consumer privacy. Information packs provided to consumers and or representatives, inform of the service commitment to maintaining consumer privacy and confidentiality. The service has guidance material for staff on managing information privacy.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers and representatives were confident assessment and care planning was considerate of risks associated with their health and well-being. Staff demonstrated an understanding of consumer risks and consequent care needs. Staff outlined the process of consumer risk assessment on commencement with the service and subsequent assessments when consumers are reviewed. Care advisors outlined processes to communicate clinical assessment outcomes and referrals as appropriate.

Consumers indicated assessments identified their current needs and goals, informing care plans for the delivery of appropriate care and services. Most consumers recalled, and staff confirmed, a discussion with staff about end-of-life planning. Consumer files indicated consideration of advance care planning during consumer assessment.

Consumers and representatives confirmed being involved in the development of their care plan, with regular discussions with their care advisor. Consumer care documentation reflects other people involved in the care planning process, including consumers’ chosen representatives. Consideration of assessment outcomes from other health service providers was evident in care planning documents.

Consumers and or representatives said they received a copy of their care plan each time it was updated. Staff said they could access information about consumer care needs through information documented in the staff rostering application, and by reviewing a consumer care plan located in each consumer’s home.

Consumers and representatives expressed satisfaction with the way the service meets their changing needs, with all consumers care plans indicating a review or completion within the preceding 12 months. Management confirmed a formal care plan review scheduled every 12 months, with increased frequency indicated following any changes to consumer needs.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers and representatives were satisfied consumers receive personal and clinical care that is safe, effective and optimises consumer well-being. Staff identified the provision of care and services aligned with consumer care plans and preferences. Management advised the quality of clinical care provided by additional and or contracted health service staff is monitored. The service’s policy and procedure documents reference best practice guidelines for clinical and community care.

Consumers and representatives were satisfied with service management of high-impact or high-prevalence risks. Staff and management identified high-impact or high-prevalence risks associated with consumers and advised of a register to identify consumers at risk. Consumer files showed identification of, and mitigation strategies in place to manage, high-impact or high-prevalence risks. Care documents evidenced a multi-disciplinary approach for safe delivery of consumer care.

End-of-life care is provided to consumers in collaboration with external nursing and palliative care services to support consumers approaching end-of-life. The service has policy and procedure documents to provide staff guidance when caring for consumers nearing the end of their life.

Consumers and representatives were confident staff would be able to identify and respond to changes in a consumer’s condition. Staff described an appropriate process of escalation and or referral in response to consumer deterioration. Consumer care documentation showed each consumer has an emergency plan.

The service has processes in place to ensure consumer information is shared effectively. Information systems are used to coordinate consumer care. The service liaises with, and makes referrals to, internal and external health service providers who share consumer care. Consumer files evidenced sharing of consumer clinical information, with clear documentation, to facilitate effective handover and continuity of consumer care.

Consumers and representatives were satisfied the service initiates timely and appropriate referrals to other health service providers in accordance with consumer needs, goals, and preferences. Staff could describe the process for referral and identify an available network of individual, and other health service providers. Consumer documentation evidenced referrals to various health service providers in response to identified needs.

Consumers and representatives were satisfied with measures taken by staff to protect consumers from infection. Consumers and staff described effective infection prevention and control (IPC) practices. The service has access to an IPC subject matter expert to advise on IPC monitoring and management. Management said staff have access to IPC equipment, and self-monitor for signs of infection prior to entering consumer homes. Management advised nursing staff working with individual consumers are responsible for communicating concerns regarding antimicrobial medication to the consumer’s medical officer.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers and representatives confirmed the provision of services and supports for daily living meet consumer needs and optimise their health and quality of life. Staff demonstrated an understanding of consumer preferences and needs. Care planning documents evidence the service has identified and documented consumers’ needs, preferences, and goals.

While most consumers indicated they did not currently require interventions to address emotional or spiritual support, they did identify receipt of their service packages as a major contributing factor to their psychological well-being. Staff demonstrated an understanding of signs indicative of consumers potentially experiencing low mood. Consumer documentation outlined contributing factors for each consumer's emotional, spiritual, and psychological well-being.

Most consumers said they did not require assistance from the service to form or maintain relationships or to participate in the community. However, some consumers advised the service assists them to access their community to do things that interest them. Consumer documents detailed each consumer's interests and the social and personal relationships that were most important to them.

Consumers and representatives were confident staff understood the needs and preferences of consumers. Staff confirmed having access to information required to enable delivery of safe consumer care and services. Staff explained the use of various communication platforms available to provide care details and inform of change in consumer needs.

Consumers confirmed engagement with service and community-based activities. Management advised of consumer referral to a range of specialist support services. They described how the service works in conjunction with external individuals and organisations to supplement the services and supports for daily living offered to consumers.

A meal service is provided to cottage respite consumers with some HCP funded consumers identified as having meals delivered by a third-party provider. Consumers receiving meals were satisfied with the quality and quantity provided.

Consumers and representatives said the service supports consumers in the sourcing of equipment and felt confident they could access repair and maintenance services, through the service if required. Staff advised they regularly check consumer equipment to determine it remains safe and fit for purpose. Care documentation showed allied health service input to ensure suitable selection and use of equipment. Consumers and staff confirmed consumer equipment was appropriate, clean, and well-maintained.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers and representatives provided positive feedback about the service environment being welcoming. The building environment enabled easy access for consumers, with clear signage supporting way finding. The Assessment Team’s observations of consumers attending service-based activities, confirmed consumers’ sense of belonging optimised and socialising while participating in activities.

Consumers and representatives attending the service described it as safe and comfortable. The Assessment Team observed the community centre and main building to be clean, safe, and well-maintained. Consumers, representatives, and staff were observed to move freely inside and outside of the service environment.

The service has a scheduled maintenance program to ensure furniture, fittings and equipment are safe, clean, and well maintained. Consumers confirmed access to suitable and safe equipment as required.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and complies with this Standard.

The service demonstrated consumers and representatives are encouraged to provide feedback and make complaints. Consumers said they understood how to give feedback and make complaints. Staff described how they would support consumers to make a complaint. Management provided examples of ways consumers and others can provide feedback and make complaints.

Staff demonstrated their knowledge of complaints and advocacy services, however, said they had not been required to access these. Information about advocacy and language service availability is supplied to consumers in a consumer information pack. The service has a policy and process which includes information regarding accessing advocacy and language services.

Consumers and representatives were satisfied with the services’ response to complaints. Staff described the process of complaints management and escalation. Management confirmed they respond to complaints as they occur, including the practice and documentation of open disclosure. The service has guidance material to support staff in managing complaints. Consumer documentation showed the service is taking appropriate action in response to complaints and confirms the practice of open disclosure.

Consumers and representatives were satisfied the service reviews consumer feedback and complaints to improve the quality of care and services. Management described and documents confirmed, a process of review and discussion of consumer feedback to inform service improvements.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers and representatives said staff are always punctual and services are reliable. Management described a process of backfilling unplanned leave with preference given to service staff. The service demonstrated future workforce planning with the service providing, and successfully recruiting staff from a graduate nurse program.

Consumers and representatives described service staff as kind, caring and respectful. Staff provided examples of how they demonstrate kindness, care and respect to consumers and the Assessment Team observed staff interacting with consumers in caring and respectful ways.

Consumers and representatives were satisfied staff are competent and skilled to effectively perform their roles. Management identified the qualifications, skills and knowledge required by staff for specific roles. Training programs in place ensure the workforce is competent and has the necessary qualifications and knowledge to effectively perform their roles. Staff position descriptions outline role expectations, qualifications, knowledge, and experience required to undertake roles. The service monitors staff training, qualifications, and professional registrations.

Consumers and representatives were confident of staff ability to deliver quality care and services. The service identified, and staff confirmed, staff training includes education relevant to the aged care quality standards, manual handling, cultural awareness, infection control and understanding abuse. Staff identified education provided by the service includes the serious incident response scheme (SIRS) and understanding dementia.

The service demonstrated a process of regular review and monitoring of staff performance.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and complies with this Standard.

The service has a consumer advisory committee. Staff described how they support consumers to be involved in the development and evaluation of their own care. Management described several ways available to consumers to provide formal and informal feedback.

Consumers and representatives expressed feeling safe. The service has a range of guidance material to support staff to provide a safe and inclusive culture for consumers. Staff said they had received training on inclusion and diversity. Management discussed how the governing body promotes quality care and services and is accountable for delivery through a planned process of service delivery reviews and reporting to the board.

The service has organisation wide governance systems, to monitor information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The Assessment Team identified various information management systems with selective and secure access to ensure people can only access the information they require. The service demonstrated opportunities for service improvement are informed through analysis of incidents, feedback and complaints, and regulatory updates. Management said they provide monthly reports to the board concerning the service’s financial position and described a process for identifying, tracking, and managing unspent consumer funds. The Assessment Team identified workforce governance systems in place to ensure sufficient and competent staff are employed to provide safe and quality services to consumers. The organisation maintains up to date information on regulatory requirements through monthly bulletins from government departments, peak organisations, and service industry advisory groups. The service has a documented procedure for management of feedback and complaints, and a process of regular monitoring and review.

The organisation has a risk management framework including a risk register and a quality and risk management process. The organisation has a risk management plan, compliance program and corporate governance policy to provide guidance to staff in managing high-impact or high-prevalence risks.

The Assessment Team identified the service has a clinical governance framework incorporating various clinical care considerations, including IPC and anti-microbial stewardship, the use of restraints and the practice of open disclosure.

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