Co.As.It Community Care

Performance Report

189 Faraday Street
CARLTON VIC 3053
Phone number: 03 9349 9075

**Commission ID:** 300102

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

**Assessment Contact - Desk date:** 2 December 2021

**Date of Performance Report:** 10 February 2022

# Performance report prepared by

Adrian Clementz, delegate of the Aged Care Quality and Safety Commissioner.

# 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-Barwon South Western, 18744, 189 Faraday Street, CARLTON VIC 3053
* Co.As.It. Eastern Metro Community Care Packages, 18746, 189 Faraday Street, CARLTON VIC 3053
* CO.AS.IT. Italian Assistance Association - EACH - Northern Region, 18747, 189 Faraday Street, CARLTON VIC 3053
* CO.AS.IT. Italian Assistance Association - EACH - Western Metro, 18748, 189 Faraday Street, CARLTON VIC 3053
* Co.As.It. Northern Metro Region Care Packages Project, 18749, 189 Faraday Street, CARLTON VIC 3053
* Co.As.It. Southern Metro Region Care Packages Project, 18750, 189 Faraday Street, CARLTON VIC 3053
* Co.As.It. Western Metro Region Care Packages Project, 18751, 189 Faraday Street, CARLTON VIC 3053

**CHSP:**

* Social Support Individual, 4-B8U486R, 189 Faraday Street, CARLTON VIC 3053
* Centre-based Respite - Care Relationships and Carer Support, 4-B8JK9OK, 189 Faraday Street, CARLTON VIC 3053
* Flexible Respite - Care Relationships and Carer Support, 4-B8HE548, 189 Faraday Street, CARLTON VIC 3053
* Specialised Support Services, 4-B8U48DH, 189 Faraday Street, CARLTON VIC 3053
* Social Support Group, 4-B8U4837, 230 Rosanna Road, ROSANNA VIC 3084

# 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) | 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 |

# Detailed assessment

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 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 a review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Desk report received 10 January 2022.

# STANDARD 2 NON-COMPLIANTOngoing 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 was found non-compliant in three of the specific requirements under this Quality Standard during the previous visit conducted on 9 March 2021.

The focus of this assessment contact was to assess the service’s progress in returning to full compliance with the Quality Standards.

The service has not demonstrated that actions undertaken to date have addressed the deficits previously identified for two of the requirements in this Standard.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

## 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 while home care package consumers sampled have an assessment and plans for care, the service could not demonstrate that consideration for risk informs delivery of safe and effective care, and drew on the care experience for three sampled consumers. Most representatives interviewed expressed dissatisfaction with the assessment and planning processes.

The provider’s response acknowledged deficits identified by the Assessment Team and included a plan for continuous improvement. The provider has engaged the services of a consultant to develop a holistic approach to address all areas of defcit highlighted in the Assessment Team’s current and previous report. Actions implemented includes an audit of the service; review of relevant policies and procedures; education for management, staff and members of the board; distribution of guidance material and documentation to support workflow; introduction of risk monitoring tools and establishment of a clinical governance forum; and, introduction of clinical staffing structure including three additional registered nursing staff.

Specific to this requirement, action commenced includes implementation of a clinical assessment process for new and existing consumers; consumer risk and vulnerability ratings; risk monitoring tools; and, education for staff. The provider’s response also included action that has been taken since the assessment contact to address deficits for consumers named in the report.

While I acknowledge the extensive remedial action already commenced by the organisation, these improvements are still in progress and not yet embedded into the service’s practice or evaluated. I find the service at this time non-compliant with this requirement.

### Requirement 2(3)(d) 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 recommended this requirement as not met based on feedback from representavies of consumers, who while confirming they receive a copy of the consumer’s plan of care, were not satisfied the outcomes documented in care plans reflected assessment and planning discussions. In addition, information on care plans and task lists for types of care and services provided were not always consistent.

The provider’s response pointed out that representatives indicating to the Assessment Team they disagree with some of the outcomes on the care plan in itself indicates effective communication with the consumer/representative. However, the provider’s response also included a plan of action to review procedures to support communication of outcomes of assessment and planning and undertook to provide further training for staff.

In making my decision, I have considered the specific wording of this requirement, in particular ‘outcomes effectively communicated to the consumer’. Evidence indicates outcomes of assessment and planning is actively communicated to consumer representatives, confirmed by representatives who state that are provided with care plans and discuss them with staff. Staff interviewed described communication in relation to consumer care and planning with sampled representatives. Task lists are used by staff to inform their care practice. Evidence in relation to inconsistences between task lists and care plans I have considered under Requirement (3)(a) of this Standard. With respect to care plans not reflecting consumer representative wishes, I have considered this evidence as informing Requirement (3)(a) and (3)(e) of this Standard as I consider this evidence is more about care planning not informing the delivery of safe and effective care and services, including when changes occur.

Based on the above, I disagree with the Assessment Team’s recommendations and find the service is 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 while care and services are generally reviewed, consumers are not aways reviewed when circumstances change or incidents occur to support safe and effective care. The Assessment Team supported this with evidence for three consumers.

The provider’s response acknowledged the deficits identified by the Assessment Team and included a plan for continuous improvement. The provider has commenced an analysis of the service’s review processes and procedure and incident management system. Education is planned for staff.

The provider’s response also included action taken to address the identified deficits for consumers named in the Assessment Team’s report.

While I acknowledge the remedial action already commenced by the organisation, these improvements are still in progress and not yet embedded into the service’s practice or evaluated. I find the service at this time non-compliant with this requirement.

# STANDARD 3 NON-COMPLIANTPersonal 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 was found non-compliant in four of the specific requirements under this Quality Standard during the previous visit conducted on 9 March 2021.

The focus of this assessment contact was to assess the service’s progress in returning to full compliance with the Quality Standards.

The service has not demonstrated that actions undertaken to date have addressed the deficits previously identified in this Standard.

The Quality Standard is assessed as Non-compliant as four of the seven specific requirements have been assessed as Non-compliant.

### 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 the service could not demonstrate each consumer receives safe and effective personal care, clinical care that is best practice, tailored to their needs or that optimises their health, and supported this with the care experience of four consumers. For example, evidence included ineffective staff practice and processes in the management and monitoring of skin integrity; identification, monitoring and prevention of pressure injuries; and, risks relating to use of psychotropic medications. Management acknowledged during the assessment contact the organisation’s need to improve clinical oversight for the service and a consultant had just been engaged to assist the process.

The provider’s response acknowledged the deficits identified by the Assessment Team and included a plan for continuous improvement. The providers response commits to developing and embedding improvements in incident management, identifying and monitoring high risk consumers, identifying and actioning referrals, and, conducting end-of-life planning. Recruitment of additional clinical staff is planned along with professional development for staff in general.

The provider’s response also included action taken to address the deficits for consumers named in the Assessment Team’s report.

While I acknowledge the remedial action already commenced by the organisation, these improvements are still in progress and not yet embedded into the service’s practice or evaluated. I find the service at this time 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 could not demonstrate that high impact high prevalence risks are always identified and managed and included the care experience of six consumers. For example, the Assessment Team found:

* ineffective processes for identifying falls risk and ensuring strategies to minimise falls risk are in place;
* incidents are not reviewed for the effectiveness of strategies and staff do not follow through on the recommendations to reduce falls risk;
* ineffective assessment and monitoring of pain;
* staff applying pain management strategies not identified as part of consumer care planning; and
* staff understanding and communicating of changes in consumer behaviour.

The provider’s response acknowledged the deficits and included a plan for continuous improvement that describes action inclusive of education for staff on assessment and identification for risk, the introduction of a risk register, employment of additional clinical staff, and, the establishment of a clinical governance committee. The provider’s response also included action taken to address the deficits for consumers named in the Assessment Team’s report.

While I acknowledge the remedial action already commenced by the organisation, these improvements are still in progress and not yet embedded into the service’s practice or evaluated. I find the service at this time 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 the service could not demonstrate that all consumers’ changed needs or deterioration is communicated or actioned in a timely manner and supported this through evidence for three consumers.

The provider’s response acknowledged the deficits and included a plan for continuous improvement that includes a review of procedures, introducing a risk register, and, further education and a mentoring program for staff.

The provider’s response also included additional information on action taken for consumers named in the assessment contact report.

While I acknowledge the remedial action already commenced by the organisation, these improvements are still in progress and not yet embedded into the service’s practice or evaluated. I find the service at this time 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 while the service has a documented process for referrals, this does not always occur in practice. While the service has conducted some referrals in relation to changed consumer needs, not all referrals were made in a timely manner and reassessments do not always trigger referrals for changed needs. This was supported through evidence for four consumers.

The provider’s response acknowledged the deficits and included a plan for continuous improvement that includes a review of documentation to support the referral process and processes for monitoring at a care and governance level. An external consultant is to audit all the service’s home care consumers. The provider’s response also included additional information on action taken for each named consumer since the assessment contact.

While I acknowledge the remedial action already commenced by the organisation, these improvements are still in progress and not yet embedded into the service’s practice or evaluated. I find the service at this time non-compliant with this requirement.

# 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)

* 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.

### Requirement 2(3)(e)

* Ensure effective processes are in place to enable regular review of care and services when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

### Requirement 3(3)(a)

* Ensure effective processes are in place for each consumer to receive safe and effective personal and clinical care that reflects is best practice, is tailored to their needs, and optimises their health and well-being.

### Requirement 3(3)(b)

* Ensure effective processes are in place to manage high impact or high prevalence risks associated with the care of each consumer.

### Requirement 3(3)(d)

* Ensure processes are in place to recognise and respond effectively to deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition.

### Requirement 3(3)(f)

* Ensure effective processes are in place for timely and appropriate referral of consumers to individuals, other organisations and providers of other care and services.