CO AS IT Italian Association

Performance Report

67 Norton Street   
LEICHHARDT NSW 2040  
Phone number: 02 9564 0744

**Commission ID:** 200149

**Provider name:** Co As It Italian Association Of Assistance

**Assessment Contact - Desk date:** 13 July 2021 to 23 July 2021

**Date of Performance Report:** 28 September 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

**Services included in this assessment**

**Home Care:**

* Co.As.It. - Community Care Packages Program, 17470, 67 Norton Street, LEICHHARDT NSW 2040
* CO.AS.IT. - EACH, 17471, 67 Norton Street, LEICHHARDT NSW 2040

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(d) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | Non-compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, management, consumers/representatives and others
* the provider’s response to the Assessment Contact - Desk report received 31 August 2021.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The service did not demonstrate assessment and planning considers risks to the consumer’s health and well-being, to inform the delivery of safe and effective care and service.

This Quality Standard is assessed as Non-compliant as one (1) of the five specific requirements of this Standard was assessed and I have found it to be Non-Compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*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.*

The Assessment team found that the service did not demonstrate assessment and planning considers risks to the consumer’s health and well-being, to inform the delivery of safe and effective care and services. The service does not effectively undertake assessment and planning with consumers and with others who are involved in care and service delivery, and care and service delivery is not reviewed when there has been a change in the consumers’ condition or following an incident. Relevant risks to consumers’ safety, health and well-being are not consistently identified and strategies to minimise risk are not documented. Care plans reviewed did not include sufficient detail about assessed needs and risks to the consumer to guide staff. Assessments were not consistently completed, such as completing additional focussed assessments in response to identified risks, including nutrition and hydration, mobility, swallowing, medication management, behaviour management and restrictive practices.

In its response the approved provider did not dispute the Assessment Team’s findings and set out a number of measures it had or would implement to address the concerns identified. It noted that from 2020 it had conducted an internal review process which resulted in the commencement of a large scale, multi-faceted program to review and improve its governance systems and operational processes, supported by a continuous improvement program and organisation wide education. In relation to the specific issues identified, the approved provider submitted details of a number of improvements, including an audit of care plans and assessments and completion of full assessment documentation, targeted training for care managers and staff, and measures to ensure collaboration and engagement with consumers and those they wish to be involved in their care.

I acknowledge the substantial improvements implemented by the approved provider and its strong engagement with the issues. However, I consider that these improvements will take time to become embedded and for the approved provider to demonstrate their sustainability. I consider that at the time of the performance assessment the approved provider was Non-compliant with this requirement.

I find this requirement Non-compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The service did not demonstrate that each consumer receives safe and effective personal or clinical care that is best practice, tailored to their needs and optimises their health and well-being. The service also did not demonstrate that 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.

This Quality Standard is assessed as Non-compliant as two of the seven specific requirements of this Standard were assessed and I have found both to be Non-Compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

The Assessment team found that the service did not demonstrate that each consumer receives safe and effective personal or clinical care that is best practice, tailored to their needs and optimises their health and well-being. Risk management processes are not always effective and do not ensure the safe and effective personal and clinical care for all consumers.

While the service has a risk register in place, the service was unable to demonstrate clinical risk management processes are always effective, including the identification of clinical risks for each consumer, the reporting of care related incidents by care staff and follow up of incidents reported to minimise future risks. Where risks have been identified, these had not been adequately assessed and/or strategies had not been documented to inform staff practice and minimise those risks, or there was the no information available to staff to inform the delivery of safe and effective personal and clinical care.

### While most consumers and representatives said they are happy with the care and services received, seven representatives interviewed said the consumer does not always get the personal and clinical care they need through the service.

In its response the approved provider did not dispute the Assessment Team’s findings and set out a number of measures it had or would implement to address the concerns identified. This included the commencement of the internal review process and the program to review and improve its governance systems and operational processes, supported by a continuous improvement program and organisation wide education. In addition, other actions include but are not limited to training for staff and managers, mapping risk, auditing consumer files and care needs, undertaking clinical analysis and engaging with other complementary providers of care.

I acknowledge the substantial improvements implemented by the approved provider and its strong engagement with the issues. However, I consider that these improvements will take time to become embedded and for the approved provider to demonstrate their sustainability. I consider that at the time of the performance assessment the approved provider was Non-compliant with this requirement.

I find this requirement Non-compliant.

### Requirement 3(3)(e) Non-compliant

*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.*

The Assessment team found that the service did not demonstrate that 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. While Case managers, team leaders and the clinical coordinator described how they communicate information about the consumer’s condition, personal and clinical care needs and their preferences internally and with others where responsibility for care is shared, a review of care documentation did not demonstrate effective communication processes in place so that those involved in the care of the consumer have appropriate information about consumers.

In its response the approved provider did not dispute the Assessment Team’s finding and set out a number of measures it had or would implement to address the concerns identified. This included the internal review process earlier identified, as well as auditing all care plans and the referrals system, ensuring contact details of all service providers are up to date, documenting all care provided, ensuring care plans are available at consumer’s homes, and increasing the number of care managers.

I acknowledge these improvements implemented by the approved provider and the approved provider’s positive response to the issues identified. However, I consider that these improvements will take time to become embedded and for the approved provider to demonstrate their sustainability. I consider that at the time of the performance assessment the approved provider was Non-compliant with this requirement.

I find this requirement Non-compliant.

# STANDARD 4 NON-COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The service did not demonstrate information about the consumer’s condition, needs and preferences in relation to services and supports for daily living is documented and communicated within the organisation, and with others where responsibility for care is shared.

This Quality Standard is assessed as Non-compliant as one (1) of the seven specific requirements of this Standard was assessed and I have found it to be Non-Compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(d) Non-compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

The Assessment team found that the service did not demonstrate information about the consumer’s condition, needs and preferences in relation to services and supports for daily living, is documented and communicated within the organisation, and with others where responsibility for care is shared.

Case managers and team leaders described how they communicate information about the consumer’s condition, needs and preferences internally and externally, including verbal handover and the provision of care plans kept in the consumer’s home folder for staff and others involved in the consumer’s care and services to access. However, a review of documentation did not demonstrate effective communication processes in place so that those involved in the care of the consumer have information about delivering safe and effective services and supports for daily living.

In its response the approved provider did not dispute the Assessment Team’s finding and set out a number of measures it had or would implement to address the concerns identified. This included a review of relevant aspects of care plans and updating as required and ensuring that request for changes in services is acted upon and documented, in addition to other improvements identified.

I acknowledge these improvements implemented by the approved provider and the approved provider’s positive response to the issues identified. However, I consider that these improvements will take time to become embedded and for the approved provider to demonstrate their sustainability. I consider that at the time of the performance assessment the approved provider was Non-compliant with this requirement.

I find this requirement Non-compliant.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The service did not demonstrate effective governance systems in relation to information management, financial governance, workforce governance, regulatory compliance and feedback and complaints. In relation to continuous improvement, the approved provider could identify that prior to the assessment contact it had implemented a process for review and had made a number of improvements. While a number of areas for improvement have been identified, I consider that on balance the approved provider’s system for continuous improvements is sufficiently robust.

This Quality Standard is assessed as Non-compliant as one (1) of the five specific requirements of this Standard was assessed and I have found it to be Non-Compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Non-compliant

*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.*

In relation to information management, while consumers and representatives can access information in relation to care and services, the information is not consistently provided. Information is not always accurate and/or is not reflective of each consumer’s current care needs.

In relation to continuous improvement, on balance I consider that approved provider’s system for continuous improvements is sufficiently robust.

Regarding financial governance, the Assessment team identified issues in relation to provision and explanation of budgets to consumers and/or their representative, and that budgets are not updated annually in line with subsidy increases as required with a copy provided to the consumer. Monthly statements are not consistently provided in a timely manner. Budgets are not accurately calculated in order to inform care planning to meet each consumer’s needs and to ensure continuity of care.

In relation to workforce governance, the service does not actively monitor each subcontractor’s performance and consumers’ satisfaction with the care and services provided by subcontractors, other than where a consumer raises a concern. There is no formal monitoring process in place to ascertain whether subcontractors are continuing to provide safe quality care and services in an ongoing manner.

Regarding regulatory compliance, the systems and processes in place do not support the service to meet regulatory requirements in respect of the Home Care Package program. Information has not been provided to each Home Care Package consumer to ensure they are fully informed in line with requirements.

In relation feedback and complaints, consumer feedback indicated some consumers did not know how to make a complaint, who to complain to or how to escalate their concerns, and that issues had not been resolved following complaints. Negative feedback is recorded within the consumer’s progress notes but is not reflected in the compliments and complaints register, in order to facilitate analysis of trends in respect of all feedback received from consumers and representatives. A compliments and complaints register is maintained, however does not include all feedback and issues raised by consumers.

In its response the approved provider did not dispute the Assessment Team’s finding and set out a number of measures it had or would implement to address the concerns identified. This included review of its systems, targeted training, regular sample audits and improved provision of information to and communication with consumers, in addition to other improvements identified.

I acknowledge these improvements implemented by the approved provider and the approved provider’s positive response to the issues identified. However, I consider that these improvements will take time to become embedded and for the approved provider to demonstrate their sustainability. I consider that at the time of the performance assessment the approved provider was Non-compliant with this requirement.

I find this requirement Non-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.

### 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.*

* Ensure that assessment and planning considers risks to the consumer’s health and well-being, to inform the delivery of safe and effective care and services, including but not limited to identifying, planning for and reviewing risks such as poor nutrition and hydration, mobility concerns, swallowing difficulties, difficulties with medication management, behaviour management and restrictive practices
* Regularly evaluate the effectiveness of assessment and planning processes relevant to consideration of risks to consumer’s health and well-being, or as required.

### 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.*

* Ensure that each consumer receives safe and effective personal or clinical care that is best practice, tailored to their needs and optimises their health and well-being by, including but not limited to monitoring the provision of care and implementing effective risk management and clinical care processes
* Regularly evaluate and review the standard and quality of clinical and personal care given to consumers, or as required.

### 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.*

* Implement systems, practice and processes to ensure that up to date information about the consumer’s condition, needs and preferences is captured and documented and communicated within the organisation, and with others where responsibility for care is shared*.*
* Regularly review the effectiveness of these systems, practice and processes, or as required.

### 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.*

* Implement systems, practice and processes to ensure that up to date information about the consumer’s condition, needs and preferences in relation to services and supports for daily living is captured and documented and communicated within the organisation, and with others where responsibility for care is shared*.*
* Regularly review the effectiveness of these systems, practice and processes, or as required.

### 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*

* Implement organisation wide governancesystems in relation to:
* information management, including accurate and up to date information on consumers
* financial governance, including provision and explanation of budgets, updated budgets and timely monthly statements
* workforce governance, including monitor each subcontractor’s performance and consumers’ satisfaction with the care and services provided by subcontractors
* regulatory compliance, including the regulatory requirements of the Home Care Package program; and
* feedback and complaints, including improving consumer knowledge of the complaints process, and capturing and acting on all complaints, feedback and issues raised by or on behalf of consumers
* Regularly review the effectiveness of these systems, or as required.