**Performance**

**Report**

**1800 951 822**

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| Name: | Kurilpa Kitchen |
| Commission ID: | 700581 |
| Address: | 174 Boundary Street, WEST END, Queensland, 4101 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 19 June 2024 |
| Performance report date: | 22 July 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: 8329 Australian Pensioners & Superannuants League QLD Inc  
Service: 24698 Australian Pensioners & Superannuants League QLD Inc - Community and Home Support

**This performance report**

This performance report for Kurilpa Kitchen (**the service**) has been prepared by Tracey Coulton, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 18 July 2024.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |
| **Standard 6** **Feedback and complaints** | Not Applicable |

An overall summary compliance outcome is not provided where all requirements have not been assessed unless a requirement is found not compliant.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Systems are required to ensure 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.
* Information contained in consumers’ dietary profiled used by catering staff requires updating to ensure that it aligns with consumers’ assessment and planning documentation.

# 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)(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. | Not Compliant |

Findings

Requirement 2(3)(a)

The service was able to demonstrate systems to ensure 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.

Following a quality audit conducted 5 to 7 June 2023 the service was found non-compliant in Requirement 2(3)(a). Deficiencies related to the service being unable to demonstrate assessment and planning of care and services is conducted for each consumer and did not include the identification of relevant risks to the consumer’s safety, health and well-being.

In response to the deficiencies identified during the quality audit the service has:

* Conducted a full assessment on each consumer using information gathered from consumer/representative interviews and other health service providers to develop a ‘client social profile summary.’ The ‘client social profile summary’ includes consumers’ dietary needs and preferences and required social supports.
* As the service provides social support groups and meals for consumers, this information is made available for staff both verbally and in documentation form, supporting volunteers and the on-site cook in the delivery of services.
* A new process has been implemented for new consumers joining the service, which includes completing initial assessment and planning.
* The site assessment report verified the improvement activities have been implemented via staff and consumer interviews, a review of documentation and observations.

The site assessment report brought forward information that consumers advised staff discuss with them their care plan including their needs and preferences, dietary restrictions and any health concerns which may pose a risk to their service delivery whilst attending the service. Staff confirmed they are advised of consumers’ needs and preferences and have access to information relating to consumers, including health issues which may need to be considered when supporting consumers at the service. The service has systems to identify risks to consumers’ health and wellbeing and collects information from consumers in relation to consumers’ dietary needs and preferences. Care documentation evidenced accurate dietary profiles and service support for consumers documented in the ‘client social profile summary’ and staff had access to consumers’ assessed care and service needs.

I am satisfied the service has remediated the deficiencies that were identified during the quality audit and there are systems in place to ensure 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. I find Requirement 2(3)(a) compliant.

Requirement 2(3)(e)

The service was able to demonstrate care and services are reviewed when consumers’ circumstances or preferences change; however, the site assessment report brought forward information the service was not able to demonstrate an ongoing system to ensure consumers’ care and services are reviewed regularly for effectiveness and information contained in the out-of-date dietary forms used by the chef would be updated to align with information in consumers’ ‘client social profile summary’.

Following a quality audit conducted 5 to 7 June 2023 the service was found non-compliant in Requirement 2(3)(e). Deficiencies related to the service being unable to demonstrate consumers' needs are reviewed regularly for effectiveness and when consumers’ circumstances or preferences change.

In response to the deficiencies identified during the quality audit the service has:

* Contacted some consumers to review the ‘client social profile summary’. However, the site assessment report brought forward information the service had not completed all consumers’ 12 monthly review as per the service’s 12 monthly review process.
* The service provides yearly surveys to consumers and the 2024 survey identified some consumers had responded to the survey and information gathered from the survey had been updated on consumers’ ‘client social profile summary’, however consumers who did not respond to the survey would have their current ‘client social profile summary’ remain unchanged.
* The service has a process for updating consumers’ assessment and planning of care and service needs when changes in consumers’ care and service needs occur from advice provided by the consumer/representative.
* The site assessment report verified the improvement activities have been implemented via staff and consumer interviews, a review of documentation and observations.

However, the site assessment report brought forward evidence the ‘client social profile summary’ was not consistently reviewed every 12 months for all consumers; and dietary profiles used by the catering staff were not updated to align with the dietary assessment captured in the ‘client social profile summary’. The service does not follow up with consumers who do not complete the survey to ensure assessment and planning of care is accurate. The service does not have a system to monitor consumers’ ‘client social profile summary’ are reviewed every 12 months for effectiveness.

These deficiencies were raised with management at the time of the assessment contact and in response management and staff advised:

* The service has not developed actions to:
  + Update consumers’ dietary profile used by catering staff.
  + Complete the outstanding 12 monthly reviews of consumers’ ‘client social profile summary’.
  + Develop a system to ensure consumers’ ‘client social profile summary’ is regularly reviewed for effectiveness.

The provider in its written response to the site assessment report did not refute the service has not developed actions to update consumers’ dietary profile used by catering staff or developed systems to ensure consumers’ ‘client social profile summary’ is consistently reviewed regularly for effectiveness.

Overall, consumers said the service did not regularly ask them about their dietary needs however they said they could advise the service of their dietary needs such as diabetic diet.

While I acknowledge the service is addressing some of the deficiencies relating to consumers' needs are reviewed when consumers’ circumstances or preferences change; improvements are yet to be implemented to ensure care and service plans are reviewed regularly and diet profiles used by catering staff are accurate. For the reasons detailed, I find Requirement 2(3)(e) non-compliant.

# 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

The service was able to demonstrate consumers/representatives are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Following a quality audit conducted 5 to 7 June 2023 the service was found non-compliant in Requirement 6(3)(b). Deficiencies related to the service being unable to demonstrate consumers were provided with information on advocacy, communication and language services and external methods for raising and resolving complaints such as the aged care complaints service provided by the Commission.

In response to the deficiencies identified during the quality audit the service has:

* Provided advocacy service information to consumers/representatives in the service’s July 2023 newsletter.
* An information flyer was developed with advocacy service information, which is displayed and available to consumers at the service.
* The service has displayed posters and information material at the entrance to the service which details contact details for the Commission’s aged care complaints service and other enquiry avenues for consumers.
* An information pack has been developed for all new consumers, which contains advocacy service information for consumers.
* The site assessment report verified the improvement activities have been implemented via staff and consumer/representative interviews, a review of documentation and observations.

The site assessment report brought forward information upon commencement with the service, consumers are provided with a pack containing information about interpreter services, advocates, and external complaint handling bodies. Consumers/representatives stated while they have not needed to use advocacy, language, communication or complaints services, the service provides details of these services in their written communications and discusses these services with them.

I am satisfied the service has remediated the deficiencies that were identified during the quality audit and there are systems in place to ensure consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. I find Requirement 6(3)(b) compliant.

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