**Performance**

**Report**

**1800 951 822**

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| Name of service: | Kurilpa Kitchen |
| Service address: | 174 Boundary Street WEST END QLD 4101 |
| Commission ID: | 700581 |
| Home Service Provider: | Australian Pensioners & Superannuants League QLD Inc |
| Activity type: | Quality Audit |
| Activity date: | 5 June 2023 to 7 June 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 Kurilpa Kitchen (**the service**) has been prepared by J Zhou, 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, 24698, 174 Boundary Street, WEST END QLD 4101

# Material relied on

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

* the assessment team’s report for the Quality Audit; 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.
* the provider’s response to the assessment team’s report received 22 June 2023.

# 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-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

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.

2(3)(a) – consider the items suggested by the provider to ensure compliance with this Requirement which includes but is not limited to:

* creation of individual written profiles including reasons for why the client is seeking services and activity preference
* health issues such as mobility and impairments will be documented in detail
* case note added to each file so handwritten notes can be recorded in real time
* new process to log notifications about client changes and needs that arise during social conversations between carers and clients
* printing electronic correspondence for ease of reference and adding this to the hard copy client file.

2(3)(e) consider the items suggested by the provider to ensure compliance with this Requirement which includes but is not limited to incorporating a review calendar commencing immediately with each client file to receive an initial review as soon as possible and review activities to follow.

6(3)(b) consider the items suggested by the provider to ensure compliance with this Requirement which includes but is not limited to:

* Corrections to client intake paperwork to include required information
* Completed printing of handout
* Full page article in the next newsletter of Kurilpa Kitchen
* A2 poster titled ‘do yu have a concern or complaint?’ and matching brochure.

# 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

Based on the Assessment Team’s evidence gathered during this quality review which the service did not dispute in their response, I am satisfied that the provider is evidencing compliance against this Standard. Evidence analysed by the Assessment Team showed:

* the service demonstrated each sampled consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers interviewed by the Assessment Team stated they are treated with dignity and respect. When interviewed by the Assessment Team staff demonstrated their knowledge and understanding of consumers diverse cultural background and identities. The service evidenced to the Assessment Team appropriate policies are in place to address dignity, respect, culture, and diversity.
* the service demonstrated actively supporting its consumers in making independent decisions regarding the services they receive. For instance, a sampled consumer advised the service enables them to spend quality time with family once a week and she looks forward to this.
* sampled consumers mentioned instances where the service assists and encourages them and other consumers who have limited mobility to engage in more walking during their social outings.
* the service prioritises the privacy and confidentiality of each consumer by ensuring that their personal information is handled with care. Consumers and their representatives are provided with clear guidance on how their personal information will be utilised, and consent forms are completed during the intake process. To safeguard consumer information, a secure electronic database is utilised, and physical copies are stored in locked filing cabinets. Access to electronic data is restricted and protected by passwords.

# 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. | Non-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. | Non-compliant |

Findings

Non-complaint Requirements

*2(3)(a)*

While the consumer’s health and wellbeing are discussed during the intake process, all relevant factors are not consistently reflected on the consumer record. Assessment and planning did not consistently include the identification of relevant risks to the consumer’s safety, health and well-being, including vison and hearing impairment, mobility limitations and cognitive impairment. Additionally, there are no strategies documented to guide staff and volunteers providing service to the consumers to manage such risks.

For instance, while the client information form provides a prompt for mobility aids or health issues, this is not consistently completed and does not provide for an adequate description to inform risk management and strategies for staff and volunteers.

In summary, I have the evidence to conclude that while the service discusses information with the consumer all relevant information is not documented on the consumer record. There is no effective ongoing assessment and planning process and documented procedures to ensure that relevant and important information is captured on each consumer’s record, both initially and over time as the service learns more about each consumer.

The service responded to the outlined deficiencies and in its submission, I note it accepted the Assessment Team’s findings. It was encouraging to see the service has begun to implement improvements by way of:

* creation of individual written profiles including reasons for why the client is seeking services and activity preference
* health issues such as mobility and impairments will be documented in detail
* case note added to each file so handwritten notes can be recorded in real time
* new process to log notifications about client changes and needs that arise during social conversations between carers and clients
* printing electronic correspondence for ease of reference and adding this to the hard copy client file.

As the improvements require time to become completed and then embedded into practice at the service, evidence of these benefits is not yet realised at this conclusion of this quality review. I find the service non-compliance with this Requirement.

*2(3)(e)*

The assessment team found that annual reviews of client health records do not formally take place at the required intervals. consumer records sighted did not show ongoing monitoring or review following changes in each consumer’s health and wellbeing. I was provided with five examples where the consumers records did not reflect ongoing monitoring or reviews following changes in their health and wellbeing.

The service responded to these deficiencies and in its submission, I note it accepted the Assessment Team’s findings by way of incorporating a review calendar commencing immediately with each client file to receive an initial review as soon as possible and review activities to follow.

As the improvements require time to become completed and then embedded into practice at the service, evidence of these benefits are not yet realised at this conclusion of this quality review. I find the service non-compliance with this Requirement.

Complaint Requirements

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance against the remaining Requirements by:

* Working in partnership with the consumer and/or representative to make decisions about how they wish the service to meet their needs.
* Staff and volunteers demonstrating a sound understanding of each consumer’s current circumstances and their need and preferences in how they like their service to be provided to them.
* While communication regarding individual consumer’s needs is mainly verbal, staff and volunteers demonstrated awareness of consumer’s needs and preferences.

# 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

The service is not funded to provide personal care or clinical care.

# 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. | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Providing a social support service which improves consumers’ health and wellbeing and quality of life. For this service, this looks like supporting consumers in a range of activities designed to optimise their independence, health and wellbeing and quality of life. This includes yoga, entertainment for special occasions. Guest speakers are arranged to provide information on a range of topics. For example, a ‘Stroke safe’ talk was held on 16 March 2023 with 19 consumers attending.
* Providing a range of options for consumers to choose from and remain connected to the local community.
* Communicating information about the consumer’s condition, needs and preferences. Staff and volunteers demonstrated their knowledge of individual consumer’s health conditions, and support needs and preferences, and this aligned with the information provided by consumers and representatives. Staff and volunteers confirmed they are alerted to any changes in a consumer’s condition and showed an in-depth awareness of individual consumer’s current circumstances.

Supporting consumers through referral for access to additional services and supports. The range of referrals which may be made were outlined by management. For example:

* Referrals to the local community transport service.
* Referral to Meals on Wheels for meal delivery service.
* Referral to local service providers for additional services and supports.
* Referral to My Aged Care for further assessment for services and supports, if the consumer consents.
* Referral of the social support group to Hearing Australia each year, and arrangements made for free hearing tests for consumers to be provided on-site at the service.
* Referral to the Seniors enquiry line
* Referral to aged care advocacy service (ADA Australia).

# 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

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Providing an environment which is welcoming and inclusive for all consumers. The building has an open concept design, with a wide hallway leading from the front door to the large hall which accommodates the social gatherings. The space is airy and filled with natural light and sunshine. The hall allows adequate space for activities, exercise classes and a pleasant dining experience with a focus on interaction and inclusion.
* Maintaining a safe, clean, comfortable environment. For instance:
* The centre is a stand-alone ground level building accessible directly from the street, via the automatic sensor-activated sliding door.
* There is level flooring throughout for ease of access and egress. Consumers may freely come and go as they please.
* There were comfortable temperature and light levels.
* The service also provides outings across the local community for consumers according to their interests and suggestions. The service ensures the destination location is appropriate for frail older people.
* Checking the furniture, fittings and equipment is suitable for the consumers. For instance an adjacent kitchen provides facilities for staff to prepare refreshments and lunchtime meals for consumers. Kitchen equipment was observed to be clean and in good order, with safe hygiene signage on display. A kitchen cleaning duties list for the end of each shift is displayed in the kitchen and a range of cleaning equipment was observed. The cook closely supervises the food safety practices to ensure these are followed at all times.

# 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. | Non-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

Non-complaint Requirements

*6(3)(b)*

The service did not demonstrate that consumers are provided with information on the advocacy, language and communication support services available to them, and the aged care complaints service provided by the Commission. For instance, they are not provided with details regarding other external complaint mechanisms such as advocacy services and the Aged Care and Quality Safety Commission. Information on language services and communication support services is not provided to ensure consumers are fully informed on the supports available should they wish to access these. Management were unable to demonstrate knowledge of translation services or additional advocacy groups.

The service acknowledged the identified deficiencies and provided information as to the steps planned for rectification. This includes but is not limited to:

* Corrections to client intake paperwork to include required information
* Completed printing of handout
* Full page article in the next newsletter of Kurilpa Kitchen
* A2 poster titled ‘do you have a concern or complaint?’ and matching brochures

As the improvements require time to become completed and then embedded into practice at the service, evidence of these benefits are not yet realised at this conclusion of this quality review. I find the service non-compliance with this Requirement.

Complaint Requirements

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance against the remaining Requirements by:

* Encouraging consumers/representatives to provide feedback and complaints. For instance, consumers/representatives confirmed that the service actively encourages and supports feedback and complaints. While most had not encountered reasons for complaints, they expressed comfort in doing so if necessary. During interviews, the service expressed their proactive approach in soliciting feedback from consumers when they visit, actively encouraging them to communicate any issues or feedback to either staff, volunteers or management. Management further explained that, culturally, consumers prefer to use verbal communication or filling in their survey forms to express their complaints and provide feedback, as they feel more at ease doing so.
* Acting appropriately and using open disclosure when responding to feedback and complaints. The service has demonstrated an approach to complaints management, employing an open disclosure process to address concerns. Their feedback and complaints handling procedure enables delivery volunteers, staff, and management to efficiently gather and address feedback and complaints. In instances where the service falls short of expectations, staff, volunteers and management extend sincere apologies to consumers, reinforcing their dedication to their service.
* Reviewing feedback and complaints to improve the quality of care and services. For instance, sampled consumers confirmed that they receive regular surveys that allow them to provide feedback and express their preferences regarding the food menu and social outing destinations. The Assessment Team reviewed copies of completed surveys spanning the past three months, indicating the service's commitment to gathering consumer input and incorporating their interests and feedback into decision-making.

# 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

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Delivering care and services that are kind, caring and respectful. Consumers/representatives have expressed their positive experiences with staff, highlighting their attentiveness, compassion, and respect. They commended the service for providing personalised attention and accommodating consumers' individual preferences and needs. They demonstrated an understanding of consumers' unique identities, preferences, cultural requirements, backgrounds, past occupations, important relationships, and topics of interest. The service exhibited respect and compassion in their interactions with consumers
* Providing the workforce with the time, resources and training required to deliver quality care and services to consumers. Consumers/representatives consistently expressed their confidence in the workforce's competency and knowledge, emphasising that the service possess the necessary skills and knowledge to deliver services in alignment with their individual needs and preferences. All consumers praised the service’s understanding of their unique requirements and the ability to cater to their specific preferences. This level of trust stems from the consistent delivery of quality care and support that addresses their diverse needs. The management's commitment to ensuring a competent service delivery is evident in through their transparency and actively seeking feedback from consumers through face to face and surveys.
* Regularly assessing the performance and capabilities of the workforce. The service has established systems in place to monitor staff performance. Management stated that performance reviews are typically conducted on a regular (weekly to fortnightly frequencies) in an informal manner. All staff and volunteers interviewed confirmed that they are supported by the management team and regular follow ups are conducted to ensure that they are well equipped to perform their roles and understand their duties. It was noted that all consumers expressed satisfaction with the services provided by staff and volunteers, with no identified areas for improvement.

# 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. | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Demonstrating that consumers have input about how services are provided through feedback processes. The service has garnered commendable feedback from consumers/representatives, attesting to their high satisfaction with the quality of services provided. Management's proactive approach in promptly addressing and resolving feedback and concerns raised by consumers showcases their commitment to customer service. Furthermore, management actively encourages consumers/representatives to participate in satisfaction surveys that encompass not only meal quality, quantity, and variety, but also the overall social activity experience and valuable suggestions. This feedback serves as a guiding compass for the service, allowing them to make continuous improvements that align with the ever-changing needs and expectations of their consumers.
* Demonstrate effective organisational wide governance systems relating to continuous improvement, financial and workforce governance, and feedback and complaints. For instance:
  + consumer privacy and confidentiality are prioritised by the service. Personal information is accessible to the workforce on a ‘need-to-know’ basis. Consumer files are securely stored in locked filing cabinets, and information held in a password-protected electronic system.
  + Management encourages consumers to communicate any concerns about their concerns to the workforce for a prompt resolution. Feedback from staff, volunteers and consumers/representatives is actively sought and reviewed for continuous improvement. Completed survey were sighted by the Assessment Team during the onsite component which supports their statement.
  + There’s a regular review of financial records, ensuring accuracy and adherence to budgetary guidelines. The management committee convenes quarterly meetings to discuss and analyse the financial performance, allowing for informed decision-making and strategic planning.
  + Staff and volunteers are well-informed and prepared to carry out their responsibilities effectively. They possess a comprehensive understanding of their roles and obligations, supported by continuous training and assistance enabling them to deliver the care and services.
  + Staff and volunteer undergo regular performance reviews through daily conversations, while delivery volunteers benefit from regular informal meetings to ensure ongoing support and development. The service manager is responsible for ensuring compliance with applicable regulations. All staff and volunteers are required to possess current police certificates and relevant qualifications. Additionally, volunteers and staff involved in direct care must have a current first aid certificate. The assessment team verified the documentation of current police check certificates and first aid certificates held by the service's staff and volunteers.
  + The service demonstrates a commitment to responding to feedback and complaints in a fair, prompt, and confidential manner, without any form of retribution. They have established a system for logging, escalating, and tracking feedback and complaints, ensuring timely handling and evaluation of outcomes. Feedback and complaints are acknowledged and processed through their continuous improvement mechanism.
* Effectively promoting a culture of safe and quality services, and effectively monitoring to enable effective governing body oversight and accountability of services provided to consumers. Consumers/representatives, volunteers and staff who were sampled consistently praised the service for its inclusive and accountable approach in providing the care and support to their consumers. They emphasised that the workforce consistently displayed behaviours and values that fostered a culture of safety, inclusivity, and respect throughout the meal service. The service's commitment to meeting the needs and preferences of their consumers was evident, reflecting their dedication to providing safe and high-quality services. This demonstration of inclusivity and accountability underpins the service's commitment to ensuring a positive and satisfying experience for their valued consumers.

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)