**Performance**

**Report**

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| Name: | Co-ordinating Italian Committee Inc. - Stepney |
| Commission ID: | 600108 |
| Address: | 84 Payneham Road, STEPNEY, South Australia, 5069 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 23 November 2023 |
| Performance report date: | 10 January 2024 |

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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7802 Co-ordinating Italian Committee Incorporated  
Service: 24537 Co-ordinating Italian Committee Incorporated - Care Relationships and Carer Support  
Service: 24536 Co-ordinating Italian Committee Incorporated - Community and Home Support

**This performance report**

This performance report for Co-ordinating Italian Committee Inc. - Stepney (**the service**) has been prepared by J Renna, 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.

# Material relied on

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

* the Assessment Team’s report for the Assessment contact (performance assessment) – site report, which 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 8 December 2023
* the performance reported dated 29 June 2023 in relation to the Quality Audit undertaken 30 May 2023 to 1 June 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Not 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.

**Requirement 2(3)(d)**

* Ensure all consumers and/or representatives have access to consumers’ care plans when wanted or needed.
* Ensure staff and volunteers providing care and services have access to documented care plans (or a tailored version) which are relevant to the scope of their work and include sufficient information to guide them on key consumer risks and preferences.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Not 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

Requirement (3)(d)

Requirement (3)(d) was found non-compliant following a Quality Audit undertaken from 30 May 2023 to 1 June 2023. The service did not demonstrate:

* The outcomes of assessment and planning were effectively communicated to the consumer and documented in a care and services plan that was readily available to the consumer, and where care and services were provided.

The Assessment Team’s report for the Assessment contact undertaken on 23 November 2023 includes evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to, staff education and training, improved processes and procedures, and revised the format and contents of care planning documents to better reflect the assistance required for each consumer receiving services. While the Assessment Team acknowledged improvements have been made, they were not satisfied outcomes of assessment and planning were communicated to consumers or available at the point of service delivery. The Assessment Team recommended Requirement (3)(d) not met and provided the following evidence to support their assessment:

* All sampled consumers and/or their representatives confirmed staff and volunteers know the consumer well and deliver services that meet the consumer’s needs. However, none of the consumers and/or representatives said they had access to their care plan.
* The new care plan template documents if a copy of the care plan was left with or posted to the consumer. Management stated care plans are completed in conjunction with the consumer and/or their representative. Management advised consumers are offered a copy of their care plan at assessment or review.
* Coordinators described the enhanced assessment process and care planning documentation implemented since the Quality Audit, with the service completing full CHSP assessments for consumers, with a new care plan for each consumer at review each year.
* Management advised this process commenced in July 2023, with the aim of completing approximately 22 per month. However, documentation showed the service had completed 19 care plans since July 2023 until 23 November 2023.
* Staff and volunteers advised care plans are not available to volunteers at the point of service, and instead they are provided with information verbally. The Assessment Team’s report included examples of two consumers who’s needs and preferences were not documented and available to those providing transport and social support services.
* Management advised the service would expand information included in run sheets used by volunteers and investigate how to provide more information to volunteers delivering services.
* While the service demonstrated enhancements to the care planning process since the Quality Audit in May 2023, the service did not demonstrate results of assessment and planning are documented and available to consumers, and at the point of service.

The provider provided information in response to the Assessment Team’s report, including:

* explanation the provider accepts the need to improve the flow of information about outcomes of assessment and planning across all staff involved in service provision.
* explanation that paid staff directly involved in providing services will meet weekly to talk about new consumers and their specific circumstances as week as any potential variation required for the care plan.
* explanation that in 2024 the service will include more information about alerts and care plan issues on documentation used by bus drivers and their assistants who provide transport services for consumers.
* explanation that the service will develop running sheets with consumer dietary requirements for staff who supervise and direct the kitchen volunteers.
* explanation that the service is reluctant to provide care plans to the home visiting volunteers based on consumer privacy reasons and the possibility of changing the nature of the relationship between the consumer and the volunteer through the social support individual program provided.
* explanation it is the responsibility of the program coordinator to assess risks and safety issues for the consumer and their premises as well as check the suitability of a volunteer visiting.
* explanation that volunteers do not provide services for consumers who have high care needs as the service determines this is not an appropriate or safe option.
* evidence of home visiting volunteer induction checklist which details the expectations of the volunteer while providing social support individual services, including what to do in response to an incident, that the volunteer is visiting to support the consumer to remain socially connected and to receive friendly support and the volunteer is not to undertake specifically listed activities.
* evidence the scope of the volunteer visiting arrangements is discussed and agreed to at the first meeting between the volunteer, consumer and the coordinator and included in a written service agreement.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response which shows care plans are not consistently available where care and services are provided.

I appreciate the provider’s explanation of why volunteers are not provided with copies of care plans and acknowledge they are provided with some guidance and information to undertake their roles. However, it is reasonable for volunteers to be provided with a copy of a consumer’s care plan (or a tailored version at minimum) to ensure they understand key risks associated with the consumer, mitigation strategies and what to do in the event of an emergency.

While consumers and/or representatives stated they have not received copies of the consumer’s care plan, there is no corroborating evidence to support this view and there are conflicting statements from management and staff. The Assessment Team acknowledged enhancements made to care plans now allow the service to record whether it has been provided to the consumer, however, they did not describe whether any sampled care plans included this information in order to support the view of consumers and representatives or management and staff.

I have considered the provider’s response which demonstrates proportionate and practical actions for the type of services delivered, however, at the time of my finding, these actions have not been fully implemented or embedded.

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

Requirement (3)(e)

Requirement (3)(e) was found non-compliant following a Quality Audit undertaken from 30 May 2023 to 1 June 2023. The service did not demonstrate:

* 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’s report for the Assessment contact undertaken on 23 November 2023 includes evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to, increasing the number of staff members who can undertake assessments and reviews including providing those staff with relevant training, updating review procedures to ensure review processes occur throughout the year, creating a review folder to ensure reviews are completed as scheduled and updating the CHSP assessment form to include additional information which is completed at every review. The Assessment Team was satisfied these improvements were effective and recommended Requirement (3)(e) met.

Consumers and representatives confirmed the service regularly communicates about the consumer’s services and makes changes to meet the consumer’s current needs, goals and preferences. Volunteers described how they report changes of a consumer’s condition to staff. Staff and management described how they respond to changes needs of consumers or when incidents impact on the needs, goals and preferences of the consumer. Management and staff described the processes for ongoing completion of annual reviews and how the service conducts reviews following incidents and changed circumstances. Documentation demonstrated the service has assessment and reassessment review policies to guide staff practice to undertake spot reviews and file reviews are conducted throughout the year, as circumstances change.

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

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