Co.As.It Community Care

Performance Report

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**Commission ID:** 300102

**Provider name:** CO.AS.IT. - Italian Assistance Association

**Assessment Contact - Site date:** 9 March 2021

**Date of Performance Report:** 7 May 2021

# Publication of report

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

# 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 |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | 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 - Site; the Assessment Contact - Site report was informed by a site visit, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Site report received 6 April 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 Assessment Team assessed Requirements (3)(a), (d) and (e) in this Standard and have recommended Requirements (3)(a), (d) and (e) as not met. All other Requirements in this Standard were not assessed at this Assessment Contact.

I have considered the Assessment Team’s findings and evidence and the Approved Provider’s response and evidence and I find CO.AS.IT. - Italian Assistance Association, in relation to Co.As.It Community Care, to be Non-compliant with Standard 2, Requirements (3)(a), (d) and (e). I have detailed my reasons below in relation to the non-complaint 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 the service’s assessment and planning process does not consistently identify risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services. For example:

* One consumer care file did not have any documented assessments of care needs or subsequent care plans, however a staff task list contained risks to the consumer’s health, including identifying previous falls, limb weakness and poor mobility. There was no guidance to staff around these risks.
* One consumer’s care plan did not contain details of skin related risks where the consumer had a history skin integrity concerns with respect to wounds and ulcers.
* One consumer care file had no assessments evident and one care plan dated 2017. No diagnosis information was available in the care plan to understand risks to the consumer’s care.
* One consumer care file did not contain an initial assessment of consumer needs, but did have a care plan to guide staff in delivering care.
* One staff member was not aware of a consumer’s recent falls history or strategies to assist the consumer to shower safely.
* Care staff interviewed advised they get information on care to be provided in their rosters, through discussion with case managers, the consumer and their families and in some cases through communication books in the home.
* A staff member indicated high caseloads and administrative burdens restricting their ability to keep files and assessments current.
* Two case managers stated they had undertaken assessment of care needs for two consumers however had not documented these in the care file.

The Approved Provider did not agree with the Assessment Team findings with respect to the absence of initial assessments and care plans for consumers, however did acknowledge that assessment processes should be improved to identify high risk conditions and care plans include risk mitigation strategies. The Approved Provider enclosed a plan for continuous improvement and actions to improve assessment processes. Information provided by the Approved Provider included:

* All consumers receive a comprehensive initial assessment and subsequent care planning;
* COVID-19 impacted the service’s capacity to undertake face to face visits. New assessments were completed using other video conferencing platforms.
* The Approved Provider acknowledged and recognised the need to improve and better document the assessment procedure including identification of falls risks and the impact of mental health issues on the consumer. Identification of strategies to mitigate the risks will be communicated as care directives to support workers. Some specific improvements include:
  + Engagement of a registered nurse to undertake clinical assessments;
  + Development of a clinical assessment tool; and
  + Implement a quality checking process.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Assessment Contact assessments were not always in place for consumers and did not always identify key risks to their care. Care plans did not provide sufficient guidance to inform delivery safe care in respect of consumer risks.

In relation to the above I find the service non-compliant with this requirement.

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

*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.*

The Assessment Team found that outcomes of assessment and planning are not always documented in a care and services plan that is readily available to consumers and where service are provided. For example:

* One consumer care file had no assessments evident and one care plan dated 2017.
* One consumer care file did not contain an initial assessment of consumer needs, but did have a care plan to guide staff in delivering care.
* Two case managers interviewed stated assessments had been undertaken with con summers but not documented in the consumer care file.
* Task lists used to guide staff did not include safety considerations including mobility directives and equipment needs.
* One staff member said the information on the task list is limited.

The Approved Provider agreed with the Assessment Team findings in respect of inconsistency of consumer documentation and has identified action items on the plan for continuous improvement to improve outcomes which include:

* Undertaking a review of Task list templates; and
* Implement a process of quality online checking.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Assessment Contact assessments were not always in place for consumers. Care plans and task lists did not always provide sufficient guidance to deliver care in respect of consumer care needs and preferences.

In relation to the above I find the service non-compliant with this requirement.

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

*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.*

The Assessment Team found reassessment of consumer care needs and preferences does not always occur for consumers where circumstances change or when incidents impact the needs of consumers. For example:

* One consumer who has had a change in mobility condition identified by multiple staff has not had a reassessment or review of functional mobility. Care plans were not updated to reflect the change in mobility status. There has been no reassessment of the consumers home environment to ensure risks to everyday living have been identified.
* One consumer who sustained a skin tear did not have a review of skin integrity undertaken.
* One representative was dissatisfied with the service assessment and care planning process and they have not assessed the consumer’s mobility or pain. The consumer file did not have assessments or care plan identified.
* One consumer who sustained a fall did not identify a reassessment post fall of falls risks or strategies to minimise risk of falls.

The Approved Provider’s response did not specifically address the deficits identified in respect of this requirement, however has undertaken to implement action items on the plan for continuous improvement including improving clinical assessment processes and undertaking quality checking processes.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Assessment Contact reassessment and review of consumers care needs did not always occur where circumstances changed or incidents impacted on their care needs.

In relation to the above I find the service non-compliant with this requirement.

# 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 Assessment Team assessed Requirements (3)(a), (b), (d), (f) and (g) in this Standard and have recommended Requirements (3)(a), (b), (d) and (f) as not met. All other Requirements in this Standard were not assessed at this Assessment Contact.

I have considered the Assessment Team’s findings and evidence and the Approved Provider’s response and evidence and I find CO.AS.IT. - Italian Assistance Association, in relation to Co.As.It Community Care, to be Non-compliant with Standard 3, Requirements (3)(a), (b), (d) and (f) and Standard 3, Requirements (3)(g) to be Compliant. I have detailed my reasons below in relation to the non-complaint 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 the service was unable to demonstrate consumers receive safe personal care and clinical care that is best practice and tailored to their needs. Examples include:

* One consumer sustained a skin tear and took 2 months to heal, there was no reassessment of the consumer’s skin integrity noted or skin care strategies identified.
* One consumer who is an identified falls risk and has a history of falls has not had any falls risk assessments undertaken by the service and there are no strategies to guide care with consideration to falls risks. The consumer’s representative stated there had been recent balance issues.
* Validated assessment tools were not used for consumers identified as high falls risks or for those with pain management needs.

The Approved Provider’s response did not specifically address the deficits identified in respect of this requirement, however the service has undertaken to implement action items on the plan for continuous improvement including improving clinical assessment processes and undertaking quality checking processes.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Assessment Contact there was not consistent assessment and reassessment of risk associated with consumer condition to ensure care was delivered and tailored to the needs of consumers to optimise their health and well-being.

In relation to the above I find the service non-compliant with this requirement.

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found the service did not demonstrate high impact or high prevalent risks to all consumers is consistently managed to mitigate risks to consumers. Documentation including consumer’s care information does not include falls risk strategies. Where risks are identified they are not actioned. For example:

* One consumer who is identified as a high falls risk did not have a falls risk assessment or relevant falls risk strategies incorporated into care directives. The consumer sustained a fall in June 2020 and remained in hospital until August 2021 where post-acute in-home physiotherapist and occupational therapist reviews occurred. The service did not have records of the reviews and did not review the consumer’s falls risk or other care needs following hospital discharge. The consumer shortly after sustained a further fall in September 2021 resulting in a fracture to their collar bone. Post fall investigation undertaken by the service included minimal identification of falls prevention strategies.
* One consumer with a deteriorating condition has not had pain assessed and current pain interventions do not meet the consumer’s pain management needs. The consumer has had ongoing pain and ceased pain patches due to disorientation, however the consumer’s representative stated pain measures in place are not effective to manage pain. Staff providing care to the consumer stated the consumer has not expressed pain when delivering care. There is no record of validated pain assessment occurring or further referral for pain assessment, review and interventions.

The Approved Provider’s response did not specifically address the deficits identified in respect of this requirement, however did state they were aware of the consumer experiencing pain and a plan was in place. The response did not include what actions or plan was in place for this consumer. The service has undertaken to implement action items on the plan for continuous improvement including improving clinical assessment processes and undertaking quality checking processes.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Assessment Contact there was not effective management of high impact and high prevalence risks in relation to falls risks and pain management for all consumers.

In relation to the above I find the service non-compliant with this requirement.

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

*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.*

The Assessment Team found deterioration of condition and change in consumers’ care needs is not consistently assessed, recognised and actioned by the service. Examples included:

* One consumer has experienced ongoing mobility decline, from declining mobility in April 2020 and difficulties weight bearing in February and March 2021. A home visit conducted by the service concluded there was a high risk of falls when showering the consumer care staff would not assist the consumer with a shower due to the risk of falls. There has been no functional assessment undertaken of the consumer following identification of the physical decline or occupational therapist assessment of the home environment to ensure the consumer’s care and daily living needs are met.
* One consumer on discharge from hospital following two falls in August 2021 had post-acute in-home physiotherapist and occupational therapist reviews, however the service did not obtain the reports to ensure they could deliver care and services to meet the consumer’s changed needs. The discharge plan from the hospital included recommendations for a speech pathologist and dietician review, however has not sought further information on any recommended changes to inform the meal preparation service.

The Approved Provider’s response did not specifically address the deficits identified in respect of this requirement, however has undertaken to implement action items on the plan for continuous improvement including improving clinical assessment processes and undertaking quality checking processes.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Assessment Contact the service did not effective identify and respond to deterioration or change to a consumer’s condition in a timely manner and implement care strategies to reflect changed care needs.

In relation to the above I find the service non-compliant with this requirement.

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

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

The Assessment Team found referrals were not consistently completed, or recommendations recorded and actioned to provide safe and effective care. Examples included:

* One consumer with identified deterioration has not been referred to palliative care services for review. The consumer representative reported ongoing pain and no referrals have occurred in relation to pain.
* One consumer discharged from hospital with discharge recommendations including reviews by a speech pathologist and dietician were not undertaken by the service.
* Two consumers did not have referrals initiated for a functional assessment post falls.
* One consumer has been experiencing ongoing pain and the medical officer requested a referral to a physiotherapist in May 2020 for pain management. The service has not actioned this referral.
* A case manager advised funds are not always available to fund allied health assessments and consumers are reluctant to reduce other services such as home care support. The service was not able to evidence documentation where referrals had been offered and declined by consumers.

The Approved Provider’s response did not specifically address the deficits identified in respect of this requirement, however has undertaken to implement action items on the plan for continuous improvement including undertaking quality checking processes.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Assessment Contact timely and appropriate referrals were not occurring for all consumers to other organisations and providers of other care and services where appropriate to do so.

In relation to the above I find the service non-compliant with this requirement.

### Requirement 3(3)(g) Compliant

*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.*

The Assessment Team found the service demonstrated ways they minimise infection related risks to consumers and staff and the service response during COVID-19 pandemic. For consumers, telephone welfare checks were evidenced in consumers’ files reviewed. Staff demonstrated an understanding of infection prevention and control practices appropriate to their roles. The service has a COVID safe office plan and a direct care support plan.

# 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.

**Standard 2**

Requirement (3)(a)

* Ensure all consumer have assessment of care needs and care plans to ensure safe delivery of care.
* Ensure assessment and care planning processes identify and consider risks to consumer’s health and well-being relevant to services being delivered.
* Ensure compliance with assessment and care planning processes are adhered to by those staff responsible for undertaking assessment and care planning.

Requirement (3)(d)

* Ensure all consumers have documented assessments and care plans and that they are accessible to consumers and those involved in the consumers care and delivery.
* Ensure staff delivering care have access to care plans to ensure they are informed of risks to consumer’s care and there is sufficient guidance to deliver care and services.

Requirement (3)(e)

* Ensure reassessment and review of consumers’ needs, goals and preferences occur where there are changes to the consumer’s condition or where incidents may impact care needs.

**Standard 3**

Requirement (3)(a)

* Ensure delivery of care and services is undertaken with consideration of risks to consumers health and well-being.
* Ensure assessment of care needs occur in line with best practice validated assessment methods.

Requirement (3)(b)

* Ensure high impact and high prevalence risks associated with the care of consumers, specifically falls risks and pain management have appropriate reviews and risk minimisation strategies implemented.
* Ensure appropriate review occurs each time consumers have an adverse impact to their health and well-being.

Requirement (3)(d)

* Monitor staff compliance with the service’s policies and procedures in relation to clinical and general deterioration.
* Ensure where deterioration is identified it is acted upon in a timely manner.

Requirement (3)(f)

* Ensure consumers are referred to appropriate and relevant services where there is a care need and/or the service is unable to meet the consumer’s care needs.
* Ensure referrals are followed up to ensure consumers care needs are met.