**Performance**

**Report**

**1800 951 822**

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| Name of service: | Centre for Participation Inc |
| Service address: | 39 Urquhart Street HORSHAM VIC 3400 |
| Commission ID: | 300722 |
| Home Service Provider: | Centre for Participation Inc. |
| Activity type: | Quality Audit |
| Activity date: | 15 May 2023 to 18 May 2023 |
| Performance report date: | 20 June 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 Centre for Participation Inc (**the service**) has been prepared by M Abjorensen, 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:**

* Transport, 4-AZQ4FEE, 39 Urquhart Street, HORSHAM VIC 3400
* Social Support Individual, 4-AZQ4FL4, 39 Urquhart Street, HORSHAM VIC 3400
* Specialised Support Services, 4-AZVIAVB, 39 Urquhart Street, HORSHAM VIC 3400

# 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.

# 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** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **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

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.

Standard 2 Requirement (3)(e)

* Establish processes to regularly review care and services for consumers, at least every 12 months and in response to a change in condition, circumstance of incident.

# 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

Overall, consumers receiving transport services through the provider reported being treated with dignity and respect by staff and volunteers. Consumers stated that staff and volunteers know their backgrounds. Volunteers interviewed provided examples of how they ensure consumers feel respected and valued. Staff demonstrated awareness of each consumer’s background and individual needs, also recorded in files reviewed for sampled consumers.

Management stated that staff have access to cultural awareness training, although training records did not show cultural awareness training had been delivered.

The organisation is multi-cultural and employs staff from a variety of culturally and linguistically diverse backgrounds and delivers English language classes. Staff have access to telephone interpreting services and the organisation utilises an online translation service to translate information when required.

Consumers are satisfied they can independently make and communicate choices and decisions about how their service is delivered and who is involved in their services. Consumer file documentation identifies consumer choices and decisions about care and services and any substitute decision makers.

Management advised the Assessment Team, the transport services delivered support consumers to maintain their independence, with consideration given to the supports required for individual consumers. The service completes a hazard form and asks questions from an assessment tool to inform the service of the best way to support consumers. Relevant information, such as a specific risk or need, is identified is shared with the volunteers to support service delivery. Volunteers described how they receive information about consumer risks, including the level of assistance consumers need to enter or exit vehicles and whether they use a mobility aid.

Consumers interviewed were satisfied with having access to accurate, timely and current information to inform their decisions. When the Assessment Team reviewed the consumer information pack, they identified out of date information. In response to the feedback, the Assessment Team reported the service was responsive, making prompt amendments to revise the information pack as part of their continuous improvement plan.

The service has systems and processes to keep consumer information confidential and protect the privacy of those receiving their services. Consumers receive a copy of the organisation’s privacy policy in their information and all consumers sign a form to provide consent to share information, in accordance with the policy. Privacy training is delivered to staff and volunteers delivering services.

Based on the evidence summarised above, I find the service compliant with all Requirements of Standard 1 Consumer dignity and choice.

# 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

Requirement (3)(e)

The service did not demonstrate care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. The Assessment Team provided the following evidence relevant to my finding:

* Five of 6 sampled consumers had not been reviewed in the previous 12 months, or in response to a change in condition or following an incident such as a fall or hospitalisation
* Consumers interviewed could not recall having their services reviewed
* Management stated consumer reviews are not conducted annually or as needs change, however, they monitor consumer reviews by recording a review date on the consumers initial service plan, but this does not prompt a review to be conducted.
* In response to the Assessment Team feedback, management stated that the organisation is currently in the process of transitioning consumer information from several databases including the shared drive and paper files to a client management system where all consumer information will be stored, tracked and monitored.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report, which demonstrates at the time of the Site Audit, the service did not demonstrate care and services are reviewed regularly, or in response to a change in condition or circumstances.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

Consumers interviewed reported they are satisfied with the transport delivered by the organisation, which meets their needs. The service conducts assessments and care planning through telephone calls with consumers, risks consumers are documented in their service plan to inform the staff, or volunteers of consumer needs, and relevant risks. For each transport service delivered, a run sheet is provided to the staff on the service to guide the service delivery, for the individual needs of each consumer, receiving transport services that day.

The service identifies current needs, goals and preferences through assessment and planning. Consumer files reviewed contained information relevant to consumer current needs, examples of information recorded includes preferences for seating in the bus, destination detail, mobility requirements, sensory impairments and other support needs. Management has advised that information about advance care planning will be included in the consumer information pack and has been identified within their plan for continuous improvement.

Consumers and staff confirmed assessment and care planning of consumers’ services is completed in partnership with the consumer and others the consumer wishes to involve, including family and friends, although most of the consumers currently prefer to be the key decision maker for assessment and planning. Consumer files recorded where consumers have other involved in their care, including where to direct reminder calls for upcoming transport services.

Consumers confirmed they received a copy of the care plan via post and sign a copy to return to the organisation. Management and staff stated that a copy of the care plan is provided to consumers following the telephone assessment. Volunteers stated they access care and service information through transport run sheets, volunteer pick up letters and verbally from staff and management.

Based on the information summarised above, I find the service compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 2 Ongoing assessment and planning with consumers.

# 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

Personal and clinical care Standard 3, and all Requirements, are Not Applicable. The provider delivers transport services to consumers, neither personal nor clinical care is delivered to consumers through the service.

# 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

Consumers provided feedback about how they are supported to maintain their independence and do the things they want to do. Care planning and related documentation was completed regarding consumers’ needs, goals and preferences. Consumers provided examples where the service supports their independence and wellbeing, through transport services, including individual taxi vouchers or bus services, according to consumer preferences and schedule.

Consumers indicated that they felt supported by the service, enjoying social interactions with the volunteers who take time to get to know them. Staff and volunteers described how they recognise when a consumer is feeling low and how they support them. Management advised that when a volunteer notices a change in a consumer, they advise the staff and management team to follow up with the consumer.

Consumers described being supported to maintain contact with the people important to them, and to continue to do the things of interest. Examples provided included using the transport services to attend local community groups and visit friends. Care documentation showed the service keeps consumers informed of local community events, where this aligns with their preferences and interests.

The service has systems and processes to ensure information relating to consumer needs, goas and preferences is shared within the organisation, and as required. Staff and volunteers confirmed having access to consumer information via service communication documents, such as run sheets, pick up letters, verbally and email. Staff and volunteers reported they communicate any relevant changes relating to consumers directly to management.

The service demonstrated appropriate referrals occur for consumers to other organisations to support their quality of life and wellbeing. Evidence of referrals made for consumers include supporting consumer access to my aged care, where additional services are required and assistance to access alternative transport for long distance trips or patient transport services.

here equipment is provided, it is safe, suitable, clean and well maintained. Meaning of services and supports for daily living Services and supports for daily living include, but are not limited to, food services, domestic assistance, home maintenance, transport and recreational and social activities.  For example, a subcontracted transport service must have a safe and suitable wheelchair ramp to access the vehicle if they provide services and supports to consumers who use a wheelchair.

While the Assessment Team assessed transport fleet vehicles under Standard 5 Organisation’s service environment, I have considered the evidence provided as part of (3)(g), where supports for daily living services include transport services. Consumers reported that the vehicles are clean.

Assessment Team observations showed the vehicles are clean, suitable for consumers and well maintained. The Assessment Team also viewed the bus and fleet vehicles annual roadworthy certificates, safety checks, insurance coverage and servicing history. Management, staff and volunteers described processes to arrange for vehicle maintenance, with alternative vehicles available to suit needs and preferences of consumers.

Based on the evidence summarised above, I find the service compliant with all Requirements of Standard 4 Services and supports for daily living.

# 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. | Not applicable |
| 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. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

Standard 5, and all Requirements, Organisation’s service environment are Not Applicable. Transport services are not relevant to the service environment requirements.

# 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

Through interviews, consumers described the ways the service encourages feedback; raise concerns and, they feel safe to do so. Staff and volunteers stated they would advise consumers to contact the office to provide feedback; consumers are provided with transport telephone number.

The service demonstrated that consumers are made aware of and have access to advocates and other methods for raising and resolving complaints. Consumers are provided information relating to advocacy through their information pack and the service has advised they will update the information pack to include current advocacy information and interpreter services for consumers. However, management stated that the organisation has access to telephone and online interpreting services and internal staff are able to assist with interpreting and translation.

Consumers were satisfied that any concerns raised are actioned to their satisfaction. Management advised that they had not received any complaints in the past six months for their CHSP funded services. The service has included open disclosure in the complaints policy, which, at the time of the Quality Audit, was waiting on endorsement by the board. This was evidenced through the continuous improvement plan reviewed by the Assessment Team.

Consumers are satisfied the service listens to their feedback and makes changes. Management stated that all feedback is documented in a complaints and feedback register. Feedback received for the CHSP funded programs is forwarded to the social support manager and escalated to the chief executive officer for review. Management advised that feedback is discussed at senior management meetings, however it is not tabled at Board or committee meetings. The Assessment Team confirmed complaints, compliments and feedback are documented in a complaints and feedback register.

Based on the evidence summarised above, I find the service compliant with all Requirements of Standard 6 Feedback and complaints.

# 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 service’s 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. Consumers reported reliable transport services delivered by the same staff. At the time of the Quality Audit, there had been no unfilled shifts in the past month. Management stated that the organisation has a staff annual budget that is reviewed every six months to consider staffing for all funding streams of the organisation. The service has systems and processes to ensure staff leave, including unplanned leave, does not impact service delivery for consumers.

The service demonstrated a commitment to the provision of kind, caring and respectful staff and volunteers. Consumers are satisfied staff are respectful, kind and caring. Consumers who expressed satisfaction that staff and volunteers are kind and caring. Staff and volunteers described how they treat each consumer as an individual, show respect, inquiring about consumer preferences and respecting their decisions.

Consumers interviewed reported staff and volunteers are competent in the services they deliver. Staff and volunteers associated with the social support program are required to have a current driver’s licence and their competency to operate the vehicles is assessed prior to delivering consumer services. Additionally, the organisation conducts a driver safety history check and familiarise volunteers with vehicle prior to driving for the first time. Management stated they use information from observation, supervision and feedback to identify workforce competency.

The service has systems and processes to ensure staff are equip with the knowledge, training and support to deliver the outcomes required by these standards. All staff and volunteers have a position description. Volunteers have the support of a volunteer coordinator and meetings to enable volunteers to effectively perform their role. Staff and volunteers of the service are selected in accordance with the recruitment procedure and onboarded through induction processes. The service maintain a register for probity checks and completion of training for first aid and infection control.

Consumers provided feedback that they are satisfied with the performance of staff and volunteers delivering their services. Management advised that an employee performance process is conducted annually on staff anniversary dates. However, the organisation does not have a formal process for conducting staff performance. The organisations plan for continuous improvement includes reference to staff performance plan and that an annual performance plan is conducted with all staff.

Based on the evidence summarised above, I find the service compliant with all Requirements of Standard 7 Human resources.

# 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

The service gains consumer input into service design and delivery through consultation with consumers and feedback received, in accordance with the organisation’s strategic plan. The service is planning to implement a consumer advisory group, to improve consumer engagement with service evaluation and design, evidenced through the continuous improvement plan reviewed by the Assessment Team.

The service demonstrated that the organisation’s governing body promotes a culture of safe, inclusive, quality care and services and is accountable for their delivery. Board meetings are held bimonthly and the organisations finance, audit and risk committee meet on the alternate months. Board members review financial reports, action items and changes to policies that require endorsement by the Board. Where relevant, incidents and feedback are shared with the board for oversight.

The service has organisational wide governance systems to monitor processes such as information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

The service has information management systems in place that include a client and staff management systems, website, email, document management system and face to face meetings to share information.

Continuous improvement opportunities are identified through internal and external audits, complaints, feedback, staff suggestions and incidents.

Financial governance is overseen by the organisation’s finance manager and the finance, audit and risk committee.

Workforce governance is overseen by the organisation’s human resources. Human resource processes include workforce recruitment, position descriptions, staff performance and staff education.

The organisation maintains up to date information on regulatory requirements through peak bodies including Volunteering Victoria, government departments and funding bodies.

The organisation has a concerns and complaints policy that supports the pursuit of improved outcomes for consumers.

The organisation has a risk management framework inclusive of a risk management policy and a governance risk register. The governance risk register is reviewed by chief executive officer and bimonthly by the finance audit and risk committee. A copy of the risk register was provided to the Assessment Team.

The organisation has processes in place for managing high impact and high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents.

Based on the evidence summarised above, I find the service compliant with all Requirements of Standard 8 Organisational governance.

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