**Performance**

**Report**

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| Name: | Co.As.It Community Care |
| Commission ID: | 300102 |
| Address: | 189 Faraday Street, CARLTON, Victoria, 3053 |
| Activity type: | Quality Audit |
| Activity date: | 14 March 2024 to 18 March 2024 |
| Performance report date: | 11 April 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: 1506 CO.AS.IT. - Italian Assistance Association  
Service: 18744 Co.As.It Community Care Packages-Barwon South Western  
Service: 18746 Co.As.It. Eastern Metro Community Care Packages  
Service: 18747 CO.AS.IT. Italian Assistance Association - EACH - Northern Region  
Service: 18748 CO.AS.IT. Italian Assistance Association - EACH - Western Metro  
Service: 18749 Co.As.It. Northern Metro Region Care Packages Project  
Service: 18750 Co.As.It. Southern Metro Region Care Packages Project  
Service: 18751 Co.As.It. Western Metro Region Care Packages Project  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8745 Co.As.It. - Italian Assistance Association  
Service: 25882 Co.As.It. - Italian Assistance Association - Care Relationships and Carer Support  
Service: 25932 Co.As.It. - Italian Assistance Association - Community and Home Support

**This performance report**

This performance report for Co.As.It Community Care (**the service**) has been prepared by Nicola Eastwood, 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.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| 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 | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# 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 | **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 | **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

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they are treated with dignity and respect by staff at the service. Care managers and personal care staff provided examples of dignity and respect such as taking the time to understand consumer differences and provide individualised care. The service caters to a predominantly Italian community ensuring a culturally safe approach. Staff described how they met consumer cultural needs and preferences and confirmed completion of cultural training.

Care documentation demonstrated evidence of consultation with consumers regarding relationships of significance, their needs, and preferences concerning their care and indicating who they wish to be involved in the consumer's care and decisions. This was also supported by a consumer account confirming extensive discussion regarding individual rights at the time of engagement with the service.

Management described involving the clinical team for level 3 and 4 HCP consumers and those with complex care needs to identify consumer risk. The consumer risk is determined following a clinical assessment and ensures the consumer understands the clinical requirements for their ongoing well-being.

Consumers and representatives confirmed they receive timely and clear information from the service. Consumers have access to updated information directly from the service’s consumer management application, including copies of help plans and monthly statements detailing services provided. The Assessment Team observed all hard copy resources provided to consumers and staff in both Italian and English.

Management explained consumer information is password protected so consumer information is visible only to those relevant to care and to whom the consumer has consented. The service has policies and provides mandatory training for staff concerning privacy and confidentiality.

# Standard 2

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| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

All consumers receive face to face assessment with their representatives with reviews at least annually. All HCP level 3 and level 4 consumer care planning includes a comprehensive clinical assessment provided by a registered nurse and this information is incorporated into the consumer's care plan.

A review of care files demonstrated comprehensive help plans utilising validated clinical tools to determine clinical risks with detailed strategies implemented. The Assessment Team noted the service maintains a clinical review register reflecting the consumer's risk and vulnerability which is monitored by the management.

Staff described how a consumer goals, needs, and preferences are identified within the electronic consumer management system and can be accessed through a mobile application. Management explained advance care planning information is provided at the initial visit and is addressed further by clinical staff during assessments. A review of care planning documentation demonstrated discussion with consumers around advance care planning.

Policies and processes detail the services commitment to involve consumers in decisions about their care and service provision and case management staff explained how they utilise information from others involved in care to assist with assessment and planning. Consumers and representatives demonstrated a thorough understanding of their services and care planning, confirming they were able to access changes to their care plans through the information application.

Management explained along with regular planned reviews, reviews take place in response to consumer request, changes in care needs and events such as hospital admission. This was supported by a consumer account confirming recent changes to a care arrangement following exposure to an illness.

# Standard 3

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| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they receive the care and services they need with an example supporting that the provision of care to assist a consumer to remain living safely at home. There was evidence the service maintains contact to coordinate the best care for individuals and care planning reflected planning goals for personal care and clinical care with detailed management strategies.

Management explained consumers in high-risk categories are placed on a high-risk register and their care is carefully supervised and reviewed by the clinical care coordinator. Where high-impact high-prevalence risks are identified a multi-disciplinary approach to consumer care is undertaken for safe care delivery. A review of care documentation demonstrated identification, assessment and strategies to minimise high-impact, high-prevalence risks.

Consumers are encouraged to share their advance care plans with the service with choices noted on care plans. Consumer care is monitored by clinical staff and allied health where needed. Appropriate services and referrals with consumer consent occur according to the consumer’s wishes and preferences.

Management described how deterioration or changes in consumer mental and/or physical condition trigger a referral to clinical staff who triages urgency according to risk and best practice. Care documentation reflected timely responses when changes in consumer health or condition occurred.

Consumers and representatives were satisfied their conditions, needs, and preferences are communicated within the service and with others where care is shared. Consumers and representatives also confirmed they were satisfied that when needed, the service initiates appropriate referrals, involves relevant external providers, and maintains communication throughout the process.

The service has established brokered service providers to ensure the provision of diverse and skilled allied health and clinical care. Documentation demonstrated referrals were made in response to identified needs, including to medical officers, nursing services, podiatrists, occupational therapists, and physiotherapists.

Management explained that clinical staff liaise with general practitioners when consumers are prescribed antibiotics introducing visits to support consumers with antibiotic therapy. Training in infection prevention and control is provided at the service and undertaken during orientation and annually.

# Standard 4

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| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed the services they receive help them to maintain independence and quality of life. Staff described matters and activities of importance to consumers and how they support these. Management explained staff are matched with consideration to background, language spoken, gender, and cultural appropriateness, Care file documentation reflected clear directives to support consumers in achieving their goals. There was evidence of emotional, social and companionship support for consumers.

The service provides social groups and a social support individual program catering to consumers with an Italian background. Staff for these programs described how the programs optimised social engagement and independence for consumers.

Care documentation showed that communication with others responsible for care including representatives, staff, and other services as appropriate occurs with consumer consent. The Assessment Team observed social group staff accessing updated information on consumers from their computers and they said they also wrote notes on their observations on the consumer file to inform care managers. Management explained that consumers are also referred to other social groups within the community if the service supports offered are not suitable.

Food for the social group is prepared in the residential service kitchen and kept warm in a hot box during transfer. Care planning documentation recorded allergies and any consumer dietary requirements. Consumers were satisfied with assistance provided by staff where home food preparation was provided.

Management explained access to equipment purchase is subject to allied health recommendation to ensure the product is suitable to meet the HCP and CHSP consumer needs. Consumer documentation confirmed processes for appropriate and timely referrals for equipment assessment to support daily living needs.

# Standard 5

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| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service offers social support group activities funded under the CHSP program at the 3 locations in the northern and western metropolitan regions. Consumers spoke positively about the service environment, recreational activities proposed, and meals offered at the centre.

The service has developed an emergency management plan that includes the safety and evacuation arrangements for assisting and guiding consumers during an emergency. A preventative and reactive maintenance system is in place and the service is exploring options to increase centres in metropolitan regions. Appropriate venues are selected to conduct operations including safe ingress and egress, accessible facilities, grab rails and ramps smoke alarms which are required before considering a lease.

# Standard 6

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| 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. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they felt comfortable and supported to provide feedback and make complaints, describing the process and opportunities for communication the service provides. A review of documentation reflected the consumer kit includes the Aged Care Quality and Safety Commission information about interpreter services and external advocacy information.

Staff provided examples of open disclosure, lodging complaints, and creating ‘tickets’ in the electronic consumer management system. Management described how they encourage consumers to raise feedback, promote ‘active listening’, and ensure resolution of complaints with the consumer. There was a comprehensive record of complaints captured in the quality register and evidence of satisfied consumers following conclusion of a complaints process.

Management explained they register and review every consumer complaint using this information to inform continuous improvements. Documentation demonstrated improvements made in response to consumer feedback and as a result of consumer surveys and analysis of complaints.

# Standard 7

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| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Ongoing staff recruitment ensures permanent and casual staff are available to meet the volume of services delivered. Understanding the Italian culture and language are highly regarded criteria for staff selection and recruitment. Staff who are non-Italian speaking are encouraged to attend the language classes that are regularly organised at the service head office. There is ongoing and active communication between the service and brokered care providers.

Management described providing the choice match for consumers and if a support worker is not matched well, they have the flexibility to find someone else promptly. The service has a suite of policies and procedures to support consumer diversity and inclusion.

Consumers and representatives expressed satisfaction in that staff are competent and skilled to effectively perform their roles. The staff handbook outlines staff responsibilities according to their position description including minimum entry qualification, competency requirements for their roles, and tasks list. For subcontracted services, the contracts reflect the provider has the necessary qualifications or registrations, relevant insurance, mandatory training, and police checks.

The Assessment Team reviewed position descriptions for qualified and non-qualified support workers, competencies and individual training and education sessions developed when practical or knowledge gaps are identified. Staff confirmed they attend a variety of mandatory and on-request training modules is available online and face-to-face at the services head office.

Management confirmed all staff complete an annual performance development review according to the organization's process and monitoring of staff engagement is discussed at monthly staff team meetings. Staff confirmed they receive informal performance feedback and have attended the annual performance appraisal review.

# Standard 8

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| 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. | Compliant | 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service conducts consumer surveys and regularly seeks feedback from consumers less formally. There is evidence of progression toward establishing a consumer advisory body in accordance with recent legislative changes related to provider governance. Home care reports including feedback, incidents, financial reports, and quality improvement audit results are completed monthly and discussed at the relevant committee and sub-committee meetings.

Staff confirmed information is available to provide effective care with care plans available through the mobile telephone application. Care managers explain the financial statements to the consumer or their representative to ensure understanding and a discussion about unspent funds is included in regular reviews of care and services.

Opportunities for continuous improvement are identified through review of incidents, feedback and complaints, and legislative changes. The service’s Plan for Continuous Improvement (PCI) demonstrated such improvement actions.

The service maintains information regarding the currency of staff and brokered provider certifications. The Assessment Team reviewed position descriptions which contained clear information regarding necessary qualifications and required tasks. Regulatory and legislative changes are monitored through membership of the peak provider body and engagement with an external consultancy service. There was evidence of consideration to feedback and complaints in ongoing quality improvement activities and the services PCI.

There are effective risk management systems and practices in place, as evidenced by assessment of the clinical care provided, staff interviews, and documentation review. The service assesses and manages consumer risks, trains its staff in relation to abuse and neglect, and maintains an effective incident management system. Risk relevant information is captured in consumer help plans to guide support worker practice. In relation to supporting consumers to live the best life they can, the service’s plans, policies, and procedures promote a balanced approach to risk management to enable consumer safety, enjoyment, choice, and sense of self.

The service has a clinical governance policy which outlines antimicrobial stewardship, restraint, and open disclosure. The service has a clinical governance framework which outlines antimicrobial stewardship, restraint, and open disclosure. Staff demonstrated an understanding of restrictive practices and were aware of the services related policies.

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)