**Performance**

**Report**

**1800 951 822**

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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: | Assessment Contact - Desk |
| Activity date: | 5 April 2023 |
| Performance report date: | 5 May 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 Access Sydney Community Transport & Incorporated (**the service**) has been prepared by A. Grant, 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, 23872, 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 Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the assessment team’s report received 26 April 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not applicable |
| Standard 2 Ongoing assessment and planning with consumers | **Non-compliant** |
| Standard 3 Personal care and clinical care | **Not applicable** |
| Standard 4 Services and supports for daily living | **Not applicable** |
| Standard 5 Organisation’s service environment | **Not applicable** |
| Standard 6 Feedback and complaints | **Not applicable** |
| Standard 7 Human resources | **Not applicable as not all requirements have been assessed** |
| Standard 8 Organisational governance | **Not applicable** |

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.

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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 of the consumer. | Non-compliant |

# 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. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |
| 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

The service did not demonstrate that care and services are consistently reviewed for effectiveness and when circumstances change, or incidents impact the needs of the consumer. Most sampled consumers stated they have not had their services reviewed recently. Staff advised they schedule a future review of services for all new consumers and are systematically reviewing services for existing consumers. Management described challenges that have prevented the service from reviewing services for all existing consumers.

One of four consumers sampled advised they have had their services reviewed recently by the service. The consumer who advised they had their services reviewed, described the process including asking questions around goals, needs and risks to ensure the services remained effective.

Management described challenges with their record keeping system, which is transport-centric rather than consumer-centric, resulting in difficulties scheduling and monitoring regular reviews. Management described an interim solution where staff schedule an alert on each consumer for 12 months after their review, however advised this is a labour-intensive manual process. Coordinators are able to run a report each month showing which consumers will be due for review in the upcoming month. The Assessment Team requested the number of consumers who have outstanding reviews, however, staff and management advised they are not able to know this number with the current system.

The service was able to demonstrate that where reviews are completed, they are effective and consider consumer needs, goals and preferences, however, the service was not able to demonstrate that consumers are reviewed on a regular basis or that the service has an effective monitoring system to track completion of reviews. The Assessment Team noted that at the time of the Assessment Contact, the service was not able to advise how many consumers had outstanding reviews, nor when the service would have all consumers reviewed. In response to feedback from the Assessment Team, management advised they will look into a method to monitor reviews effectively.

# 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. | **Not applicable** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **Not applicable** |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | **Not applicable** |
| 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

The service was able to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Staff generally described completing relevant training and being supported in their role. The service has policies and procedures to guide staff and in recruitment and induction. Sampled consumers indicated they were satisfied with the level of training provided to staff.

All sampled consumers advised the service's staff are well trained and look after them well. One consumer advised the staff are always ready in case the unexpected happens, are forward thinking and very supportive.

Staff described how they are supported through induction, policy and procedures and ongoing training. Members of the workforce delivering services advised there is always someone available if they need further support. One staff member described receiving recent training on identifying and responding to abuse and completing regular ongoing training with the service both in-person and online. They advised they can get support when required through policies and procedures or management.

The service was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Staff confirmed they were supported in their performance appraisal process. Management described their process for regular assessment and monitoring of staff performance and described processes to manage underperforming staff.

Management advised of a range of actions undertaken to address identified non-compliance at the Quality Audit in November 2022, including enhancing existing informal staff feedback processes by adding regular formal meetings with all staff to discuss goals, training and performance and appropriately managing instances of staff underperformance.

Two of three staff members interviewed advised they have had a recent formal performance appraisal with their supervisor and found the process useful.

The Assessment Team viewed performance appraisals for six staff members, which showed performance goals related to role performed and a learning and development plan. Management advised that they have implemented formal performance appraisals to complement their informal processes. Management advised the service has completed formal performance appraisals with the majority of staff and will complete the remaining appraisals in the next few weeks.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)