**Performance**

**Report**

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| Name: | Communities@Work Limited |
| Commission ID: | 200966 |
| Address: | 172 Dixon Drive, HOLDER, Australian Capital Territoy, 2611 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 25 September 2023 to 26 September 2023 |
| Performance report date: | 18 November 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 M Franco, 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.

# Service 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | 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 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 2

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| Ongoing assessment and planning with consumers | | CHSP |
| 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 |

Findings

Evidence analysed by the Assessment Team showed the service demonstrated assessment and planning identifies and addresses the consumer’s current needs, goals, and preferences, including advanced care planning and end of life planning if the consumer wishes. Staff interviewed said they are provided information by transport coordinators and CHSP facilitator in relation to the care needs of consumers and are provided with access to the care plan, that includes clear instructions. Care planning documentation sighted by the Assessment Team included specific tasks for staff and in accordance with consumer goals.

Evidence analysed by the Assessment Team showed the service demonstrated assessment and planning is based on on-going partnership with the consumer and others, including other organisations, and individuals that are involved in the care of the consumer. Policies and processes are in place that describe how assessment and care planning development are undertaken, in consultation with consumers and/or their representatives. Sampled consumer documentation reviewed provided evidence of the assessments undertaken with the consumer and/or their representatives. Progress notes sighted by the Assessment Team evidenced the services liaises with other agencies as required such as general practitioners, specialist, or mental health services.

Evidence analysed by the Assessment Team showed the service demonstrated 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. Consumers and representatives interviewed confirmed they participate in assessments and ongoing reviews and were involved in the development of their care plan. They felt they were well informed by the coordinator/facilitator of the services they could access. They were able to provide details of what services they receive, including days and times and these were noted to match with care plans sighted in their files. The initial assessment is conducted and further referral to the GP to conduct an assessment for consumers. Care plans are then developed in partnership with consumers and representatives based on the information gathered via the assessment. Staff and driver interviewed said they have access to consumers’ care plans through the apps. Those interviewed felt they get enough information on the needs of the consumers and how to deliver care.

Based on the evidence summarised above, I find the provider in relation to the service, complaint with Requirement 2(3)(b), Requirement 2(3)(c) & Requirement 2(3)(d).

# 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)(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)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Evidence analysed by the Assessment Team showed the service demonstrated 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 representatives said they are encouraged to stay active to maintain their physical independence. They provided positive feedback regarding driver and staff helping them do the things they want to do through the in-home social support service. All consumers felt they have a better quality of life due to the services they currently receive. Staff gave examples of individual consumer needs and preferences and how they assist consumers in daily living.

Evidence analysed by the Assessment Team showed the service demonstrated services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being. Consumers and representatives advised they enjoy services and feel comfortable, happy, and safe with their driver and staff while receiving care. Staff said if they have any concerns, they discuss this with the coordinators/facilitator who can make appropriate referrals if needed. Staff demonstrated a good knowledge of individual consumers’ needs, personalities, and interest.

Evidence analysed by the Assessment Team showed the service demonstrated information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. Consumers and representatives were satisfied the service had good communication systems in place to ensure staff knew their needs and when changes occurred with their care. Management advised they have regular meetings with the coordinators/ facilitator and information is shared and discussed. Any action discussed is updated in care plan and communicated to the staff and driver.

Evidence analysed by the Assessment Team showed the service demonstrated where meals are provided, they are varied and of suitable quality and quantity. Consumer and representative feedback confirmed that the meals they receive are of suitable quality and quantity and that a variety of meals from different cuisines are provided. They are provided with menus and details of costs of meals, and this helped guide them when choosing their orders. Consumers said the food met their dietary needs and individual preferences. The assessment team viewed the menu plan and individual consumer dietary requirement and support plan. This aligned with the consumer choice and requirement.

Based on the evidence summarised above, I find the provider in relation to the service, complaint with Requirement 4(3)(a), Requirement 4(3)(b), Requirement 4(3)(d) & Requirement 4(3)(f).

# Standard 5

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| Organisation’s service environment | | CHSP |
| 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 |

Findings

Evidence analysed by the Assessment Team showed the service demonstrated the service environment is safe, clean, well maintained, comfortable and enables consumers to move freely, both indoors and outdoors. Consumers interviewed said the service environment for social groups was clean and well maintained and all areas were accessible. They said they can move around freely. Management provided copies of cleaning records and the maintenance register. The Assessment Team observed the service area to be safe, clean, and well maintained.

Based on the evidence summarised above, I find the provider in relation to the service, complaint with Requirement 5(3)(b).

# 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. | 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)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Evidence analysed by the Assessment Team showed the service demonstrated consumers, their family, friends, carers, and others are encouraged and supported to provide feedback and make complaints. All consumers interviewed said the service encourages them to provide feedback and make complaints. Most consumers interviewed said they have not had a need to make a complaint, but if they did, they would call the coordinator in the first instance. The service provides multiple avenues for consumers to provide feedback including a web-based form found on their website, a paper-based form included in the welcome pack, and information in the client handbook contained phone numbers, email address and external contact details such as the Aged Care Quality and Safety Commission. The services complaints management policy outlined their commitment to ensuring consumers are supported to provide feedback and that complaints are welcomed to help the service to continuously improve the quality of their services.

Evidence analysed by the Assessment Team showed the service demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. All consumers interviewed said they feel safe raising concerns and that the service would provide them with details of advocacy and interpreter services if they needed them. Consumers said they were comfortable providing feedback through support workers as they were very approachable. Management said the service subscribes to Translation Interpreter Services (TIS) and provides information to consumers regarding advocacy services when they commence at the service. The Assessment Team sighted the consumer welcome pack and handbook, and it included information on the TIS, the National Relay Service and multiple contact details for advocacy services.

Evidence analysed by the Assessment Team showed the service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. All consumers interviewed said they are encouraged to provide feedback regarding social group activities. All feedback and complaints are reviewed and used to improve the quality of care and services. All feedback is formally recorded and reviewed by management and provided to the board. The services complaints management policy guides staff on the implementation of improvements in relation to feedback and complaints by monitoring trends and measuring the quality of their customer service.

Based on the evidence summarised above I find the provider, in relation to the service, compliant with Requirement 6(3)(a), Requirement 6(3)(b) & Requirement 6(3)(d).

# Standard 8

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| Organisational governance | | CHSP |
| 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 |

Findings

Evidence analysed by the Assessment Team showed the service demonstrated the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The Assessment Team sighted minutes from the last three board meetings. The minutes demonstrated that the board has oversight of care and services and is accountable for their delivery. The Assessment Team sighted the Chief Executive Officer reports that demonstrated information relating to complaints and incidents is captured. Management said the CEO has a standing meeting with the board chair weekly to ensure the board is kept abreast of any issues between board meetings. The service has a risk and compliance subcommittee which includes two board members. The subcommittee meets in between the board meetings where incidents, complaints, risk, and compliance are discussed.

Based on the evidence summarised above I find the provider in relation to the service, compliant with Requirement 8(3)(b).

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)