**Performance**

**Report**

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| Name of service: | Co.As.It (SA) - ADELAIDE |
| Service address: | 3/215 Port Road HINDMARSH SA 5007 |
| Commission ID: | 600181 |
| Home Service Provider: | Co.As.It.(SA) Italian Assistance Association Inc |
| Activity type: | Quality Audit |
| Activity date: | 28 March 2023 to 30 March 2023 |
| Performance report date: | 1 May 2023 |

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.

**This performance report**

This performance report for Co.As.It (SA) - ADELAIDE (**the service**) has been prepared by A. Grant, 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.

# Services included in this assessment

**CHSP:**

* Community and Home Support, 24411, 3/215 Port Road, HINDMARSH SA 5007

# Material relied on

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

* The assessment team’s report for the Quality Audit; 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 18 April 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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| 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. | **Non-compliant** |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | **Non-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. | **Non-compliant** |
| 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. | **Non-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. | **Non-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. | **Non-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. | **Non-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. | **Non-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. | **Non-compliant** |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Non-compliant** |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | **Non-compliant** |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | **Non-compliant** |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | **Non-compliant** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Non-compliant** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Non-compliant** |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | **Non-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. | **Non-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. | **Non-compliant** |

# Standard 1

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

Findings

Compliant Evidence

The service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers described staff and volunteers as kind, caring and respectful. Staff and volunteers described how they ensure each consumer's identity and culture is valued, and they are treated with dignity and respect. The Assessment Team observed staff interactions when greeting consumers at the centre were inclusive, respectful, and personalised.

The service was able to demonstrate services are culturally safe. Consumers interviewed said that staff understand their needs and preferences and deliver services with this in mind. Staff and volunteers demonstrated understanding of consumer’s cultural background and described how they ensure services reflect consumers’ cultural needs and diversity.

The service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers interviewed felt staff were respectful of personal information and the service demonstrated they have effective systems in place to protect consumers privacy and personal information. Management advised, and the Assessment Team observed, the electronic file management system is password protected. Staff and management are provided information about privacy and confidentiality, including a policy and procedure document.

Non-compliant Evidence

In respect to Requirements 1(3)(c), 1(3)(d) and 1(3)(e) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response on this occasion did not meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”.

The service was not able to demonstrate how each consumer is supported to exercise choice and decisions about their services, including when others should be involved, communicate their decisions; and make connections with others and maintain relationships of choice, including intimate relationships. Consumers said they were not aware of the name of their provider and were not involved in making decisions about their services.

All consumers sampled were not aware who their provider was, they referenced the name of the group they attended and were uncertain why they were being asked about an organisation they do not attend. All consumers interviewed who attend the activities on offer advised they have no control in their selection.

Management described they had one volunteer coordinator who changed an activity time for an exercise group without any consultation with consumers or managements approval. Consumers had attended an exercise class in the afternoon whilst their husbands’ played cards, and the provider received positive feedback. When they were advised the volunteer coordinator had changed the time of the activity at their discretion, the service received feedback consumers were no longer able to attend classes due to the time the class started.

The service was not able to demonstrate consumers are supported to take risks to enable them to live the best life they can. Consumers did not speak about taking risks, and advised the group offers activities and outings they like. Staff and management did not demonstrate how they supported consumers to make choices and decisions on the activities offered, enabling them to live the best life they can. Two of four consumers interviewed advised they do not take risks at the activities they attend, Consumer A explained he/she has used a mobility aid when attending bocce for years and is currently on a waitlist for surgery. Consumer A advised he/she has never spoken to the provider about the associated risks of undertaking this activity.

Management and staff did not demonstrate an understanding of dignity of risk and could not discuss processes and principles to support consumers with taking risks, they advised they would access the Aged Care Quality and Safety Commission’s (the Commission) training and resources to implement this fully into their processes.

Management did not demonstrate where any current consumer's choices and preferences were restricted, however, there are policies and procedures that make sure these restrictions would be limited and tailored proportionately to the risk.

The service was not able to demonstrate information provided to consumers is current, accurate and timely, and communicated clearly in a way that enables them to exercise choice. Consumers confirmed they are not provided with timely and relevant information when they first commence at the service, and ongoingly with information about the service’s offerings. Staff and management described how they provide information to consumers through the coordinators and acknowledged following up with consumers will be a Continuous Improvement (CI) item.

All consumers sampled advised they attend the events and they do not make choices or receive information regarding risks, possible outcomes and options when making decisions that involve balancing risk and quality of life.

# Standard 2

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| 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. | **Non-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. | **Non-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. | **Non-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. | **Non-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. | **Non-compliant** |

Findings

In respect to Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response on this occasion did not meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”.

The service was not able to demonstrate that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective services. For some consumers sampled, while key risks had been identified these had not been assessed and strategies to manage those risks were not considered or documented. Care plans are not provided to staff and volunteers and did not include sufficient detail about assessed needs and risks to the consumer to guide them in managing the risks for consumers.

Management described how My Aged Care (MAC) assessments are used when planning services. Management did not demonstrate that they are considering or assessing risk to the consumers to identify individualised risks to a consumer's health and wellbeing or using this information to inform the delivery of the consumer’s services.

The Assessment Team reviewed care plans for seven sampled consumers and noted the service has identified some risks to a consumer’s health and wellbeing, for example, mobility issues, medical conditions and pain. However, assessment and planning documentation did not demonstrate the service is including the consideration and assessment of risks to the consumer’s health and well-being to inform the delivery of safe and effective services.

The service was not able to demonstrate assessment and planning identifies and addresses the consumer’s current needs, goals and preferences including advance care planning. Consumers and representatives sampled described in various ways how the service meets their current needs, goals and preferences. However, the Assessment Team noted that this information collected was not documented within the care plan to inform the staff and volunteers when providing services.

Of seven consumers files sampled, while their care plans identified goals for them, they were generic, information about how this would be achieved was not documented and there was no documentation to support that these were discussed during reviews.

Care planning documentation viewed for sampled consumers did not effectively identify individualised needs, goals and preferences or provide instructions to staff and volunteers on how to achieve these. Management confirmed that needs goals and preferences are not discussed with consumers as part of an initial assessment and planning process or during reviews.

The service was not able to demonstrate that assessment and planning is occurring with ongoing consultation with the consumer, representatives and others involved in the care of the consumer. Management described how they contact a consumer once a referral is received through the MAC portal, however, were not able to demonstrate this collaboration is ongoing throughout the consumer's time with the service.

Care planning documentation viewed lists consumers, carers and emergency contacts, but does not document who the care plan was developed with. Management advised they do not actively seek information from other service providers when the care is shared and rely solely on the MAC assessment. Documentation viewed and management confirmed, reviews of consumer's services are not being completed regularly to assess risk and service suitability. As reviews are not taking place regularly, there is no documentation to demonstrate that ongoing consultation occurs with the consumer, representatives and others involved in the care of the consumer to ensure services are delivered safely.

The service was not able to demonstrate the results of assessment and planning are effectively documented and communicated to the consumer, and these documents are available to consumers and workforce at point of care. Interviews with consumers, representatives and staff, and a review of care documentation identified that, the service does not provide a comprehensive care plan that captures all aspects of a consumer’s health and wellbeing including emotional, spiritual and psychological.

The Assessment Team interviewed a coordinator who provided an in-depth knowledge of each consumer within the group and their individual needs, goals and preferences; however, the staff member confirmed this information is not documented within a care plan or shared with the service provider. Documentation viewed for sampled consumers confirmed that goals are identified through MAC assessments. However, information documented in the care plans, and communicated to consumers, was generic, did not include consumer’s needs and preferences, and did not detail how the services are to be provided to support consumers achieve their goals. Furthermore, individualised and detailed information about the consumer and how their services are to be provided, is not shared with the workforce to ensure the delivery of appropriate and safe services for consumers. Care plans sampled did not include information on the outcomes of assessment and planning including the consideration of risk, and when risks have been identified this information is not documented within the care and services plan or the referral for workers.

The service was not able to demonstrate that services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Care planning documentation viewed for sampled consumers showed that, when reviews were completed, these were not always effectively identifying risks to consumers, including following incidents or when circumstances changed.

Management described how they are currently in a transition stage of monitoring reviews and uploading them into the MAC portal. However, at the time of the Quality Audit the service was unable to demonstrate they have an effective system for monitoring reviews. Coordinators and volunteers interviewed described how they would notify a family member or carer if they noticed a change in a consumer’s condition however confirmed this information is not communicated to the service provider, documented or would trigger a review.

# Standard 3

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| Personal care and clinical care | | 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. | **Not applicable** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Not applicable** |
| 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. | **Not applicable** |

Findings

All individual requirements within Standard 3 are not applicable, therefore Standard 3 is not applicable and as a result was not assessed.

# Standard 4

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| Services and supports for daily living | | 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** |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | **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** |
| 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. | **Non-compliant** |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Non-compliant** |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | **Compliant** |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | **Not applicable** |

Findings

Compliant Evidence

The service was able to demonstrate 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. Consumers and/or representatives were satisfied that the services provided optimises the consumer’s independence, well-being, and quality of life through the provision of group social support. Coordinators and volunteers interviewed demonstrated services provided to consumers were tailored to their needs, goals, and preferences, and optimised their independence, wellbeing, and quality of life.

The service was able to demonstrate that services and supports for daily living promote consumers’ emotional, spiritual and psychological wellbeing. Consumers and/or representatives felt that staff know consumers well and described in various ways how the services provided enhance their emotional and psychological well-being. Coordinators and volunteers demonstrated their knowledge of consumers and described strategies to support consumers emotionally, spiritually and promote their psychological wellbeing.

The service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social and personal relationships, and do things of interest to them. Consumers and or representatives sampled confirmed they have day-to-day control over what activities they take part in and how the services assist them in accessing the community. Staff and management described how the service assists consumers to participate in their community, have social relationships and do the things of interest to them.

The service was able to demonstrate that meals provided are varied and of suitable quality and quantity. Consumers interviewed described how they are satisfied and involved in the choice of meals being provided, and how they are of good quality and quantity. Coordinators and volunteers demonstrated they know consumer’s dietary needs and preferences relating to consumer’s nutritional and hydration status. Documentation showed that consumers’ dietary needs and preferences are communicated within the service.

Non-compliant Evidence

In respect to Requirements 4(3)(d) and 4(3)(e) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response on this occasion did not meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”.

The service was not able to demonstrate that information about the consumer’s condition, needs and preferences is communicated within the service, and with others where the responsibility for services and supports for daily living is shared. Consumers and representatives were satisfied that information about their care and services is shared within the service. Care planning documentation viewed for sampled consumers showed that important information about the consumers, including food allergies, medical conditions, or mobility issues is not consistently and effectively documented, reviewed and communicated to staff and volunteers to inform safe and quality services.

Coordinators and volunteers advised they verbally share information regarding the needs, goals and preferences of each consumer, however this information is not shared with the service or documented in care plans to inform volunteers at the point of care.

Management advised they collect an attendance sheet at the end of each week to monitor attendance of consumers. This form does not include information about the consumer, their condition or reason for non-attendance. Additionally, staff interviewed explained that many consumers and volunteers do not sign the attendance sheet as it is in English, and they do not understand what they are signing.

The service was not able to demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services were considered and/or undertaken for 3 consumers. The service did not demonstrate effective systems and processes to ensure an effective network of external providers they can refer to, or collaborate with, to meet the needs of consumers for their daily living. For example, Consumer B described a fall in January 2023 where he/she broke bones. Consumer B has been socially isolated at home as a result of this injury. The service was unaware of Consumer B’s injury and non-attendance so were not able to refer Consumer B to another organisation. Consumer B stated he/she had never attended a social group with the service and was unsure as to why he/she is listed as a consumer

Evidence analysed for Consumer C showed Consumer C had a fall and sprained his/her hand and Consumer C is now using a walking frame to walk. There was no documentation to demonstrate a referral was made to allied health professional.

# Standard 5

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

Findings

The service was able to demonstrate the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Consumers confirmed they feel welcome when the attend the centre-based group sessions. Coordinators and volunteers described how they ensure consumers feel welcome and observations confirmed the social group environment was easy to understand, welcoming and functional.

The service was able to demonstrate the service environments are well maintained, safe, clean and enable consumers to move freely. Volunteers and staff described the processes of site-specific cleaning schedules and reactive maintenance. The Assessment Team observed the service environments to be clean, well maintained and comfortable. Consumers interviewed confirmed they feel safe when attending the venues for social activities and the Assessment Team observed the service environments were clean, with staff/ volunteers applying infection prevention and control practices.

The service was able to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Staff described processes to ensure equipment is safe, clean and well maintained. This was confirmed through observations. Staff and management described processes to ensure service equipment is safe, clean and well maintained, with the identification of any hazards and reactive maintenance requests to be reported to the relevant building owner. Management advised that each service environment undergoes an annual safety inspection to ensure the furniture, fittings and equipment are safe, clean, and well maintained.

# Standard 6

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| 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. | **Non-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** |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | **Non-compliant** |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | **Non-compliant** |

Findings

Compliant Evidence

The service was able to demonstrate consumers are made aware of, and have access to, external complaints, advocacy, and language services for raising and resolving complaints. Consumers confirmed they did not receive information about external feedback and complaint support options. Management described how they inform consumers about external support; this was not confirmed through documentation viewed by the Assessment Team. All consumers sampled advised they were aware they could speak to the coordinator if they had any concerns, however they enjoy attending and everything is good. Management advised they utilise their multilingual staff for interpreter services for consumers.

Non-compliant Evidence

In respect to Requirements 6(3)(a), 6(3)(c) and 6(3)(d) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response on this occasion did not meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”.

The service was not able to demonstrate that consumers, their family, friends, carers, and others are encouraged and supported to provide feedback and make complaints. Staff and volunteers described their processes how they would communicate any issues or concerns raised by consumers. The Assessment Team observed there are no effective systems in place to encourage or capture other feedback, suggestions and complaints.

Management described their processes for the collection of feedback advising the volunteer coordinator is required to feed this back to the provider, however, they do not document all forms of feedback received by the service. Management advised a feedback form will be provided to all consumers, however, advised that consumers are reluctant to put anything in writing and the provider is assessing how to best gather feedback as a Continuous Improvement action.

The service was not able to demonstrate appropriate action is taken in response to feedback and complaints, and open disclosure process is used when things go wrong. Management described how they addressed consumers’ feedback and complaints. The Assessment Team observed there are no effective systems in place to encourage or capture other feedback, suggestions, and complaints.

The service has a complaint and feedback policy which outlined the process for complaint handling, however this policy does not provide staff with sufficient detail for effective complaint handling. This is further documented in Standard 8 of this Performance Report.

The service was not able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. Management described key areas of complaints for the service and continuous improvement actions they have documented to address these. This was confirmed by the documentation viewed by the Assessment Team.

The service does not have implemented processes to ensure that consumers, their family, friends, carers, and others are encouraged and supported to provide feedback and make complaints. Therefore, the service does not have a documented system that would enable the service to track, review and analyse feedback and complaint trends to improve the quality of services for consumers.

Management was not able to describe how the organisation recorded, analysed, or acted on feedback and complaints to improve the quality of their care and services. Management was not able to provide the Assessment Team with evidence of how complaints are escalated or referred within the service to drive change and improve the services available to consumers. Management acknowledged feedback is not documented and this will be addressed as an action within their continuous improvement plan.

# Standard 7

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

Findings

Compliant Evidence

The service was able to demonstrate 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. Consumers interviewed were satisfied with the number of staff and volunteers to deliver the consumer’s services. Coordinators and volunteers interviewed indicated sufficient staffing numbers to deliver services. Members of the Boards described how they adapted when two staff members resigned, Board members were able to step down and deliver services without interruption to the services, and new team members were hired and are currently being trained in their respective roles.

The service was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers confirmed management, staff, and volunteers treat consumers with respect and create a supportive culture for consumers. Staff described how they provide services to consumers in a kind and respectful manner including how they respect their privacy and decisions. All consumers interviewed provided overwhelmingly positive feedback regarding the quality of the volunteers of the service. Members of the Board described how they recruit staff and how they required staff to be of a caring and compassionate nature and the right fit for the services being delivered.

The service was able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers said they have confidence that staff are competent and skilled, and management acknowledged their deficiencies advising they do not have an effective process for ensuring staff have the required competencies to perform their role. consumers interviewed advised, in various ways, they have confidence in the staff and volunteers, and said they know what they are doing. Management advised staff and volunteers have the training and mandatory requirements specific to their role as outlined in their position descriptions, including first aid certificates and COVID-19 vaccinations.

While some deficiencies had been identified by the Assessment Team regarding the skill, knowledge and support staff require to enable effective assessment and planning, risk management and coordination of services, this is document below.

Non-compliant Evidence

In respect to Requirements 7(3)(d) and 7(3)(e) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response on this occasion did not meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”.

The service was not able to demonstrate that the workforce is effectively trained, equipped, and supported to deliver the outcomes required by the Aged Care Quality Standards (Quality Standards). Management advised they had identified improvements were required to the training policy, and mandatory training provided to staff and volunteers, however, this is yet to be implemented. The Assessment Team identified that requirements of the Quality Standards had not been considered to inform workforce training needs.

Management could not demonstrate their systems and processes to ensure that staff receive the necessary induction to understand their role and responsibilities in relation to the requirements against the CHSP operational manual and Quality Standards. The Program Manager advised they did not have previous aged care experience and did not have an effective induction into their role.

While management advised they do have access to training that they identify as relevant to their role, which is approved by the Board, documentation viewed by the Assessment Team showed the training attended included Building Organisational Capacity within the Aged Care Reforms, The Evolution of the Ageing Sector, and Data and Reports for better decision making. However, the Assessment Team noted that education and training required by these Quality Standards had not been offered or provided to staff. For example, in relation to assessment and planning, dignity of risk, feedback and complaints, and open disclosure.

The service was not able to demonstrate the workforce, including volunteers’ performance is regularly assessed, monitored, and reviewed. Management advised that there are no formal appraisals for coordinators at this stage, however, management are in regular contact with the Board of the service to discuss their ongoing support and training requirements. Board members described the Performance review and Development process and acknowledged this has not been undertaken for volunteers to date, however, they are taking steps to address this.

Volunteers interviewed confirmed they are not in contact with the Program Manager on a regular basis to discuss any concerns that they may have, with one volunteer advising they would not provide the feedback to the provider, they would contact the consumers family directly.

Board members interviewed described the processes for Performance Reviews and Development (PR&D), advising this information is included as a requirement in all job descriptions, however, acknowledged this was not undertaken for coordinators and that they are in the process of organising a meeting for all volunteers where the Board will confirm what the volunteers are required to report and processes that must be adhered to as per the Aged Care Quality Standards. The Board members advised this will be conducted as a matter of priority.

# Standard 8

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| 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. | **Non-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** |
| 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. | **Non-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. | **Non-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. | **Not applicable** |

Findings

Compliant Evidence

The service was able to demonstrate the organisation promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The service has a range of reporting mechanisms to ensure the services governing body is aware and accountable for the delivery of care and services. Coordinators advised there is limited communication with the service and management described how safe, inclusive, and quality care services are delivered by staff, however, explained there is currently no monitoring or oversight of volunteer coordinators.

Members of the Board provide one on one training to the Project Manager to ensure they ask for and receive the information and advice they need to meet their responsibilities. Members of the board explained how the governing body decided, explained, and put their quality safety and cultural goals into action to develop and build a culture of safe, inclusive, and quality care and services

The Assessment Team viewed the organisations Charter and draft continuous improvement plan that detailed how the organisation sets priorities to improve the performance of the organisation against the Quality Standards and consistent with the Charter of Aged care Rights.

Non-compliant Evidence

In respect to Requirements 8(3)(a), 8(3)(c) and 8(3)(d) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response on this occasion did not meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”.

The service was not able to demonstrate that consumers are engaged in the development, delivery and evaluation of care and services, and are supported in that engagement. Staff and management could not describe how consumers are actively engaged in the development, delivery and evaluation of care and services beyond that associated with the informal feedback processes. The organisation did not demonstrate they apply effective governance systems to meet the requirements of the Quality Standards to enable consumers to feel they are partners in improving the delivery of care and services.

Staff interviewed could not provide examples of how the service engaged with consumers and representatives in designing and improving services. Management and Board members acknowledged they do not have effective systems in place to engage with consumers or seek feedback from consumers in relation to their experience or the quality of the care and services they receive. They advised that consumer and/or representative complaints are currently the only way the service can evaluate their care and services. However, as documented within Standard 6 the service does not have an effective process to encourage and capture all feedback and complaints received from consumers and representatives.

The organisation could not demonstrate that there is an organisation wide approach to involve consumers in developing, delivering, and evaluating their care and services.

*Information management:*

The service was not able to demonstrate effective information systems and processes to support staff in their roles or to meet the outcomes required by the Quality Standards. Consumers are not provided relevant information in relation to their services as the service does not provide each consumer, or volunteers with a care plan, or information required to provide safe, quality care and services. The organisation does not have suitable policies and procedures to meet the requirements of the Quality Standards.

As documented within Standard 2 the organisation was not able to demonstrate effective information management systems to ensure the workforce and volunteers have relevant information at point of care delivery to enable them to provide safe and effective services to consumers to maintain their health and wellbeing.

Review of consumer files by the Assessment Team demonstrated that staff and volunteers did not have access to care filing documentation or document case notes in the consumers’ files, they also did not document discussions with consumers and representatives regarding changes in the consumers’ condition, reviews, referrals, or additional services required.

The Assessment Team identified that the organisation does not consistently have effective systems and processes to ensure compliance with the Quality Standards introduced in July 2019, including consumer assessment and planning, policies and procedures, and consumer risk and incidents management.

The organisation did not demonstrate effective information management systems and processes to ensure that the workforce had access to up-to-date policies and procedures, and to effectively guide them in relation to the Quality Standards.

The organisation was unable to provide evidence of policies and procedures related to consumer choice and decision making including if they wished to take risks, cultural safety, assessment and planning, management of consumer’s high-impact or high-prevalence risks, and open disclosure.

*Continuous improvement:*

The organisation was not able to demonstrate an effective continuous improvement system and did not have processes in place to assess, monitor and improve the quality and safety of care and services provided by the service.

Board members advised, and provided evidence of the organisations Strategic Plan, which is valid to the end of 2024. However, they acknowledged this did not incorporate aged care reforms implemented since August 2021, when the Plan was created.

*Workforce governance, including the assignment of clear responsibilities and accountabilities:*

The organisation was not able to demonstrate effective workforce governance to ensure staff receive the ongoing support, training, professional development, and feedback they need to ensure staff are competent in order to meet the needs of aged care consumers and deliver the outcomes of the Quality Standards.

As documented in Standard 7 the organisation was not able to demonstrate how they consistently support staff with induction and ongoing training, and with policies and procedures to ensure safe and effective services are delivered to consumers, in line with their goals, needs and preferences, and the Quality Standards.

Management could not describe the organisation’s processes to identify, report and escalate consumer’s deterioration and incidents, including training, policies, and processes to guide staff in their role and ensure they are competent. The organisation has not identified or provided relevant education to management, staff, and volunteers to deliver the outcomes required by the Quality Standards.

The organisation was not able to demonstrate an effective system in place to ensure regular assessment, monitoring and review of the performance of each staff member and volunteer, as documented in Standard 7.

*Regulatory compliance:*

The organisation was not able to demonstrate effective systems and processes to ensure monitoring of workforce regulatory requirements, in relation to mandatory training for volunteers, as outlined in Standard 7. The organisation was not able to demonstrate they are meeting all regulatory requirements of the CHSP funding and Quality Standards.

Management advised, and provided evidence, they had reconciled consumers’ information on the My Aged Care portal for the purpose of the Quality Audit and of their 600 members listed, 125 are currently active and registered with the organisation, with 62 actively attending groups, 19 consumers are not attending group activities, 19 consumers had passed away, yet remained active on the My Aged Care portal and 10 consumers were residing in a Residential Aged Care facility.

The Board members interviewed advised there had been no training in relation to the Serious Incident Response Scheme (SIRS) for volunteers, and they were not aware of the Code of Conduct, or the banning orders register, and they are aware of this deficiency.

While the Board members advised they received information on program and legislative changes through emails from funding bodies and Australian Government websites, there was little evidence provided to demonstrate regulatory compliance against all relevant legislation, regulatory requirements, and guidelines is actioned and monitored.

The Assessment Team noted there are no monitoring processes to manage the currency of the National Police Checks for the Board members, staff, and volunteers. Documentation showed the service held current NPCs for one staff member.

*Feedback and complaints:*

The organisation was not able to demonstrate effective systems and processes to monitor, analyse and use feedback and complaint data to improve the quality of care and services. Management identified areas for improvement, however, was not able to demonstrate the current policies and processes are effectively capturing, monitoring, analysing and trending complaints to drive continuous improvement of care and services.

As documented in Standard 6 the organisation did not demonstrate effective systems regarding encouraging feedback and complaints, or any continuous improvements made to service delivery as a result of feedback and complaints.

As documented in Standard 6 the organisation has policies and procedures in relation to feedback and complaints, however, in many examples, the procedure was not followed by staff in relation to documenting feedback and complaints in the feedback management system and resolving the complaint in consultation with the consumer, which demonstrated a lack of organisational oversight.

The organisation has policies and procedures in relation to feedback and complaints, however, the organisation did not demonstrate feedback is collated to monitor trends for consumers or monitor staff performance and/or improve the delivery of care and services. – *End of* *Feedback and complaints heading.*

*High impact or high prevalence risks associated with the care of consumers is managed:*

In relation to managing high-impact or high-prevalence risks to consumers, the organisation was not able to demonstrate effective systems and processes to identify, assess, manage, and monitor risks to consumers. Management was not able to identify consumers who are at risk due to health decline, mobility impairments, risk of falls or cognitive impairments. As demonstrated in Standard 2, the service has not completed risk assessments or regular review of risks, to enable effective management and monitoring of risks to consumers.

The service could not demonstrate effective assessment and care planning for their consumers to manage high impact and high prevalence risks, and there was no evidence of sound governance systems to identify and assess the risks to the health, safety, and wellbeing of consumers.

Organisational risk management documents were generic and related to organisational risks such as continuity of services and these documents do not provide guidance to staff and volunteers in relation to consumers’ risks to inform services, including mobility, falls, cognitive status and health issues.

Staff and volunteers have been provided information related to reporting general risks to management, however, they have not been provided information or education in relation to assessing consumers’ risks, providing relevant risks information to volunteers, and report possible risks such as decline in consumers’ health or mobility.

*Recognising and responding to elder abuse:*

Management advised they have only recently commenced attending group activities on an ad hoc basis, acknowledging they have minimal interaction with consumers, and it is a continuous improvement item for staff to engage more frequently with consumers including welfare checks when consumers do not attend group activities and gathering updates from the volunteer coordinators.

The organisation does not have a comprehensive policy that guides staff in relation to recognising and responding to elder abuse, the Assessment Team viewed a generic policy on elder abuse that does not provide clear guidance or instruction to staff and coordinators on how the organisation manages and monitors elder abuse.

The Assessment Team viewed the training register that confirms staff, and volunteers have completed the elder abuse training as part of their mandatory training, however, volunteers interviewed stated they would not report any concerns to the program manager, they would feed information back to the family.

*Consumers being supported to live the best life they can:*

In relation to supporting consumers to live the best life they can, the organisation was not able to demonstrate that policies and procedures are in place to support consumers to live their best life, including related to choice, decision making and taking risks if they wished to. Furthermore, staff and volunteers have not been provided education.

Management advised that, although policies, procedures and training are not provided to staff and volunteers, they are guided in relation to consumers’ rights by the Charter of Aged Care Rights. Management could not describe any examples of respecting consumers wishes and how they have identified and reduced risks to support consumers independence. The organisation was not able to demonstrate effective systems and processes in the identification and management of risks to consumers to support their independence as safely as possible to enable them to live their best lives.

Care planning documentation viewed by the Assessment Team did not identify risks or describe areas in which consumers are supported by the service to take risks; this is documented further in Standard 1.

*Managing and preventing incidents, including the use of an incident management system:*

In relation to identifying and responding to abuse and neglect of consumers, the organisation was not able to demonstrate that policies and procedures are in place to prevent and respond to Elder abuse and neglect. Management could describe the organisations reporting systems for near misses and/or incidents, however, they could not demonstrate their knowledge of legislative requirements to report incidents. Management interviewed were not able to give examples of how they have identified and managed incidents using the organisation incident management system or how incident data has been used to prevent similar incidents recurring.

The organisation does not have a documented incident management policy providing guidance in relation to recent reforms, including the recently implemented SIRS and banning orders register.

The organisation did not demonstrate they communicated with consumers in the identification of risk if incidents occur and in the resolution of incidents including use of open disclosure.

The organisation did not demonstrate they use effective investigation as soon as they become aware of any allegation or evidence of harm abuse or neglect and were not able to demonstrate any evidence the organisation would notify the Commission of reportable incidents appropriately.

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)