**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

carequalitygov.au

|  |  |
| --- | --- |
| Name: | Co.As.It (SA) |
| Commission ID: | 600181 |
| Address: | 3/215 Port Road, HINDMARSH, South Australia, 5007 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 28 January 2025 to 29 January 2025 |
| Performance report date: | 28 February 2025 |

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.

# Services included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7948 Co.As.It.(SA) Italian Assistance Association Inc  
Service: 24411 Co.As.It.(SA) Italian Assistance Association Inc - Community and Home Support  
  
**This performance report**

This performance report has been prepared by A. Cachia, 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 services it operates, 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 was informed by a site assessment, observations, review of documents and interviews with staff, older people/representatives and others.
* performance report dated 1 May 2023 prepared in response to a Quality Audit undertaken from 28 March 2023 to 30 March 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | Compliant |
| **Standard 4** Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | Not applicable as not all requirements have been assessed |

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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |

Findings

Consumers and their representatives described how they are involved in developing their care plans, enabling them to communicate their decisions on care and service delivery. A consumer shared how they enjoyed attending activities as this enabled them to form friendships and make connections with others. Documentation showed individual choice and decision-making regarding goals, needs and involvement of others in their care. Activity observation demonstrated staff promoting interactions between consumers to facilitate the establishment of community connections.

Consumers and their representatives detailed how the provider supported them in taking risks and establishing risk-mitigating strategies to enable consumers to live the life they choose. A consumer explained that risks associated with their chosen activity were described and spoke about staff implementing individual risk control to enable them to participate safely. Staff were knowledgeable and demonstrated understanding to support consumers to take risks by identifying and appropriately escalating to management. Documentation showed effective systems and processes were implemented to support informed decision-making during consumer choice-related risk-taking situations. This was evidenced by the implementation of policies, forms and staff training.

Consumers and their representatives were satisfied with the frequency and quality of information received and confirmed it was delivered in a format that enabled informed decision-making. Consumers spoke about the various ways information was presented to them, such as pamphlets, newsletters, and verbally. Staff and management described mechanisms of communication available and utilised to keep consumers and representatives informed which aligned with consumer statements.

Based on the information summarised above, I find the provider compliant with Requirements (3)(c), (3)(d) and (3)(e) in Standard 1 Consumer dignity and choice.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers described the initial and ongoing assessment undertaken by staff to understand their current needs and abilities, fitness goals and preferred activities. Consumers spoke about how the assessment process informed the individualised approach to activities as it related to consumer risk. Staff detailed environmental and consumer risk management practices undertaken to promote the delivery of safe care. Documentation demonstrated that individual consumer risks were assessed, identified and managed with sufficient detail to guide effective care and service delivery.

Consumers and representatives confirmed the assessment and planning process captured individual needs, goals and preferences, explaining how staff used information gathered during the planning process to inform delivery of care and services. Staff understood what was important to consumers and utilised this information to individualise care and services. Staff described how they approached advanced care planning discussions when consumers were willing. Care documentation showed needs, goals, and preferences were sufficiently detailed.

Consumers and representatives described their involvement in planning and developing consumer’s care and services plan. They said the provider facilitates additional internal or external services when required. Staff and management demonstrated liaising with other healthcare service providers to support and meet consumer needs.

Consumers and their representatives confirmed that outcomes of the assessment and developed care plans were communicated and shared with them. Staff described having access to consumer care plans at the point of care and community centres.

Consumers and their representatives recalled staff conducting regular check-ins about the consumers’ needs and preferences. Staff and management explained how changes to care, services and care plans were communicated verbally or electronically via emails. Documentation evidenced regular reviews were conducted following changes to needs, preferences and conditions.

Based on the information summarised above, I find the provider compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | CHSP |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

Consumers described effective communication and teamwork displayed by the staff in meeting their needs. Staff and management explained that relevant consumer information was documented in care plans and communicated with others when care was shared. A brokered service provider spoke highly of the quality of information and communication from the provider, which enabled the delivery of services.

Consumers and their representatives reported being assisted to connect with internal or external health service providers to achieve their goals. Staff and management advised that external providers supplemented the social group activities by providing relevant information to consumers.

Based on the information summarised above, I find the provider compliant with Requirements (3)(d) and (3)(e) in Standard 4 Services and supports for daily living.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and their representatives reported feeling safe and supported in sharing their feedback and complaints through feedback forms and surveys. Management described the commencement of phone surveys to improve the feedback process. Documentation showed team meeting discussions on improving feedback mechanisms. Observations at the social group evidenced consumers had access to feedback forms in different languages.

Consumers recounted feeling satisfied with the complaint resolution and open disclosure process. Staff and management described the escalation process, complaints management procedure and principles of open disclosure. Documentation evidenced comprehensive details of complaints, and staff applied open disclosure principles in managing the complaint. Training records demonstrated all staff, including volunteers, were provided with the relevant training to support the complaint resolution process.

Staff and management described utilising feedback and survey results to improve the quality of services. The Assessment Team saw evidence of improvements made as a result of monitoring feedback trends. Documentation evidencing staff informed the Board of the outcomes of feedback and complaints analysis, including proposed improvements.

Based on the information summarised above, I find the provider compliant with Requirements (3)(a), (3)(c) and (3)(d) in Standard 6 Feedback and complaints.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | CHSP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and their representatives reported feeling that staff were adequately trained to provide care and services. Staff elaborated on the initial and ongoing training and support available to execute their roles effectively. Management described the role-specific comprehensive training program that staff undertake to support them in their roles. Training records were congruent with staff and management statements.

Consumers confirmed their contribution to staff performance through their feedback. Management described the monitoring and review of volunteer and staff performance process. Management stated consumer feedback was sought to inform the performance review and regular meetings. The performance review addressed key performance indicators, development, and goal setting. The Assessment Team saw evidence that the provider adequately managed poor performance.

Based on the information summarised above, I find the provider compliant with Requirements (3)(d) and (3)(e) in Standard 7 Human resources.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

Consumers confirmed that the provider sought feedback to evaluate the activities offered. Management articulated the various feedback mechanisms available to consumers to provide insight into care and services, such as surveys, verbal surveys, consumer advisory groups, and forms. Observations by the Assessment Team evidenced staff seeking feedback from consumers regarding the various activities.

Interviews with consumers, staff, and management, as well as documentation, exhibited effective organisation-wide governance systems that support information management, continuous improvement, workforce governance, financial governance, and feedback and complaints. Systems were implemented to ensure regulatory compliance, including subscription to aged care peak bodies and the Commission. The provider tracked and monitored probity checks to ensure compliance with employment requirements.

The provider demonstrated effective risk and incident management to support consumers to live their best lives. The Assessment Team evidenced the implementation of a risk register to identify at-risk consumers with risk-mitigating controls detailed, consumer non-attendance procedures, safety inspection checklists, training and guidance on managing risks, abuse and neglect. Staff spoke of identifying and managing consumer risks through collaboration with consumers and documenting mitigating strategies in care plans. Staff described signs that may indicate abuse and neglect, with reference to escalation procedures and mechanisms to undertake consumer welfare checks. Documentation showed accidents and incidents were managed with corrective and preventative actions detailed in the register. The Board was presented with a monthly incident trend analysis.

Based on the information summarised above, I find the provider compliant with Requirements (3)(a), (3)(c) and (3)(d) in Standard 8 Organisational governance.

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)