**Performance**

**Report**

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| Name of service: | Access Sydney Community Transport & Incorporated |
| Service address: | Unit 48, 378 Parramatta Road Homebush West NSW 2140 |
| Commission ID: | 200038 |
| Home Service Provider: | Access Sydney Community Transport Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 1 November 2022 to 4 November 2022 |
| Performance report date: | 14 December 2022 |

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 Access Sydney Community Transport & Incorporated (**the service**) has been prepared by M Balukovska, 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:**

* CHSP - Social Support - Individual, 4-225J2W2, Unit 48, 378 Parramatta Road, Homebush West NSW 2140

# 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 28 November 2022

# 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 | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

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| 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 or the consumer. |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. |

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| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. |

# 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

At the time of performance report decision, the service was:

* Demonstrating the delivery of services that are inclusive of consumers culture, background, and values
* Demonstrating ongoing support to consumers in making choices and assisting them to maintain independence
* Evidencing the provision of timely and clear consumer information
* Evidencing embedded practises that protect consumer information and privacy

Considering the information provided in the Assessment Report, I find this Standard to be Compliant as the service has evidenced compliance with each of the requirements against this standard.

**Standard 2**

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(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

At the time of performance report decision, the service was:

* Demonstrating that assessment and care planning considers consumer risks and informs safe and effective service delivery
* Evidencing assessment and planning processes identify consumers needs, goals and preferences, including advance care planning
* Demonstrating assessment and planning is undertaken in partnership with consumers

At the time of performance report decision, the service was not:

* Demonstrating embedded care plan development and review processes

Consumers and representatives confirmed participation in the assessment process and receipt of information on services to be delivered, including care plans. They felt they were well informed by all staff on what services they could access and what services they had agreed to receive, and these were noted to match with the information recorded in the database. Staff confirmed they have access to information required to deliver support and services, through database access on tablets and in hard copy through driver run sheets. Staff confirmed consumer care plans are updated to reflect any changes in services or the way services are delivered and this was evidenced on the service’s electronic management system.

Consumers and representatives said they can contact the service if their needs change and felt the service would respond to their requests. Management and staff said care planning documentation is reviewed as consumer needs change or incidents occur and this is largely captured through consumer or representative advice or through feedback reported by care delivery staff. Intake staff will then review the care plan and update.

Although processes are in place for the review of consumers’ needs on an ad hoc basis, following changes and incidents, the service did not demonstrate that it has a regular care planning review process in place. The following was identified by the Assessment Team:

* Care plans sighted do not include a review date and the database does not capture when the current care plan is due for a review.
* Management and staff acknowledged consumers’ care plans have not been reviewed in the past but noted they have recently started to review consumer care plans, which is outlined in their continuous improvement plan as due for completion 1 March 2023.
* Although consumer care plans are reviewed based on changing circumstances or when incidents impact on their needs, goals and preferences, there is no effective strategy to review all consumers care plans at least once every 12 months to ensure the service is current, especially for those consumers who live by themselves and may be vulnerable.

Management provided the following response regarding requirement 2(3)(e):

* There has been a large amount of staff turnover and most of management, team leaders and the Chief Executive officer have been in their roles for timeframes ranging from one to seven months.
* They had identified issues prior to the quality audit and had engaged independent auditors and developed a continuous improvement plan to address the issues.
* The electronic system does record expiry dates for care plans based on an annual review process and this information was provided at the time of the quality audit. Screen dumps of the electronic system were provided to demonstrate this.

Considering the information provided in the Assessment Report, further information provided by the service and acknowledging the work currently underway at the service, I find this Standard to be Non-Compliant as the identified actions are yet to be fully embedded into standard practice.**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

This standard is not applicable as the service does not provide personal 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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

At the time of performance report decision, the service was:

* Evidencing the provision of consumer services that optimise independence, health, and quality of life
* Demonstrating how consumers needs are supported, including their emotional, spiritual and psychological wellbeing
* Demonstrating that consumers are supported to have social relationships and maintain interests, including making referrals to external stakeholders as required

Considering the information provided in the Assessment Report and further information provided by the service I find Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d) and 4(3)(e) compliant.

# 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

At the time of performance report decision, the service was:

* Welcoming and optimises each consumer’s sense of belonging, independence, interaction and function.
* Demonstrating the service environment is safe, clean, well maintained and comfortable. Enabling consumers to move freely, both indoors and outdoors.
* Demonstrating furniture fittings and equipment are safe, clean, well maintained and suitable for the consumer.

Considering the information provided in the Assessment Report and further information provided by the service I find this standard compliant.

# 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. | 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

# At the time of performance report decision, the service was:

* Demonstrating that consumers and representatives are enabled and encouraged to make complaints and provide feedback
* Evidencing the provision of information to consumers and representatives to access external services, including complaint resolution, advocacy, and translating services
* Demonstrating open disclosure process and practises when addressing complaints
* Evidencing the assessment of complaint trends and subsequent improvement processes

# Considering the information provided in the Assessment Report and further information provided by the service I find this standard compliant.

# 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. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |

Findings

At the time of performance report decision, the service was:

* Evidencing recruitment practises including brokered services that ensure staff are kind, caring and respectful to consumers
* Demonstrating the workforce is competent and the members have the qualifications and knowledge to effectively perform their roles.

At the time of performance report decision, the service was not:

* Demonstrating that active recruiting is underway to increase staff levels in key areas
* Evidencing that workforce monitoring and staff performance reviews are undertaken

Although consumers and representatives were satisfied with the skills and knowledge of staff and drivers, the service did not demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. The following was identified by the Assessment Team:

* Although the service has policies and procedures to guide staff in recruitment and induction processes, including mandatory training, the service does not currently review training, learning and development needs of the workforce regularly to ensure staff are equipped and supported in delivering outcomes related to their specific roles.
* Staff confirmed they underwent an induction program on joining the service and were required to complete mandatory training, however they have not received recent training and education on the Quality Standards, nor on particular aspects such as identifying abuse and neglect of consumers and consumer deterioration, and what these meant for them in their daily work.
* Documentation sighted in staff files showed orientation training, including mandatory training and training relevant to their specific role was provided to staff during onboarding, however no refresher trainings have been conducted specific to their roles.
* Management advised they have recruitment and onboarding processes to ensure staff have the appropriate skills to deliver services as per the aged care quality standards. Management acknowledged and confirmed refresher trainings have not been occurring at the service for a while now and in response the organisation has commenced work on identifying the organisational and individual training needs. As part of continuous improvement, the organisation has developed a training matrix, which was provided to the Assessment Team on 7 November 2022.

Management provided the following response regarding requirement 7(3)(d):

* All staff completed training on 9 June 2021, however due to high turnover of staff, all staff have been directed to complete module 1 (Practices to Detecting Abuse, Neglect and Exploitation by the Aged and Disability Commission) as refresher training prior to the introduction of SIRS in home care on 1 December 2022.
* To date 40/66 staff have completed this and a copy of the staff training records were provided as evidence.

Although consumer and representative feedback was positive regarding services received and staff providing them, the service did not demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The following was identified by the Assessment Team:

* Whilst the service provider has a performance framework, guided with policies and procedures, performance appraisals and on-the job monitoring of staff is not occurring frequently and therefore is unable to demonstrate if services are being delivered to the expected standard.
* Management acknowledged and confirmed staff performance appraisals have not been occurring at the service for several years now, however informal one to one discussions with staff are occurring weekly in teams and monthly for individuals or as required. Management said, “the formal appraisal process will not commence until March 2023 when all managers will have been here at least 6 months to formally review performance”. Management have also said that performance appraisals should not be an annual process with no feedback in between but rather prefer a much more collaborative informal process of feedback and discussion.
* Staff interviewed could not recall when their last performance review had been undertaken. While some staff said they have participated in performance reviews in the past, they have not done so for several years in a formal manner. Drivers and assistants confirmed they receive regular updates from their manager and have informal one to one discussion as required, however do not recall their last formal performance review. Informal feedback occurring weekly in teams and monthly for individuals. Documentation sighted in staff files supported these statements.
* Staff who were relatively new to the service, confirmed they started a performance review as part of the onboarding process but have not been followed through frequently.
* Development and implementation of performance appraisal process has been included in the current continuous improvement plan (sighted) and has been scheduled for 2023.
* In addition to above management response regarding requirement 7(3)(e) included:
* They have completed a number of strategies in the last six months including linking of annual mandatory training and assessments with annual performance reviews. To date 17 driver assessments have been conducted.
* Board review conducted of the six monthly performance review of the new CEO, with relevant documentation provided.
* Current training plan for staff is up to March 2023 (sighted at quality audit) and the 2023 training plan will be developed at the next staff development day, scheduled for February 2023.
* Targets for output performance were developed with staff. Individual meetings with staff have commenced and some performance issues have been identified. For these staff performance improvement plans have been developed. A nine week improvement plan was provided.

Whilst considering the information provided in the Assessment Report, further information provided by the service and acknowledging the work currently underway at the service, I find this Standard to be Non-Compliant as the identified actions are yet to be fully embedded into standard practice.

# 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. | Not applicable |

Findings

At the time of performance report decision, the service was:

* Evidencing embedded processes that engage consumers in the development, delivery and evaluation of care and services
* Demonstrating the promotion of a service culture that offers inclusive care and services
* Evidencing organisation wide governance systems are embedded
* Evidencing that monitoring and trending of risk-based consumer data is undertaken, including incidents for CHSP consumers

Considering the information provided in the Assessment Report, I find this Standard to be Compliant as the service has evidenced compliance with each of the requirements against this standard.

1. The preparation of the performance report is in accordance with section s57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)