**Performance**

**Report**

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| Name of service: | Central Coast Primary Care |
| Service address: | 167B The Entrance Road ERINA NSW 2250 |
| Commission ID: | 201164 |
| Home Service Provider: | Central Coast Primary Care Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 5 September 2023 |
| Performance report date: | 18 October 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 Central Coast Primary Care (**the service**) has been prepared by F.Nguyen, 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, 24768, 167B The Entrance Road, ERINA NSW 2250

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact -Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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)(b) | Care and services are culturally safe | Compliant |

Findings

In response to the non-compliance identified from the previous Quality Audit, management spoke of using their human resources information system’s online learning platform to ensure subcontractors complete compulsory training modules and read and sign organisation policies.

Management advised The Assessment Team of the organisation's actions to demonstrate their commitment to ensuring consumers receive culturally safe care and services. For example:

* Upon initial assessment and planning, consumers are asked to complete a demographic questionnaire that enables them to provide information regarding their background, identity and culture. This also ensures the service is kept aware of the demographics in their servicing area.
* The reconciliation action plan committee completes cultural competence training to present to other staff and the board.
* The organisation has a Diversion and Inclusion Committee to ensure employees, subcontractors and consumers are valued.
* Organisational annual cultural immersion day.
* Monthly management meeting between service and subcontractor to discuss referrals/new staff.

The Assessment Team sighted the following documentation:

* Report to show all subcontractors have completed online compulsory cultural awareness training such as sharing signed and understood organisational policies and frameworks such as the ‘Cultural Safety Framework’ and ‘Cultural Competence’ policy.
* Translated documents in the consumer’s welcome pack.

The Decisions Maker deems Requirement 1(3)(b) as 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

Requirement 6(3)(a)

In response to the non-compliance identified from the previous Quality Audit, the provider proactively implemented planned actions and developed appropriate processes to support and encourage consumers to complain and provide feedback.

Management advised the Assessment Team of the actions taken to ensure consumers and their family and friends are supported to provide feedback and make complaints. For example:

* Consumer welcome packs, currently being implemented with consumers, provide brochures of information to guide, support and encourage feedback and complaints.
* Information sheet of valuable contacts that include the ‘NSW Ombudsman’ and the ‘Human Rights Commission
* Quarterly feedback form to be completed by consumer.
* Website link to provide feedback or make a complaint.

Management advised that they worked collaboratively with the subcontracted provider (Optimum Intake- providing dietician staff) to develop a contract and procedure that supported consumers to complain and provide feedback about their care and services.

The Assessment Team sighted the following documentation.

* Hard copy of the consumer feedback form
* Contract Agreement
* Complaint’s policy and procedure.
* Brochures for consumers include guided information on providing feedback or making a complaint and the complaints management procedure.
* Service representative's contact information
* Brochures with contact information for the My Aged Care and Elder Help Line.
* Feedback and complaints register that sighted nil complaints and feedback in the past six months.

The Decisions Maker deems Requirement 6(3)(a) as compliant.

Requirement 6(3)(b)

In response to the non-compliance identified from the previous Quality Audit, the service provocatively and effectively implemented improvements through newly implemented welcome packs and updated systems and procedures.

The service demonstrated consumers are informed and have access to advocates, language services and other methods for raising and resolving complaints.

Management advised the service is currently implementing a ‘Consumer welcome pack’, which includes information on how to lodge feedback and complaints via multiple avenues, external advocacy services and language services. Management said the service collaborates with the consumers on other information to be.

Management confirmed the packs are pending consumer feedback and are expected to be completed in October 2023.

Management confirmed that subcontracted staff have received appropriate resources and updated information available to consumers who require access to advocates and language services.

The Assessment Team reviewed the services ‘welcome pack’, which demonstrated consumers are made aware of access to advocates, language services and other methods for raising complaints. For example

* Lodging complaints letter containing the below information:
  + Internal contact details for management and administration staff
  + Link to an online complaint form
  + hard copy feedback form
  + External contact details for My Aged Care and 1800 Elders help and
  + Information to contact the listed staff member for assistance to arrange interpretive services where required.
* Contact details for alternative and external complaints handling options such as:
  + Aged Care Quality and Safety Commission
  + NSW Ageing and Disability Abuse Help
  + Anti-Discrimination Board of NSW
  + Health Care Complaints Commission
  + Mental Health Advocacy Service (Legal Aid)
  + TIS (Interpreter service)

The recently implemented ‘Complaints Management Procedure’ review of service dated 5 August 2023 includes information on external supports available to consumers, such as the Aged Care Quality and Safety Commission and the Ombudsman.

The Decisions Maker deems Requirement 6(3)(b) as compliant.

Requirement 6(3)(c)

In response to the non-compliance identified from the previous Quality Audit, management advised that the service is developing a continuous improvement plan, implementing systems resources provided to subcontracted staff and updating policies and procedures to ensure appropriate action is taken when responding to feedback and complaints.

Management advised the Assessment Team that no complaints about the specific dietic service have been received. It highlighted the staff's ability to assist consumers with concerns if they were to arise.

The service demonstrates how the service ensures complaints and feedback are addressed timely through open disclosure processes. Management advised their role in addressing any complaints and feedback. Management explained they would make phone or email contact with the complainant within 24 hours. A summary will be communicated while addressing the complaint, with an official letter sent to the complainant addressing their concerns. Management advised complaints will be addressed within a 7-day turnaround. Management further told the Assessment Team complaints and compliments are agenda items spoken to in meetings, ensuring quality improvements across the service.

Management advised of the service's new ‘SIRS Guide Tool’ that will capture all complaints about reportable incidents. The Assessment Team spoke to management about the importance of including all feedback in a register, leading to continuous improvement opportunities across the service. In response, management highlighted their commitment to capturing compliments into the service's new system.

Management advised the service is operating under the existing feedback and complaints model, and feedback is collected from online feedback forms, hard copy forms, and verbal and email communication.

The CEO advised that the service recently implemented a ‘ Risk Information Management System (RIMS)’ (Safety Champion) and said functions in Safety Champion will include complaints and feedback. Management confirmed the complaints function will be launched in late September 2023.

The Assessment Team viewed the service's new complaints and incident register (SIRS Guide Tool) inclusive of:

* Date of incidents
* Client details
* Reported to CCPC date.
* SIRS reporting (yes or no)
* Date incident lodged to CCPC IMS
* Investigation reported
* Date of follow up with client by CCPC

The Assessment Team reviewed the services policies and procedures, including the ‘Complaints Management Procedure’ and Draft ‘Open Disclosure Policy’, which included information on the time frame for addressing complaints. Further, the ‘Open Disclosure Policy’ ensures that open, honest, empathic, and timely discussions occur between patients (consumers) and their support person and staff following safety incidents. The policy also detailed how staff and subcontracted staff will implement open disclosure practises into service delivery.

The Decisions Maker deems Requirement 6(3)(c) as compliant.

Requirement 6(3)(d)

In response to the non-compliance identified from the previous Quality Audit, management advised the service identified and implemented a continuous improvement plan (CIP), specifically for the CHSP service. The CIP reviewed by the Assessment Team included an action plan and recorded improvements and progression of embedding appropriate consumer feedback and complaints mechanisms, for example.

* Training provided to staff and subcontracted staff about the importance of receiving, recording and capturing consumer feedback and complaints data to improve the quality of care and services for consumers.
* Consumer orientation pack includes contact points for consumers to make complaints and provide feedback for the service to be captured date for service improvements.
* Improved oversight and compliance with the subcontracted service of ‘Optimum Intake’.

Management advised the service is obtaining consumer feedback regarding the recently developed feedback survey and consumer welcome packs. Management advised the service is currently developing a consumer feedback survey in consultation with their consumers.

The service-evidenced feedback information has been provided to consumers, Their partnering provider and staff about the process and process in place for Optimum Intake. Although the service has not received a complaint, no trends are identified; evidence reviewed shows consumer feedback is currently fed into service improvements.

The Assessment Team formed the view that the service has complied within their means of this requirement and acknowledges the provocative approach conducted for the 25 CHSP in total consumers who receive support from the service in response to the previous non-compliance.

The Assessment Team noted no risk or impact to consumer safety and wellbeing, and the provider was observed as having a proactive and transparent approach to the Quality Audit non-compliance and the site Assessment.

The Decisions Maker deems Requirement 6(3)(d) as compliant.

# Standard 8

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| Organisational governance | | CHSP |
| 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 |

Findings

In response to the non-compliance identified from the previous Quality Audit, the service implemented policies, producers and systems for feedback and complaints, which the Assessment Team found appropriate for the size and structure of the organisation. The service demonstrated having effective and appropriate organisation comprehensive governance or systems in place relating to the size and complexity of the service.

The Assessment Team collected and reviewed documented evidence, including the outcome of the previous audit and found the service continues to meet and comply with all other components relating to this requirement, such as information management, continuous improvement, financial governance, regulatory compliance, and workforce governance.

Feedback and Complaints

The feedback and complaints process review revealed that consumers and representatives have opportunities and methods to provide feedback or raise concerns. Information about the external supports available is provided or accessible to consumers and representatives.

The policies and procedures of the service support consumers to make complaints or give feedback about the service.

Communication between brokered services was evident, and oversight of service agreements with their partnering was up to date.

The Decisions Maker deems Requirement 8(3)(c) as compliant.

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)