**Performance**

**Report**

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| Name of service: | Communities@Work Limited |
| Service address: | 172 Dixon Drive HOLDER ACT 2611 |
| Commission ID: | 200966 |
| Home Service Provider: | Communities@Work Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 9 February 2023 |
| Performance report date: | 7 March 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 Communities@Work Limited (**the service**) has been prepared by J Taylor, 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, 24787, 172 Dixon Drive, HOLDER ACT 2611

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 24 February 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **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.

# Other relevant matters

The requirements assessed for this report were prioritised with the following requirements to be assessed at a later date.

* Requirements - 2(3)(b), 2(3)(c), 2(3)(d), 4(3)(a), 4(3)(b), 4(3)(d), 4(3)(f), 5(3)(b), 6(3)(a), 6(3)(b), 6(3)(d), 8(3)(b) will continue to remain non-compliant until assessment completed.

# 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. | Not applicable |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Not applicable |
| 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. | Not applicable |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Not applicable |

Findings

At the Quality Audit undertaken in July 2022, a review of care and support plan documents showed consumers’ ethnicity, religious interests and language, are not noted or considered in the initial commencement assessment. Evidence in care plans reviewed demonstrated information missing and parts of the support plans crossed out with pen and signed by a service staff member. Care and support planning documents for all consumers sampled did not describe care planning strategies or contain relevant documents. The service was unable to provide staff training records demonstrating awareness regarding inclusivity, cultural diversity and the delivery of safe care.

All consumers and representatives interviewed for this assessment stated staff treat them with dignity and respect. Care planning documentation sampled reflected the history and background of consumers and what is important to them to maintain their identity. The service evidenced a suite of policies which outline the expectations and responsibilities of staff in relation to the kind, respectful and dignified treatment of consumers.

The service evidenced the following training modules have been completed by all staff and are now mandatory for any staff new to the service.

* Religious Sensitivity
* LGBTIQ+A
* ATSI Cultural Awareness
* Human Rights
* Zero tolerance cultural awareness
* Understanding abuse
* Aged Care Quality Standards

Consumers and representatives interviewed described how staff value them and review of care plan documentation demonstrated improved data capture which includes information regarding consumers’ cultural beliefs.

The service now demonstrates appropriate information is captured in care planning documentation reflecting the diversity of consumers and staff are aware of the various groups and requirements of diverse consumer groups. Two of the two requirements assessed are deemed to be compliant. Four requirements were not assessed as part of this activity and are deemed to be not applicable.

# 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. | 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. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| 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

The Quality Audit in July 2022 found consumer care plans contain limited detail and did not include all relevant information regarding consumer needs, risk and related strategies to guide staff delivering services. It was also identified at the previous audit care and services were not reviewed regularly for effectiveness and did not include the goals and preferences of consumers.

Consumers and representatives sampled for this audit said they felt safe and confident the workforce know what they are doing. Assessment documentation reviewed, demonstrated consideration of risks to the consumer’s health and well-being are now included in care plans and informs the delivery of safe and effective care and services. Staff interviewed demonstrated an awareness of assessment and care planning processes to identify risks to consumer’s health, safety and well-being, identified risks include but are not limited to cognitive decline and falls. For example:

* A care plan reviewed detailed the health conditions to include a diagnosis of dementia and the impact to their mobility and ability to complete housework. Strategies were noted to guide staff on how best to support the consumer.

Consumers and representatives interviewed said staff regularly discuss care needs with them as they relate to domestic assistance, gardening and transport needs, and that changes requested are addressed in a timely manner. The service demonstrated care planning data is recorded in a newly introduced electronic system which guides the user on what information to request and record. It was noted the new system includes an alert function, prompting the annual review of care plans, and captures information when circumstance changes, or when incidents impact the needs and goals or preferences of the consumer. Staff interviewed demonstrated an awareness of the incident reporting processes and how these incidents may trigger a reassessment or review.

The service demonstrated appropriate information is now capture in care plan documentation regarding risk to consumers and strategies to manage that risk in addition to processes in place to support effective assessment, care planning and review. Two of the two requirements assessed are deemed to be compliant. Three requirements were not assessed as part of this activity and are deemed to be not applicable.

# 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

This Standard was not assessed as part of this activity.

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

Findings

This Standard was not assessed as part of this activity.

# 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. | Not applicable |
| 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. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

This Standard was not assessed as part of this activity.

# 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. | Not applicable |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Not applicable |
| 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. | Not applicable |

Findings

An outcome of the Quality Audit in July 2022 was advice most complaints received by the service were informal and only issues of concern were recorded. The service did not provide evidence of feedback, nor did they demonstrate complaints policies and procedures to inform continuous improvement for consumers, and the organisation as a whole.

For this audit, the service advised the implementation of an electronic Complaint Management System and clear processes for consumers to lodge concerns. The service advised the new system monitors complaints, records the action taken, and closes it once resolved, or sets alerts if further follow up is required and enables managers to monitor the progress. A suite of accessible policies and procedures was reviewed which demonstrated guidance to staff in documenting, investigating, resolving and evaluating feedback and complaints.

The service demonstrated appropriate processes and systems in place to enable effective monitoring of complaints and feedback and guidance for staff to support the process. One requirement was assessed and deemed to be compliant. Three requirements were not assessed as part of this activity and are deemed to be not applicable.

# 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. | Not applicable |
| 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. | Not applicable |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not applicable |

Findings

The Quality Audit in July 2022 reported the service did not demonstrate that members of the Board had undertaken cultural awareness training nor did the service evidence policies relating to culture or diversity for the elderly. While the service stated staff must undertake annual performance development reviews, management interviewed advised this had not occurred nor was the service able to demonstrate what training staff had done, in addition to Manual Handling.

For this audit, the service demonstrated an understanding of how to provide care to consumers which is kind, caring and respectful. Management and staff interviewed confirmed they received training in how to deliver services with dignity and respect. All consumers and representatives interviewed shared positive feedback in relation to workforce interactions and confirmed staff are kind, caring and treat consumers well.

In response to the previous audit, the service introduced a new role titled Manager of CHSP Program Delivery (CHSP PD). Review of the job description for this role included responsibility for the implementation of an electronic consumer and staff relationship management system with associated policies and procedures. Review of the training register indicated mandatory cultural training for all staff has occurred and will be reviewed on a regular basis. Interviews with coordinators indicated they felt well supported in their role with training and support from the office staff. Staff interviewed advised there had been positive change since the Manager CHSP PD commenced, along with the introduction of a new electronic system to support processes, particularly improvements in documentation such as complaints, incidents, training and continuous improvement activity.

The service demonstrated interactions with consumers is kind, caring and respectful of each consumers identity and culture with appropriate training and support in place. Two of the two requirements assessed are deemed to be compliant. Three requirements were not assessed as part of this activity and are deemed to be not applicable.

# 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. | Not applicable |
| 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. | Not applicable |
| 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 |
| 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

The Quality Audit in July 2022 noted vaccination policies and reference to ACT government requirements were minuted under risk and compliance however, the Assessment Team could not find evidence that aged care services featured in the minutes apart from a profit statement and one entry for the 4 May 2022 regarding transport commissioning opportunities. The service did not demonstrate effective organisation wide governance systems relating to the following systems:

* Information management
* Continuous improvement
* Regulatory compliance
* Feedback and complaints

For this audit, the service demonstrated effective governance systems and organisational wide accountability relating to the following systems:

**Information Management**

Staff interviewed confirmed information is readily accessible within the organisation’s information management system to support them to undertake their role. The electronic care management system provides care staff and external contractors varying levels of access to consumer documentation relative to their role. Staff advised they can access policies, procedures and training via the service’s electronic systems.

**Continuous Improvement**

Interviews with management and review of documentation confirmed the service has effective systems and processes in place to support continuous improvement, including an improvement plan to track progress and support reporting to the Board.

**Regulatory Compliance**

Management interviewed advised industry standards and guidelines are monitored through the Aged Care Quality and Safety Commission website and subscriptions to various legislative services and peak bodies. Management interviewed advised information in relation to regulatory changes such as the introduction of the Serious Incident Response Scheme (SIRS) and changes to restrictive practices is circulated to staff via electronic mail messages, meetings and dissemination of policies and training. Review of incident documentation identified no incidents recorded within the scope of SIRS reporting however, the service has procedures in place should an incident be identified within scope.

**Feedback and Complaints**

Management interviewed described the service’s processes for managing and responding to feedback and complaints. The service demonstrated all Managers are responsible for ensuring the complaints resolution process has occurred and appropriate action taken, this is documented and reported to the CEO.

The service evidenced a clinical governance framework and policy which directs the service on how to manage high impact and high prevalence risks; respond to abuse and neglect; respond to deterioration in health; support consumer choice and decision-making; and report and manage incidents. Staff interviewed demonstrated an awareness of these policies and described what they meant for them in a practical way. Review of the incident management report showed the service has a good reporting culture which was evidenced through the report provided and staff knowledge of reporting requirements. The report provided comprehensive details relating to the incident, investigation, actions taken and outcome. The report conveyed when open disclosure had occurred. The service evidenced mandatory training for all staff via its online training system with staff interviewed able to demonstrate an understanding of SIRS, incident reporting and escalation processes at the service.

The service demonstrated effective governance systems in place and risk and incident management systems to support recording, monitoring and reporting of risk to consumers. Two of the two requirements assessed are deemed to be compliant. Three requirements were not assessed as part of this activity and are deemed to be not applicable.

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)