**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Co.As.It. Community Services |
| Commission ID: | 700747 |
| Address: | 473 Lutwyche Rd, LUTWYCHE, Queensland, 4030 |
| Activity type: | Quality Audit |
| Activity date: | 15 January 2024 to 16 January 2024 |
| Performance report date: | 26 February 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 Dean Saunders, 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 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 16 February 2024

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

* In addition to taking appropriate action in relation to specific or particular complaints, the service should systematically review all complaints and feedback received to improve the quality of care and services, and
* Effective organisation wide governance systems are in place in many areas but could be improved or consolidated in relation to feedback and complaints.

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers reported they are always treated with respect and dignity and stated staff are caring and polite. Staff spoke respectfully about consumers and showed an appreciation for each consumer’s identity. Staff were observed to be interacting with consumers kindly, and consumers did not report any issues with how they were treated.

Management demonstrated the service takes a consumer-centred approach to care and services. The care coordinators reported no instances of consumers being treated disrespectfully and described the actions that would be taken if this were to occur, including a formal investigation.

Consumers/representatives confirmed that staff understand their needs and preferences and feel safe and respected when services are being delivered. Policies, procedures, and the service’s training register confirmed that staff have the resources necessary to understand and appreciate the unique cultural backgrounds of consumers.

Consumers/representatives confirmed that the workforce understands individual consumer needs and preferences and that they are supported to exercise choice about how their services are delivered, including making decisions about when to involve family or others in their care. Management stated consumers have control over how their services are structured, subject to availability. Conversations with staff demonstrated that the workforce respects each consumer’s right to make decisions about their care and services and that they recognise the consumer is the expert of their own experience.

The service demonstrated each consumer’s service delivery preferences are documented, contain information on their likes and dislikes, and include specific cultural needs where relevant.

Staff advised they report any identified risks to the care coordinators including hazards, incidents, or if they notice any abnormal behaviour. Care coordinators and clinical staff described the importance of discussing the potential risks with consumers and allowing them the freedom to continue taking those risks if it is their choice. The service care coordinator was able to provide a number of examples of this.

Consumers/representatives said information is received in a manner they can understand, enabling them to make informed choices. Consumers advised monthly statements are clear, easy to read, and accurate.

Staff described strategies to help communicate with consumers who may experience communication barriers. Care coordinators advised how information is provided to consumers in their preferred manner and how care plans document consumer preferences concerning information provision. Staff outlined how they communicate with consumers who have difficulties communicating due to cognitive impairment or hearing impairments

The service demonstrates that each consumer’s privacy is respected, and personal information is kept confidential. Consumers/representatives advised care staff to be respectful of their privacy. Consumers/representatives are provided resources to understand how their personal information will be used and their consent is always sought before their information is shared with other providers involved in their care. Consumer information is stored in a secure electronic database and a booklet in their homes.

The staff interviewed were able to describe how they maintain the privacy and confidentiality of consumer information. Policy and procedures demonstrate that privacy and confidentially are key priorities for the service.

For the above reasons I find this standard compliant.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

Consumers/representatives reported staff involved them in the consumer's assessment and care planning and ongoing reviews. Sampled consumers stated they are satisfied the care and services provided meet their current needs, goals, and preferences. Risk assessment tools are used to identify health and well-being risks to consumers and risks are clearly outlined in care plans. Staff could describe how assessment and planning is facilitated and how this informs the delivery of consumers’ care and services. The consumers/representatives interviewed verified that the care coordinators held discussions with them regarding consumers’ health by considering aspects such as vision, hearing, oral health, speech, swallowing, incontinence needs, pain, memory loss, sleeping patterns, and history of falls.

Consumers/representatives said the service provisions meet their needs, goals, and preferences and that they have a say in the care and services they receive. Care planning documents describe the services the consumer receives, goals and preferences, and agreed activities to be undertaken. Clinical staff and care coordinators confirmed that the assessment considers consumers' needs and preferences, along with established pathways to effectively communicate this information to clinical staff and care staff. Management emphasised there is active discussion around importance of an Advance Health Directive with consumers and their families.

Consumers/representatives reported being satisfied with the information they received from the service about their assessment and care planning. Consumer care planning information demonstrates the service consults with consumers/representatives. The care coordinator confirmed a copy of the care plan is provided to consumers and accessible to staff involved in delivering care and services. This was confirmed with a consumer. The Assessment Team reviewed sampled care plans and noted sufficient information about needs, goals, and strategies to guide staff in delivering care and services effectively. The information gathered from consumers includes cultural background, linguistic preferences, mobility needs, visual and hearing needs, and level of personal and domestic assistance. In cases where a consumer experiences cognitive decline, well-defined interventions have been established to guide communication and care for individuals living with dementia or any form of memory loss.

The service demonstrated care and services are reviewed regularly and when consumer circumstances change. Consumers/representatives said staff regularly communicate with them about the service they receive and make changes to meet their current needs. A review of care planning documentation demonstrated 12 monthly reviews occurred for all HCP and CHSP consumers.

For the above reasons I find this standard compliant.

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | 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. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| 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. | Compliant | Compliant |

Findings

The service demonstrated clinical and personal care provided to consumers is best practice, tailored to their needs and optimises their well-being. Staff sampled had good knowledge of the consumer’s needs, goals, and preferences and could describe how the service ensures care is best practice and tailored to the consumer’s needs. Management and staff advised of various ways the service ensures personal and clinical care is best practice and effective. Consumers/representatives reported that clinical and personal care they received is safe and effective and optimises the health and well-being of the consumer.

The service demonstrated that high-impact and high-prevalence risks associated with the care of consumers are effectively managed. Risk assessments are undertaken to create strategies that minimise the occurrence of incidents. Risks identified include cognitive decline, pressure injuries and falls. Staff demonstrated knowledge of what risks applied to individual consumers and what strategies had been adopted to manage those risks. Evidence indicates the service considers risks to the consumers’ well-being and creates strategies to avoid their occurrence. The Assessment Team reviewed the service's policies and work instructions to guide staff in care delivery, including pain management, skin integrity, and fall prevention. Additionally, the Assessment Team noted that the service maintains a clinical monitoring register for consumers experiencing recent clinical or physical decline, including issues such as UTIs, wounds, and recurrent falls.

Management and staff were able to discuss how care and services are adjusted for consumers nearing the end of life. The Assessment Team noted an end-of-life care policy that provides guidelines for staff and underscores the importance of collaborating with other healthcare professionals possessing palliative care skills and qualifications. Clinical staff confirmed training is provided to all staff to recognise end-of-life signs and the importance of pain management for someone nearing the end of life.

The service demonstrated that changes in a consumer’s health and well-being are recognised and responded to promptly. Care notes for sampled consumers identified staff recognised, reported, and responded to consumer condition changes. Evidence demonstrated that appropriate action is taken in response to cases where deterioration is identified. Several specific examples were cited by the Assessment Team.

Consumers/representatives reported that staff know the consumer’s needs well and they do not have to provide direction to staff often. Consumers/representatives stated most of the time they receive care and services from the same staff, who know their needs well. The Assessment Team observed information in consumer care plans that was sufficient to provide staff direction in delivering care and services to the consumer. Relevant dated progress notes about the consumer’s care and services are recorded in an electronic database. The Assessment Team identified positive examples of internal communication regarding the consumer’s needs and preferences indicating support for this standard.

Consumers/representatives said they are satisfied with the services provided by organisations they have been referred to. Staff and management confirmed where a need is identified, the service refers consumers to other organisations that may be involved in their care and services. Care planning documents demonstrate consultation and referrals to other service providers, such as speech pathologists, OTs, and Physiotherapists. Care coordinators stated that if a change to the consumer’s condition is related to personal or clinical needs an appropriate referral is made using an electronic referral system. The Assessment Team observed evidence of appropriate referrals taking place following an assessment by the service.

Consumers/representatives reported the service adheres to infection mitigation measures in relation to COVID-19, such as wearing Personal Protective Equipment (PPE). Staff and management described actions taken by the service to ensure the risk of consumers or staff contracting COVID-19 is minimised. Clinical staff stated all care staff providing services are required to undergo annual infection control training. Additionally, it is mandated all staff practice hand hygiene before and after the completion of any tasks and use appropriate PPE when necessary. The management confirmed where a consumer has an active transmittable infection essential service will be administered by an RN.

For the above reasons I find this standard compliant.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| Services and supports for daily living | | HCP | 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers/representatives provided examples of how the services and supports consumers receive help to maintain their independence and quality of life. Staff interviewed had a good understanding of what is important to individual consumers and could describe how they help the consumer to do as much as they can for themselves, if this is their preference. Management said care coordinators meet with consumers to set unique and specific goals, including spiritual, physical, and social goals. Care planning documents were individualised and included the services and supports provided and specifics on the way they are to be provided, reflecting the involvement of the consumer.

Consumers/representatives provided examples of how the staff provide emotional support to consumers. Staff demonstrated an understanding of what is important to the consumer and gave examples of how they have supported the wellbeing of consumers when the consumer has been feeling low. Management said they have a wellbeing team to provide counselling to consumers and families not adjusting to the aging process or experiencing grief and loss. Management said they work with the consumer to encourage them and create a diversity plan to address special needs whether it be a goal to attend church or celebrate special/key cultural days. Care planning documentation included information of consumers’ emotional, spiritual, and psychological well-being needs where appropriate.

Consumers/representatives confirmed the organisation is flexible in the delivery of services, enabling consumers to participate in the community and do things of interest to them. Staff provided examples of consumers who were supported to maintain their relationships, both inside and outside of the service and described ways to support consumers to participate in the community. Management said they arrange social outings on the north and south of Brisbane every month to decrease consumer’s social isolation. Management advised the outings have 50 to 70 people attend and the social outings include flower festivals, ginger factories, annual senior luncheon, or they plan around what the consumers want. The service has a fleet of vehicles available for consumers that can mobilise independently and arrange suitable transport for consumers in wheelchairs. The Assessment Team observed an activities session at the day respite centre located in Stafford, consumers and staff were singing and dancing to Italian music. Care planning documentation identified the people important to individual consumers and the activities of interest to that consumer.

Consumers/representatives said they are satisfied information about their care and services is shared within the service and with others involved in their care. Most consumers reported they are attended by regular care staff and confirmed those staff have a good knowledge of the care and services they need. Most consumers advised staff can readily access information and care plans through a tablet. Staff reported information about consumers is available on care planning documents which they have access to and described how they are informed of any changes to the consumer’s condition prior to a scheduled visit. Kitchen staff advise the food menus are planned a week prior with considerations of dietary requirements, seasonal time of the year and in consultation with the consumers. Management advised consumers share information verbally and by email, the allied health team manages all information from brokered providers for inclusion in consumer’s care plans. The Assessment Team observed dietary requirement of each consumer displayed in the kitchen for all staff. Care planning documentation reviewed demonstrated effective communication through email correspondence, progress notes and reports within the service and with other organisations or providers involved in supporting the consumer’s lifestyle needs.

Consumers/representatives said they are satisfied with the services and supports delivered by those the consumer has been referred to. Staff could describe the process for referrals to others, including ensuring any referrals are completed in consultation with the consumer. Management said consumer needs are identified through assessments. If a consumer has a preference for a specific provider, the service will contact the external brokerage and go through brokerage applications and agreements. A review of care planning documentation demonstrate that timely referrals have been made as appropriate, including supports through arrangements with other services and organisations.

The service supports the nutritional needs of consumers, through assistance with meal delivery services if required. Assessment includes discussions on the consumer’s nutritional and hydration needs and capacity to maintain overall health and wellbeing. Staff at the respite centre said consumers/representatives are encouraged to fill out yearly feedback surveys and staff ask consumers for feedback after meals. Management said the care coordinators schedule home visits with consumers to go through their dietary requirements and this is communicated to staff at the respite centres. The Assessment team observed the food service at the day respite centre, multiple varieties of meals were offered for dietary considerations and meals were modified appropriately for consumers with dementia. For consumers sampled, assessments and care plans reflect dietary needs and preferences and the assistance required by staff to support the consumer with managing their meals.

Where equipment has been provided for the consumer’s use in their own home, an occupational therapy or physiotherapy assessment has been completed and consumers report it is suitable and meets their needs. Staff were able to describe the process for identifying and reporting risks to the safe use of equipment. Care coordinators have a register of equipment and said equipment is serviced when required. Management described the processes for purchasing, maintaining and replacing equipment, including where the responsibility is shared with a brokered service. Management said the coordinator will organise maintenance for equipment in consumer’s homes and keep a list of service requirements.

For the above reasons I find this standard compliant.

# Standard 5

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation’s service environment | | HCP | 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 | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The Assessment Team visited the service environment which included the Day Care Respite Centre located at Stafford, inspected transport vehicles, spoke to consumers and staff at the centre. All consumers interviewed spoke positively about the respite centre. Staff wore name badges and consumer name tags were placed at the dining table to support interaction and independence. The Assessment Team observed four group activities and multiple spaces where consumers could participate in bingo, cards & craft, board games and seated bocce or spaces for consumers preferring quiet. Staff described the centre as ‘opportunity for residents to meet friends in a safe space and to be looked after by staff’ and have ‘culturally appropriate activities and food’. The Assessment Team observed staff supporting consumers who required assistance to mobilise safely, particularly when disembarking from the transport and movement between activities. Management said and the Assessment Team observed mobility equipment provided or consumers could bring they own mobility items depending on preference. The centre has outdoor breakout zones for consumers not feeling well or requiring time out. Recliners are also available located in the corners if the consumers are feeling fatigue which enables them to still see what is going on.

The service environment and transport vehicles are safe, clean, well maintained, and comfortable. All consumers interviewed spoke positively about both indoor and outdoor activities and transport. The day respite centre is easy to access with parking for consumers and visitors and transport drop off at the front entrance. The Assessment Team observed consumers moving freely around the service both indoors and outdoors. Processes are in place to ensure the environment is clean and well maintained, with identified issues promptly addressed and reported to minimise risks to consumers, staff, and visitors.

Furniture, fittings, and equipment in the day respite centre were clean and suitable for consumers to use. Staff describe the cleaning process in place and said they have a wish list available to request equipment with new acquisitions including an oven and frying pans. Transport teams complete a daily morning and afternoon safety checklist on vehicles. The care coordinator advised the Assessment Team they arrange quarterly rangehood filter replacements and manage maintenance requests for the centre. Management said all mobility equipment is checked by allied health team members, and if any concerns arise the equipment is replaced.

For the above reasons I find this standard compliant.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant | Not Compliant |

Findings

Consumers/representatives said consumers are encouraged and supported to provide feedback and make complaints. Most consumers/representatives interviewed said they had not yet had a reason to make a complaint about the service, however they would feel comfortable in doing so.

When commencing with the service, consumers/representatives are provided with information detailing how to make a complaint to the service including detailed information for the Commission. Consumers/representatives stated if they wished to raise a complaint, they would speak directly to staff or management to communicate their needs or to give feedback. Management and staff described ways they encourage consumers to provide feedback such as through information in the welcome pack and their service agreement, raising concerns with staff directly, annual surveys and when they are undertaking care planning reviews. A review of the service’s feedback and complaints register demonstrated feedback and complaints are consistently documented, and open disclosure processes are used.

I therefore find requirement 6(3)(a) compliant.

Consumers/representatives are made aware of other methods for raising and resolving complaints. Consumers/representatives advised they are comfortable in raising concerns or feedback with management and were aware of other agencies they could contact to raise a complaint. Consumers/representatives are provided with consumer information on commencement with the service including how to access advocacy services, the consumer’s right to contact the Aged Care Quality and Safety Commission (the Commission) to make a complaint, as well as information on how to access language services for assistance with interpreting or translation if required. Management said there are 35 different languages spoken amongst the staff. Consumers may choose to involve multi-linguistic staff in their support team, or management advised the care coordinator will use an interpreter service. The Assessment Team additionally reviewed an advocacy policy and the client information kit.

I therefore find requirement 6(3)(b) compliant.

Consumers/representative interviewed advised staff and management are responsive if they raise concerns. Staff and management demonstrated an understanding of the importance of utilising open disclosure throughout the complaints process and were able to describe the process, although staff were not aware of the specific term. The Assessment Team reviewed the several feedback and complaints which evidenced a record, response and outcome of the feedback or complaint would be detailed. The service has policies and procedures in place to guide staff in responding to complaints as part of their onboarding process which reference open disclosure. All staff interviewed said if a consumer raised concerns they would acknowledge their concerns, apologise, and resolve their concerns while maintaining confidentiality.

I therefore find requirement 6(3)(c) compliant.

The Assessment team recommended requirement 6(3)(d) was not met. They based this recommendation on:

* Management advice that the service did not have a formal complaint register or centralised record of all feedback.
* Management advice that complaints trending is reliant on memory and feedback from care coordinators who meet monthly to discuss issues, complaints, and trends (monthly meeting minutes which evidenced complaints and feedback are discussed).
* Management advice that minor feedback that can be resolved at first point of contact are not recorded as a complaint or noted in a central register.
* Management acknowledged that not all complaints are captured in one register and stated they are currently developing a new quality management system.

The service provided, in response to the site audit report, a screenshot of a computer file stated to be a formal complaint register. It also provided approximately 200 pages of material purportedly evidencing reviews that improved care or services. On my assessment this material was largely evidence of resolution of each specific complaint made rather than a review of feedback and complaints to improve services. Taking appropriate action on specific complaints is more relevant to requirement 6(3)(c).

The requirement under this part is that feedback and complaints are reviewed to inform improvements in quality of care and services.

Whether complaints register exists or not is not determinative of whether feedback and complaints are reviewed to drive improvements.

Neither on the information identified by the Assessment Team nor on the information provided by the service post audit is there definitive evidence that supports either a process or examples of systematic reviews driving improvements.

In the absence of this evidence, I find requirement 6(3)(d) non-compliant.

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| Human resources | | HCP | 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

The service demonstrated that the workforce is planned to enable to delivery and management of safe and quality care and services. Management discussed some prior difficulties in obtaining and retaining new staff. In response to the challenges, the service implemented several strategies to try and manage any associated impact on consumer services. Management reported that there had been no unfilled shifts during the previous month. Staff could not recall a recent instance of having to cancel a consumer’s services without being able to offer an alternative time or arrangement. Staff reported that the service currently has the number of staff required to meet the needs of consumers and no staff advised they feel rushed or overworked in their roles.

The service demonstrated that workforce interactions with consumers are kind, caring, and respectful of each consumer’s identity and diversity. Staff were observed to be interacting with consumers in a kind and respectful manner. Consumers sampled stated they are treated with dignity and respect and could not report any instances of current staff being disrespectful or rude. The Assessment Team observed staff at the service’s respite centre interacting with consumers. Interactions were observed to be friendly and respectful of each consumer’s individuality.

The Assessment Team reviewed the competencies of relevant staff, which contained appropriate records of evidence demonstrating their competency. This includes information regarding qualifications, experience, COVID-19 vaccination records, and up to date police checks. The service monitors competencies with expiration dates such as vehicle licenses and police checks through an internal software program. The program notifies relevant members of management when a staff member’s competencies are due to expire.

The Assessment Team reviewed training records for staff, which evidenced the majority of current staff had either completed or were in the process of completing mandatory training. Sampled staff stated they feel supported to undertake training and develop their professional skills. Staff meet regularly for joint sessions to discuss the operations of the provider. Following meetings, some training is provided to staff. Staff confirmed that recent training has been relevant and provided them with useful information to perform their roles effectively.

Management advised that for staff working in the office, 12 monthly performance appraisals are not mandatory as each staff member’s work is assessed on an ongoing basis. The service demonstrated that there are appropriate processes in place to assess, monitor and review staff performance.

For the above reasons I find this standard compliant.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | 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 | 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 | 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. | Not Compliant | Not 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 | 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 | Compliant |

Findings

The service demonstrated that consumers are engaged in developing, delivering, and evaluating the services they receive and are supported in that engagement. The service recently conducted a consumer survey to gauge whether they are happy with the services provided. The survey provided consumers with the opportunity to make suggestions about how the organisation can improve. The survey included questions and sections that were appropriate to determine areas where the service can improve. The Assessment Team considered consumers are actively engaged in the development and delivery of care and services. Sampled consumers/representatives felt comfortable approaching the service with recommendations for improvement and reported feeling involved in their care and service provision.

I therefore find requirement 8(3)(a) compliant.

The service demonstrated that the governing body is accountable for the delivery of a culture of safe, inclusive and quality care and services. The governing body remains informed of the service’s operations through formal governance frameworks and leadership and reporting pathways. The service utilises various strategies to create an inclusive and welcoming culture for consumers and others. Sampled staff felt confident that management was making active efforts to improve the service. Staff stated the culture at the service is inclusive and responsive to feedback.

I therefore find requirement 8(3)(b) compliant.

The service demonstrated appropriate and effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, and regulatory compliance.

Information about consumers, including medical information and incident reports, is available to the workforce for those who need to know. All consumer files and information are stored on the service’s information management system, which is username and password protected. The service has a robust privacy policy that ensures consumers are made aware of how their information is collected, stored, and used.

Management reported that the service identifies avenues for continuous improvement through various means, including consumer feedback, staff feedback, surveys, and incidents. The service has a Continuous Improvement Register (CIR) that identifies items for improvement and tracks progress against time frames. CIR entries are categorised based on the type of improvement, such as process inconsistencies, process reviews, consumer suggestions, and audit recommendations. The service provided examples of recent continuous improvement outcomes.

The service demonstrated it has effective governance systems related to financial governance, including transparent reporting procedures and structures for the board to consider. The Assessment Team reviewed the information provided by executive leadership to the board. Information provided includes how the service is tracking against expected hours for funding arrangements. Information contained within reports provided to the board is sufficient to ensure the governing body has appropriate oversight of financial matters that affect the quality of care and services.

The service demonstrated effective governance systems related to workforce governance, including the clear delineation of roles and responsibilities. Management and employees are provided with adequate information to ensure they have a clear understanding of their roles, responsibilities and accountabilities.

Management stated regulatory changes are received and managed by senior management, who then disseminate them to appropriate parties throughout the service. The service has updated its policies and procedures to reflect regulatory changes, including the introduction of the Serious Incident Response Scheme (SIRS) to home and community care. Additionally, staff have all been trained on the recent introduction of the Code of Conduct for aged care staff industry wide.

In relation to feedback and complaints, the Assessment Team reviewed reports provided to the governing body for the previous 6 months and found no information related to feedback and complaints. As a result, the Assessment Team considered that the governing body is not aware of complaint and feedback trends. The Assessment Team did not identify any evidence of an *effective organisation wide governance system relating to feedback and complaints*.

In response to the site audit report the service provided evidence of a new form that will be used to provide advisory committee reports to the board. A large number of various documents (team meetings minutes, emails, brochures, information sheets etc) were also supplied. The service also advised that it had recently strengthened governance requirements and is finalising a new quality management system.

The Assessment Team did not identify, and the service has not since provided, evidence that supports it has *effective organisation wide governance systems relating to feedback and complaints*. The recent improvements instigated by the service are noted but do not, in themselves, constitute evidence of an effective governance system. As the processes are recently implemented their effectiveness has not yet been established.

For the above reasons I find requirement 8(3)(c) non-compliant.

The service has appropriate risk management frameworks, policies and procedures, that when utilised, can lead to the effective management of high-impact and high-prevalence risks. Incidents are raised via the completion of an incident management form. The form captures all appropriate information. Management stated risks to the health and well-being of individual consumers are identified during the initial assessment process and from subsequent reviews. Data regarding incidents is provided to the governing body through regular reports that allow appropriate oversight of factors that might affect the safety and quality of care and service provided by the organisation. The Assessment Team considered the risk management system in place sufficient to manage high-impact and high-prevalence risks and prevent future incidents from occurring.

I therefore find requirement 8(3)(d) compliant.

Staff reported the service does not use any form of restraint to deliver care and services to consumers. The governing body is made aware of matters related to clinical care through regular reporting functions, including clinical indicators reports prepared regularly. The reports provide information on the number of clinical visits conducted, compliments, referrals, incidents, and risk assessments. The Assessment Team considers the clinical governance structures in place sufficient to ensure the delivery of safe and effective clinical care. The service demonstrated that it has an appropriate clinical governance framework in place. Management and staff described the clinical governance framework, including how clinical practice and service oversight are maintained.

I therefore find requirement 8(3)(e) compliant.

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)