**Performance**

**Report**

**1800 951 822**

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| Name: | Co.As.It. Community Services |
| Commission ID: | 700747 |
| Address: | 473 Lutwyche Rd, LUTWYCHE, Queensland, 4030 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | 25 June 2024 |
| Performance report date: | 24 July 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

Home Care Packages (**HCP**) included:  
Provider: 434 Co.As.It. Community Services Ltd  
Service: 18157 Co.As.It. EACH Packages - Brisbane North  
Service: 18158 Co.As.It. EACH Packages - Brisbane South  
Service: 19381 CO.AS.IT. Home Care Packages - South Coast  
Service: 18224 Italian Australian Community Care Packages  
Service: 18225 Italian Australian Community Care Packages - South Coast  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7551 CO.AS.IT. Community Services Inc.  
Service: 24359 CO.AS.IT. Community Services Inc. - Care Relationships and Carer Support  
Service: 24358 CO.AS.IT. Community Services Inc. - Community and Home Support

**This performance report**

This performance report for Co.As.It. Community Services (**the service**) has been prepared by T Wurf, 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) – non-site report was informed by review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the assessment team’s report received 8 July 2024.
  + The provider’s response accepted the findings in the assessment team’s report and did not provide further information or evidence for consideration in the decision.
* The Performance Report dated 26 February 2024 for the quality audit undertaken from 15 to 16 January 2024 that found the service non-compliant with requirements 6(3)(d) and 8(3)(c) relevant to feedback and complaints.

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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.

# Other relevant matters:

Co.As.It. Community Services (the service) provides care and services through Home Care Packages (HCP) across all levels of package and the Commonwealth Home Support Programme (CHSP) to approximately 3867 consumers in the Brisbane region and the surrounding areas of North and South Coasts.

Services delivered to consumers include domestic assistance, personal care, flexible respite, centre-based respite, individual and group social support, nursing care, allied health, and transport. Subcontracting arrangements are in place for services including gardening, cleaning, transport, meal services, home maintenance, allied health and individual providers based on consumers’ preferences.

An assessment contact (non-site) was conducted on 25 June 2024 to assess requirements 6(3)(d) and 8(3)(c) of the Quality Standards, that were found non-compliant following a quality audit undertake on 15 to 16 January 2024.

# Standard 6

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| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

A Performance Report dated 26 February 2024 found the service non-compliant with this requirement following a quality audit undertaken from 15 to 16 January 2024. Non-compliance was based on evidence the service did not have a process to systematically record and review all complaints and feedback received to improve the quality of care and services.

I have considered the Assessment Contact Report for the assessment contact undertaken on 25 June 2024 and the approved provider’s response that accepted the findings relevant to this requirement and sub-requirement 8(3)(c)(vi). I am satisfied the service has completed actions to remediate the non-compliance and has established processes to systematically record and review feedback and complaints and use them to improve quality of care and services for consumers. Therefore, I have decided this requirement is compliant.

I have made this decision based on the following evidence.

The Assessment Contact Report identified several improvement actions completed to address non-compliance and improve the use of feedback and complaints to drive improvement. Completed actions included:

* The service embedded a new centralised electronic care management system that records feedback and complaints in an electronic feedback and complaints register.
* Staff training in identifying and responding to incidents and feedback and complaints.
* A new centralised feedback and complaints system used by field staff to record feedback and complaints at point of contact and escalate in real time to care coordinators and others to action.
* Bi-monthly staff meetings where feedback and complaint trends are discussed.

The Assessment Contact Report identified evidence the service records and uses feedback and complaints to improve quality of care and services for consumers. For example:

* Feedback and complaints are recorded in a feedback and complaints register which is stored in a centralised electronic care management system.
* Staff understood how to manage, document and escalate feedback and complaints in the new electronic care management system. Staff spoke about how feedback and complaints are used to make improvements to care and services.
* Management discusses trends in feedback and complaints with staff and actions taken to drive improvement.
* The service’s plan for continuous improvement and feedback and complaints register reflected improvement actions taken in response to feedback and complaints. Various service documents reflected an improvement in cleaning services made in response to feedback and complaints.

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | 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 | Compliant |

Findings

A Performance Report dated 26 February 2024 found the service non-compliant with this requirement following a quality audit undertaken from 15 to 16 January 2024. Non-compliance was specific to sub-requirement (vi) feedback and complaints:

* Organisational governance systems related to feedback and complaints did not ensure feedback and complaints were reviewed, analysed and used to improve care and services.

I have considered the Assessment Contact Report for the assessment contact undertaken on 25 June 2024 and the approved provider’s response that accepted the findings relevant to sub-requirement 8(3)(c)(vi) and requirement 6(3)(d). I am satisfied the organisation has completed actions to remediate the non-compliance and improve governance systems as they relate to feedback and complaints. Therefore, I have decided this requirement is compliant.

I have made this decision based on the following evidence.

The Assessment Contact Report identified several improvement actions completed to address non-compliance and improve governance systems as they relate to feedback and complaints. Completed actions included:

* A new electronic care management system was embedded that records feedback and complaints and is linked to the organisation’s plan for continuous improvement.
* Monthly reviews of feedback and complaints are conducted by the quality and compliance officer and shared at the Quality Advisory Committee meetings and Home Care Package meetings.
* Feedback and complaints are discussed at regular Quality Advisory Committee meetings and consumer committee meetings and meetings minutes are provided to the organisation’s governing board.

The Assessment Contact Report included evidence the service had effective governance systems that ensured feedback and complaints are analysed and used to make improvements to care and services. For example:

* The organisation has a continuous improvement framework in place.
* Feedback and complaints are monitored, and trends are identified and used to improve quality care and services for consumers.
* Board meeting minutes evidenced examples of continuous improvement actions supported by the board and implemented following feedback and complaints received.

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)