**Performance**

**Report**

**1800 951 822**

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| Name of service: | Bankstown Canterbury Community Transport |
| Service address: | 28 Queen Street REVESBY NSW 2218 |
| Commission ID: | 200001 |
| Home Service Provider: | Bankstown Canterbury Community Transport Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 8 March 2023 to 13 March 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 Bankstown Canterbury Community Transport (**the service**) has been prepared by G. McNamara, 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, 24801, 28 Queen Street, REVESBY NSW 2218

# 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 1 May 2023.

# 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 | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# 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

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as six of the six specific requirements have been assessed as Compliant.

The service is:

* Treating consumers and their representatives with dignity and respect.
* Supporting consumers through the assessment/planning process and policies are inclusive and cultural backgrounds acknowledged and respected.
* Supporting consumers to take risks to live their best life, within their scope of service provision.
* Providing information in a timely manner to all consumers, so they can make decisions about their care.
* Protecting consumer privacy and confidentiality.

Policies and procedures sighted by the assessment team while on site demonstrated that the service has robust procedures in place to ensure staff and volunteers are aware of the service’s requirements for the treatment of all consumers with dignity and respect and to ensure their culture and identity is valued. Interviews with three drivers working full time with the service demonstrated that drivers treated consumers with respect and valued their cultural and personal identities regardless of the diversity they experienced. Drivers demonstrated they took time to support those with language or other communication issues and were happy to try to accommodate any personal need. Specific examples of respecting identity were given.

Six consumers confirmed all service delivery staff understood their backgrounds, preferences and what is important to them, and that they felt respected, valued and culturally safe. Interviews with drivers noted an on-going focus on ensuring consumers cultural, and needs were met. Recent feedback from drivers had resulted in the service actively recruiting staff who spoke Arabic and Vietnamese. This had led to a significant increase in the number of consumers from these communities joining the services. Documentation distributed about the services and providing information to consumers were shown to the Assessment Team in 4 different languages - Arabic, Greek, Vietnamese and Chinese in addition to English. These languages corresponded to the four most spoken non-English speaking languages in the area covered by the service.

Consumer records provided evidence that consumers were asked about their personal choice and this formed the basis for the services that were provided. The only service provided was a fortnightly shopping trip, however, there was significant evidence that the service did do all it was able to accommodate individual requirements in pick up and drop off times, the need for walkers and assistance and was happy to accommodate consumer helpers at short notice if there was room on the bus. Interviews with customer service staff who took initial details and prepared initial assessment records confirmed that the consumers’ wishes and needs were the focus of the service role. While there were obvious restrictions on what could be offered given the nature of the service it was very clear from these discussions that the service did all it could to accommodate consumers’ needs and where it was unable to do so staff would try to find alternative solutions to meet these needs.

The approach of the customer service staff and the drivers were uniformly focused on delivering what the consumer wanted such that the service would readily accommodate any request if it were able to do so. 6 consumers interviewed all confirm they felt that their needs were always listened to and any request, regardless of the risk to the consumer was accommodated where possible, after any risk concerns had been highlighted and discussed with the consumers first.

Information packs sent to each new consumer observed by the Assessment Team clearly offered a good and current level of information about the service that would provide as much information as the consumer required to make clear and informed choices. The assessment team were also shown the same packs translated into four other language, Vietnamese, Chinese, Greek and Arabic, the four most prevent ethnic groups in the areas. Consumers and representatives said they call the service whenever they want to book a service and speak with a staff who does the booking. They said they receive a call from the driver before they arrive which is good, so they can be ready.

Consumers and representatives said staff are very respectful and respect their privacy when delivering their services. They were confident their personal information is kept confidential and said they have never had to raise concerns of this nature.

Eight consumers electronic files observed by the Assessment Team demonstrated that consumer information was accessed only by those in the service authorised to do so, or by those authorised to by the consumer. The electronic records system was password protected. Interviews with the customer service staff confirmed that information obtained about each consumer was always treated as confidential and that robust procedures were in place to ensure this was the case. Interviews with three drivers confirmed staff and volunteers respected the personal privacy of each consumer and information was never shared with others unless the consumers agreed beforehand.

# 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. | Compliant |

Findings

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as five of the five specific requirements have been assessed as Compliant.

The service is:

* Ensuring consumers and representatives are involved in assessment processes. All consumers interviewed confirmed they had initial discussions regarding their needs, they were satisfied with the services received, and had the opportunity to involve others in their care if they wished.
* Guiding staff practice through orientation and ongoing provision of information.
* Ensuring consumers receive the services they need, and their safety and health is monitored through frequent contact with drivers and volunteers who action any concerns raised.
* Ensuring timely reviews of all consumers that are recorded in a consistent manner.
* Starting on going 12 monthly reviews following a change in policy.
* Keeping notes on changes in consumers’ needs or circumstances.

Initial assessment of all consumers included information relating to the consumers health and medical conditions, mobility and personal choices. From this information the customer service staff was able to provide care information to the drivers and assistants on the bus to ensure the consumer has the support they need. Consumer information files observed by the Assessment Team demonstrated comprehensive notes were taken at the initial assessment stage and that these notes were used to provide care information and alerts to the drivers and assistants. One care plan noted the consumer needed support and assistance walking to and from the bus. Notes on the drivers run sheet for the day that consumer took the shopping trip noted this need and interviews with the drivers confirmed that the notes on the drivers run sheet were acted on.

The assessment and planning records taken by the customer service staff identified consumers current needs goals and preferences. Planning and service delivery developed from this information was focused solely on the services that were provided, namely a fortnightly shopping trip, medical appointments and the associated social support trips. Interview with the consumer service team leader confirmed that the consumer services staff assess and record consumers’ needs, goals and preferences at the initial stages and should they identify needs the services are unable to meet, the team will seek to find alternative providers or will refer to ‘My Aged Care’ or the GP to find additional support for the consumers.

The service does not provide end of life care or advance care planning, but the staff demonstrated an understanding of the concept.

The service offers transport and social support to approved CHSP consumers and this includes a single fortnightly shopping and medical appointments bus trip and this reflected the limited information gathered at the initial assessment. However, the Assessment Team was satisfied that the information collected was appropriate for the services offered and ensured that all information that might be needed was provided.

The Assessment Team observed 8 consumer information files and confirmed that assessment and planning was a partnership with the consumer and others the consumer wished to have involved. The assessment team also noted that consumer information files contained references and information from, and about other organisations involved in the consumer’s care.

Six consumers interviewed confirmed that they knew what had been discussed in their consumer information files and that they were able to add information to the files whenever they wanted. A copy of care plan was not provided to the consumers. However, the nature of the service did not warrant such measures as the service only offered a transport service. Consumers were all given a copy of the ‘client information handbook’ which detailed the shuttle bus timetables, how to book for trips, cost of the trip, their rights and responsibilities when they started using the service.

Customer service staff advised every time a consumer or representative made a new booking, they had to confirm the number of travellers, if the consumer used mobility aids like wheelchair/walker and specified any special needs. The Assessment Team noted that information relevant to the consumers’ needs while on the trip, such as assistant needs, use of walking aids was noted on the drivers’ run sheets during the trips and this would have been available to the consumer if needed.

Although assessment planning was carried out extensively when consumers first joined the services there was little evidence reviews had been carried out regularly. The client management system, RouteMatch did allow for updates when consumer needs changed or following incidents or additional information. Observation of 8 consumer electronic files confirmed regular progress notes were made relating to changes in need or incidents. However, the Assessment Team observed 8 consumer information files and found inconsistent evidence of regular reviews when circumstances have not changed. Interviews with the team leader consumer services and with the service CEO confirmed that changes to assessment planning and service delivery in October of 2022 had involved the development of new policies and procedures to ensure all assessment planning and consumer information files were reviewed at 12 months and in addition to reviews and updated whenever consumer circumstances changed. The Assessment Team saw evidence of annual reviews in 2 additional files observed. At the time of this assessment the service had not completed reviews of all consumer files.

On balance I am satisfied this requirement is Compliant. Evidence indicated that the service monitors changes in circumstances and adjusts practices as required, and had identified gaps in its regular assessments processes and had taken steps to address this. It is encouraged to further embed this process.

# Standard 3

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| Personal care and clinical care | CHSP |

The organisation does not provide clinical or personal care therefore this Standard is Not Applicable and was Not assessed.

# 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. | Compliant |

Findings

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as six of the six applicable requirements have been assessed as Compliant. The service does not provide meals.

The service is:

* Delivering services and supports to improve and promote consumers’ health, independence and quality of life.
* Providing options within the capacity of the service for consumers to support them to live as independently as possible, enjoy life and remain connected to their local community.
* Supporting the consumers’ emotional and psychological well-being

The service provider offers a number of transport services. The service is designed both to offer transport to and from the shopping centres, hospitals, medical appointments, community engagements and also social support and the opportunity to develop social bonds between consumers. Interviews with 6 consumers confirmed that the services provided did meet their needs, goals and preferences and in all cases were effective in supporting their daily living needs.

Management confirmed to the Assessment Team the emphasis placed on the need for drivers and assistants to promote social and emotionally satisfying experiences for consumers while on the shopping trips. Interviews with three drivers confirmed that drivers make a point of encouraging social interaction and through the development of the ‘Bus Buddies’ system ensure that all consumers are socially connected. Interviews with 6 consumers confirmed the social and emotional support the bus trips offer. Comments such as “it’s like a family car road trip” and “we all ensure that nobody gets excluded and everyone has a good time” support the conclusions that the service’s bus trips promote the consumers’ emotional and psychological wellbeing.

Interviews with 6 consumers confirmed to the Assessment Team that the transport services offered provided the consumers with the opportunity to have social and personal relationships they would not otherwise be able to have. It also enables the consumers to participate in their community and do the things that interest them. Interviews with 3 drivers confirmed that the service provider ensured that the service was focused on supporting consumers’ needs and in supporting those consumers that used the service to develop personal and social relationships, to enjoy the activities that interested them, and to participate in their local community where otherwise there may not be able to do so without the support of this service.

Eight consumer electronic files observed by the Assessment Team showed information was available to all members of the customer services team, management and drivers. It was noted the RouteMatch system used by the service was limited in allowing for easy updating and sharing of information. However, the service was now in the process of up grading their client management system to an easier to use system and more available to all staff and to allow more sharing of information, due to changed government regulations.

During interviews with the despatch staff, the Assessment Team was shown the run sheet information for each consumer carried by the driver on each trip. It was clear that relevant information from the consumer information files had been manually transferred to the drivers run sheet to inform them of consumers’ needs together with information on the tablet which was direct from RouteMatch.

The Assessment Team was advised by management that information from consumer files were shared with front-line staff through the run sheet, tablets which were in the possession of the drivers and team leader customer service confirmed that where necessary consumer information was shared verbally and through team meetings among staff delivering service.

Consumers and representatives said referrals are made from time to time, with their permission, especially if they have asked about the need for additional help. Customer service staff outlined referral processes and noted the importance of timely referrals for consumers. They may make internal or external referrals after checking on MAC to see what CHSP codes the consumer has been approved for. If they do not have the relevant code they refer the consumer and/or representative back to MAC to be reassessed by a RAS assessor. Drivers confirmed they make significant efforts throughout each trip to communicate with consumers and to assess changes to behaviour, mobility or general mood. They provide feedback was given to the customer service team and review the information and take appropriate action.

The only equipment provided by the service is the wheelchair hoist and wheelchair fixing rails attached to their modified vehicle. This equipment is fully inspected by external contractors and found to be safe, clean, well maintained by the Assessment Team.

# 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

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as three of the three specific requirements have been assessed as Compliant.

The service is:

* Providing a service environment that is welcoming and easy to understand and optimises each consumers independence interaction and function.
* Ensuring the environment is safe, clean, comfortable and well maintained.
* Enables consumers to move about freely.
* Undertaking daily cleaning of the service environment.
* Regularly maintaining and updating equipment, and ensuring it is safe and well maintained for consumers.

The service provider did not have a fixed service environment that consumers visited or used. However, the transport services the service provided did use buses and these were assessed by the Assessment Team as being the service environments. The Assessment Team found the buses inspected to be very clean and welcoming. Seats we designed well, and the service had arranged for the seats to be raised 2cm to allow easier access for low mobility consumers. The buses were well laid out and helped to optimise the consumers sense of belonging, independence interaction and function.

Interviews with three drivers confirmed that the busses were fully inspected in the mornings before the trips started and fully cleaned after each trip. Drivers had a set routine to clean and disinfect the vehicles each day and this was confirmed by the inspection teams when the busses were viewed. The bus isles were laid out to allow easy movement inside and had fold out electric steps that allowed easier access from street level in addition to handrails that protruded outside the bus when the doors were open to support the consumer to climb and out of the bus. facilitate easier entry. The vehicles have a supply of tissues, hand sanitises, antiseptic sprays and masks for the consumers use. The consumers interviewed said the vehicles were clean and comfortable. The drivers and assistants were very helpful and assisted by taking care of their walking frame, walkers and shopping bags. They could choose their seat and exited when they reached their destination.

Drivers informed all seats, floors and interior equipment were cleaned regularly and well maintained. The buses’ interior fittings were designed with elderly consumers in mind and were suitable for the needs of the consumers who attended the bus trips. Management and staff advised all vehicles are serviced based on vehicle manufacturer’s schedule servicing and or after every specified kilometre has been clocked. The drivers undertake regular inspections of first aid kits, fire extinguisher and hoist are done per schedule of the external provider. Dispatch staff organise repairs and maintenance based on drive feedback and report in the post trip checklist.

# 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

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as four of the four specific requirements have been assessed as Compliant.

The service is:

* Providing information to consumers to enable them to provide feedback and complaints on services.
* Supporting consumers in accessing advocacy or language services, or the external aged care complaints service.
* Taking appropriate action in response to complaints and utilising the process of open disclosure.
* Reviewing feedback and using the feedback to improve the services provided to consumers.

Overall consumers interviewed said that they can and are supported to provide feedback and make complaints. Consumers advised they can raise their concerns directly to the drivers or the service staff without fear of reprisal. Drivers advised if they receive feedback and complaints from consumers, they complete a customer feedback form back at the office and hand it in with their daily run reports. Staff encourage consumers to provide feedback at every opportunity and provide information on how to do this in their welcome pack, which includes a client handbook, complaint/feedback form and the Charter of Aged Care Rights. Staff also provide this information verbally through the assessment and booking process. Where a consumer indicates dissatisfaction with any aspect of their care and services, this is recorded in the feedback form and reported to management for action. Management advised all consumers receive an information package which explains the complaints/compliment/feedback process and includes the charter of aged care rights, outlining a consumer’s right to complain. The client information pack contains information about external bodies such as the NSW Ombudsman and Older Persons Advocacy Network (OPAN) which the consumers can refer to if they are dissatisfied with their service.

A “Client Feedback” policy guides staff in complaints and feedback mechanisms at the service, including relevant timeframes which the Assessment Team noted.

All Consumers interviewed indicated that they feel confident to raise a concern with the service, and they were aware that they could involve advocates, request an interpreter, or have their representative speak on their behalf. Two consumers interviewed confirmed they are provided with information and know how to lodge a complaint and said, “they were sure if required to access an advocacy service and/or contact external complaint mechanisms, the office staff would assist them”. Consumers participate in annual satisfaction surveys and can make suggestions through the service’s feedback/suggestion forms or provide feedback directly to the drivers and office staff. Feedback/suggestions are also welcomed via the service’s online platform or in writing. Management advised if consumers needed to be assisted to access advocacy or language services, there are supports in place including access to staff who speak other languages for example Arabic, Mandarin, Vietnamese, Greek, Macedonian, French. If the consumer wants, they are provided with the contact details for the Telephone Interpreter Services. Consumers and representatives are also informed and provided with information such as Charter of Aged Care Rights and details from peak bodies such as the OPAN.

All staff interviewed could demonstrate an understanding of the concept of open disclosure and could show examples of when they have used it. All staff confirmed they will always apologise to consumers when something has gone wrong and seek to rectify the issue. The team leader customer service said that whenever they receive any negative feedback, they will always apologise to the consumer, investigate, resolve and notify the consumer of the outcome for example on routine issues like pick-up delay times. Complaints about staff or other significant issues impacting the consumers are escalated to management. Management said sometimes complaints can take time to investigate but the service always keeps consumers up to date on the status of their complaint and seek further information from them if required. Consumers interviewed said that they thought appropriate action is taken by staff when they had raised feedback or a complaint in the past. The Feedback and Complaints Policy makes reference to open disclosure and guides staff on how to use its principles when responding to consumer feedback and complaints. It also identifies the process for escalating consumer concerns dependent on risk or severity level. Staff are required to respond appropriately if approached with a complaint and offer feedback to management if an improvement is evident.

Consumers said the service seeks their feedback regularly about the services they receive. They are encouraged to provide feedback and suggestions to the drivers and to the service through the annual consumer surveys. They said the drivers asks them about their trips, and if we are happy with the service and with them. Drivers said they record any feedback and suggestions on their driver run sheet and submit it to the office after each shift. The office staff said they report any feedback to their team leader. Management described they have introduced the ‘informal feedback register’ to capture what was received from the drivers and bus assistants in an ad hoc way. They can use the information from the informal feedback register and complaints and suggestions received from the surveys and to gain an insight into the quality of their service. The Operations Manager and the team leader customer service manage the complaints and incidents and review and report on any themes or trends to the Chief Executive Officer (CEO) and the Board. Policies regarding feedback and continuous improvement guide staff practice. The CEO maintains a quality improvement list on her whiteboard and monitors outcomes of community surveys to improve their quality and care of services.

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

Findings

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as five of the five specific requirements have been assessed as Compliant.

The service is:

* Regularly reviewing workforce planning to ensure there is enough staff and volunteers with the right skill mix to deliver quality services that meet consumer needs and preferences.
* Demonstrating that staff interactions with consumers are kind, caring and respectful.
* Ensuring the workforce is competent and they have the qualifications and knowledge to effectively perform their roles.
* Ensuring the workforce is recruited, trained, equipped, and supported to deliver outcomes.
* On balance, is completing regular assessment, monitoring and review of performance of staff members.

All consumers interviewed said they were very happy and appreciative of the service delivered by the drivers, bus assistants and staff. The also said they found all staff and drivers to be competent in delivering safe and quality service. Two consumers said “they are extremely happy with the service. They provide door to door service. They also help me to carry my shopping”. Another said “the service is excellent. The drivers lower the steps for me to climb into the bus and only move the bus once I have seated and belted”.

All consumers interviewed confirmed staff are not rushed when delivering services and they receive a phone call or a text message if a driver was running late. They also confirmed that there has not been a time where the service has forgotten about them.

Management advised when preparing the rosters, sufficient resources and mix of members are deployed to ensure delivery and management of safe and quality care and services. For example, the customer service staff are multiskilled and undertake multiple tasks like assessments, bookings and scheduling. During peak times, if more staff are required on the phones to meet the customer demands, staff are easily deployed to the area of need. Rosters for community service are prepared monthly.

Consumer bookings are made 72 hours in advance and accordingly driver rosters are prepared in-line with number of travel bookings made on Route Match. There are currently 18 vehicles and 17 full time and part-time drivers employed with the service. The service is currently actively seeking to employ more volunteer drivers and assistants.

All consumers interviewed said they were very happy with the drivers and staff and found them to be kind, caring and respectful in delivering the services. One consumer said “staff are kind, gentle and caring. They greet them as they enter the bus and the assistants hold their handbags whilst they climb into the bus. All the staff are so wonderful”. Three consumers said “drivers and assistants are very nice. They put our seat belts on. They always respect and listen to you. They knew their drivers by their name”.

Staff and drivers described how they provide care and services to consumers in a kind and respectful manner including how they respect their privacy, cultural values and decisions. One driver said some assistants are multi-lingual and they speak to the consumers in their language. Office staff advised they take direction from the consumer and, if a consumer changes their mind, they respect their decision as it is their choice. Management advised staff are bound by the service’s code of behaviour and service principle which guides staff interactions and behaviours with consumers and is included as part of mandatory training. Customer service staff complete information session on “client rights” as part of their induction training which guides consumer interactions.

Consumers and representatives interviewed provided positive feedback regarding drivers, staff and management. They advised they are satisfied with the knowledge and skills they have. They said drivers follow COVID-19 safe practices and follow traffic rules to keep them safe while providing services.

Staff confirmed they underwent an induction program on joining the service and were required to complete mandatory training, which was monitored. The drivers have to have the required class of driving licence. Both drivers and customer service staff were buddied with their peers upon commencing their roles. Drivers were provided practical sessions with their buddy trainers before commencing driving on their own. This included getting familiarity with using the transport tablets.

All staff interviewed said they do online training for their professional development, attend full day of day at least 5 times a year and are required to participate in team meetings and other industry specific training as required. Staff receive on job support from their respective managers. Management advises the service has systems and processes to ensure that staff and drivers are qualified and knowledgeable, including position descriptions, staff training, one to one discussion with respective managers and team meetings to discuss issues related to service delivery.

Management confirmed that all staff must complete mandatory training and an induction program when commencing employment, and on-going training and support is offered to staff. The training program includes modules on SIRS mandatory reporting, fire safety, CPR and first aid, PPE, and infection control, identifying and responding to elder abuse and neglect, cultural sensitivity, and the quality standards. The Assessment team sighted the training records which confirmed staff have completed these modules. The induction program includes training and development in areas such as identifying changes and deterioration in consumers, professional development course opportunities, clear definition of each role’s accountabilities and responsibilities and the service’s organisational structure and overview.

Management said that when a new staff commences employment, they are provided orientation by the operations manager and buddy shifts with a staff in a similar role or from the area before. The CEO explained management asks for feedback from staff about regular performed tasks, job requirements aligning to position descriptions, areas for development and training needs and career goals and aspirations. The CEO uses this information for development of upcoming training and professional development for all staff. All staff interviewed said that they have regular informal meetings with their managers and team where they can discuss any concerns or additional training requirements.

In relation to Requirement 7(3)(e)

The Assessment Team found that the service did not demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Whilst the service has processes and procedures to monitor and review staff performance, it found that staff appraisals has not been occurring at the service for a long time. 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 some years in a formal manner. The service did not provide any documentation to the Assessment Team to show either formal or informal performance appraisals have been occurring.

The Assessment team reported that customer service staff, 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. Staff said informal feedback occurs through regular team meetings and on needs basis for individuals when they have any issues.

In its written response the provider disputed aspects of the Assessment team’s findings. It provided evidence of formal reviews with key staff, and described how it had arrived its process of less formal but regular reviews with other staff. I am persuaded by this information, and have taken into account information described by the Assessment Team in relation to other requirements in this Standard, relating to staff feedback on support they receive, and matters such as one to one discussions with respective managers and team meetings to discuss issues related to service delivery. I also note that all staff interviewed stated they have regular informal meetings with their managers and team where they can discuss any concerns or additional training requirements.

On balance I find this requirement compliant, however the service may wish to consider ways of more demonstrably evidencing the existence of its regular staff review processes.

# 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. | Compliant |

Findings

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers interviewed provided examples of where they have provided feedback to the service, including through annual consumer satisfaction surveys, general driver feedback forms and verbal feedback to drivers. They expressed satisfaction with the quality of services and said they can input as to how the service is delivered. Staff stated the service is well run and advised management is responsive to consumer feedback and where possible are flexible to ensure consumer preferences are met based on individual consumer circumstances. For example, when it comes to pick-up time after 4 pm from medical appointments or prioritising medical appointment over other services when a consumer has to make a booking at the last minute. Management said feedback from consumers, drivers and assistants is the major engagement in service improvements. Management confirmed that data and trends from these feedback mechanisms is collected and discussed at management meetings. The CEO attends the meetings and reviews the feedback to ensure oversight of any ongoing consumer feedback or identified trends.

Consumers and representatives were satisfied that service promotes a culture of safe, inclusive and quality care and service is accountable for their delivery. Consumers interviewed outlined interactions with drivers, assistants and staff and complimented responsiveness and indicated they were satisfied with the service they received. Drivers and assistants advised management are always careful about the safety of consumers and staff and conduct environmental assessments for safe pick up and drop off points for the consumer. The drivers said they do a pre-trip and post-trip daily inspections of the vehicles and report any defects and maintenance issues to be addressed. Interviews confirmed staff were aware of the incident and hazard reporting processes at the service and the need to report when observing any hazards, incidents or concerns regarding consumers or the vehicles used for transportation.

If a consumer does not respond to a scheduled visit the drivers and assistants do a quick check and call the consumers on their phone and if no response, then contact the dispatch staff who will contact the consumer and/or their representative to check on their health and wellbeing. Staff interviewed provided consistent information on the non-response process.

CEO advised the Board receives information through meetings and management reports on an ongoing basis to enable them to monitor the safe delivery of care and services. They are provided with information on complaints and incidents at the service.

In relation to Requirement 8(3)(c)

The Assessment team found that the organisation has effective organisation wide governance systems relating to all matters other than continuous improvement. In that regard, it reported that management discussed their continuous improvement processes that includes staff suggestions, consumer and representatives’ feedback, suggestions and complaints, incidents, and survey results. It also reported that the service receives feedback from a variety of sources and the CEO informs she analyses this information and identifies key areas of improvement. The CEO writes these key areas of improvement on her whiteboard and progressively implements the changes and improvements.

However, the Assessment team found that whilst the service has strategic planning, business continuity plan and continuous improvement processes in place and demonstrated changes made to improve the service, it was not provided with a continuous improvement plan. It detailed that organisations must have a written plan for continuous improvement which explain how the organisation will meet its obligations in relation to the service and the Quality Standards. The Assessment Team took the view that the key areas of improvement noted on the white board did not demonstrate the service had robust continuous improvement plan which showed how the service tracked and evaluated the changes and improvements it was making against the desired outcome.

In its written response the provider noted that uses a named software for assessment against the Aged Care Standards (and other standards, accreditations and best practices). It stated that this software could be used for developing continuous improvement plans, which include the ability to assign tasks to individuals, with the system generating emails to the assigned individuals to alert them to action items. It provided a current document as evidence of this.

On balance, I am satisfied that the provider could demonstrate a form of a written continuous improvement plan, however that requires further development to clearly demonstrate how it service tracks and evaluate changes and improvements. In coming to this finding I am persuaded by evidence that the organisation actively practices continuous improvement.

I find this requirement Compliant, however the provider should continue with the process it is undertaking to ensure that its continuous improvement plan clearly identifies the link between the Aged Care Quality Standards and its improvements.

In relation to Requirement 8(3)(d)

The Assessment team found that, in relation to high impact or high prevalence risks associated with care, the service is only providing social support individual under CHSP funding for transport. In this context the service obtains from the consumers and or their representatives’ adequate information about the consumer, their disabilities and any special requirements for safe transportation door to door. This information is accessible to the drivers and assistants to enable them to provide individual support and assistance in line with the consumers request and plan. The Assessment team also noted that a Not at Home/Destination non-response procedure is in place and followed if a consumer is not at home or when staff have concern regarding their wellbeing. Drivers and assistants have alerts and reminders on their tablets to advise of any risks for consumers and know how to manage these risks, for example, instruction was provided for a consumer with dementia to direct the consumer to the building and wait until the consumer entered.

While staff were able to identify and report any obvious signs of abuse, neglect and restrictive practices, and inform management, they acknowledged and confirmed to the Assessment team that they would benefit from refresher trainings on consumer deterioration and identifying abuse and neglect of consumers. The Assessment Team noted that policy on “Preventing and responding to abuse, neglect and harm of elders and or people with disabilities” was due for a review in October 2021. Staff and management confirmed that the service has processes to ensure consumers’ services are reviewed regularly when changes to consumers’ circumstances are identified. This ensures the consumers continue to use the service which support their goal to independently access services in the community to live the best live they can.

However, the Assessment team found that, while the service was able to demonstrate a procedure for managing and reporting incidents through the “Accident/Injury/Incident” form and investigation procedure, it was not provided with the incident register. The Assessment Team noted that while the service records and manages incidents through RouteMatch, it was not provided with information which demonstrates how the incidents are recorded and tracked or used to identify risks, to develop strategies to prevent or mitigate risks and incidents in the future.

In its written response stated that staff who could speak to this matter at the Quality Audit were unavailable due to COVID, but that a physical incident register was in place. It stated that that a new, named software was currently being developed for reporting and managing risks and incidents.

On balance, I am satisfied that the service has systems for identifying and responding to risks and incidents and I find this requirement Compliant. However, the provider should ensure that, pending implementation of its new system, that its incidents register can be accessed, at all times, and that its new system continues to support it to identify and respond to risks and incidents (including abuse and neglect) and to support consumers to live the best life they can.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)