**Performance**

**Report**

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| Name: | Connect Health & Community Services |
| Commission ID: | 300558 |
| Address: | 2A Gardeners Road, BENTLEIGH EAST, Victoria, 3165 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 4 December 2023 |
| Performance report date: | 16 January 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8508 Bentleigh-Bayside Community Health  
Service: 25650 Bentleigh-Bayside Community Health - Community and Home Support

**This performance report**

This performance report for Connect Health & Community Services (**the service**) has been prepared by J Renna, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

* the Assessment Team’s report for the Assessment contact (performance assessment) – site report, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the performance report dated 14 February 2023 in relation to the Quality Audit undertaken from 4 January 2023 to 9 January 2023
* the provider’s response to the Assessment Team’s report received 15 January 2024.

# 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 5** Organisation’s service environment | **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)(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

Requirement (3)(e) was found non-compliant following a Quality Audit undertaken from 4 January 2023 to 9 January 2023, as the service did not demonstrate:

* social support consumers had current care plans and that regular reviews had occurred
* consumers’ care needs, allergies and dietary requirements were reviewed as scheduled
* allied health conferences were consistently occurring.

The Assessment Team’s report for the Assessment Contact undertaken on 4 December 2023 included evidence of actions taken to address the non-compliance, including, but not limited to, development of a continuous improvement plan which included a schedule for care plan reviews.

The Assessment Team found these improvements were effective and recommended Requirement (3)(e) met. The Assessment Team provided the following evidence relevant to my finding:

* Consumers confirmed the service undertakes reviews when circumstances change.
* Documentation showed the service has prioritised reviewing care plans of consumers on its vulnerable persons list.
* Documentation showed care plans are systematically occurring on the scheduled date and when circumstances change, or when incidents occur.
* Documentation showed consumer care needs, allergies and dietary requirements are included in detailed care plan information.
* Documentation showed care planning documentation included evidence of up to date allied health conferences.

The provider accepted the outcome of the Assessment Contact.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# 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

Requirement (3)(b) was found non-compliant following a Quality Audit undertaken from 4 January 2023 to 9 January 2023, as the service did not demonstrate the service environment was safe for consumers, with consumers expressing dissatisfaction with the hydrotherapy pool and staff did not always have visibility to the safety of consumers using the hydrotherapy pool.

The Assessment Team’s report for the Assessment Contact undertaken on 4 December 2023 included evidence of actions taken to address the non-compliance, including, but not limited to, development of a continuous improvement plan which included an update to the hydrotherapy pool environment and its safety.

The Assessment Team found these improvements were effective and recommended Requirement (3)(b) met. The Assessment Team provided the following evidence relevant to my finding:

* Consumers confirmed the safety of the hydrotherapy pool environment has been actioned by the service, including implementing improvements to meet the needs of consumers in wheelchairs.
* Staff stated the social support group building is a shared space and it is cleaned after each use. Documentation showed the service has a cleaning schedule for the social support group environment.
* Documentation showed the service undertakes environmental audits at the hydrotherapy pool and the day centre with risks and/or maintenance addressed.
* Observations showed staff visibility has been improved with the repositioning of the staff member’s desk so the staff member can face the hydrotherapy pool and observe consumers more easily.
* Documentation showed new chairs have been purchased for the service environment and new carpet has been ordered, taking into account consumers living with dementia or vision impairment and their needs.

The provider accepted the outcome of the Assessment Contact.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment.

# Standard 8

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| Organisational governance | | CHSP |
| 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 |

Findings

Requirement (3)(c) was found non-compliant following a Quality Audit undertaken from 4 January 2023 to 9 January 2023, as the service did not demonstrate effective organisation wide governance systems addressing information management and regulatory compliance, as:

* only one staff member had access to the vulnerable persons register
* the service had difficulty producing a list of consumers receiving services including social support group services
* the service did not make reasonable efforts to contact all consumers and advise them of the Quality Audit
* relevant staff had not completed statutory declarations in addition to police clearance certificates.

The Assessment Team’s report for the Assessment Contact undertaken on 4 December 2023 included evidence of actions taken to address the non-compliance, including, but not limited to, development of a continuous improvement plan which included actions to improve the service’s governance practices and systems.

The Assessment Team found these improvements were effective and recommended Requirement (3)(c) met. The Assessment Team provided the following evidence relevant to my finding:

* Management stated the service implemented processes to inform all consumers of Commission assessments, including a mail out and/or text messaging or emails to all consumers.
* Management showed the team has access to all consumer information and provided a full list of the CHSP consumers to the Assessment Team in a timely manner.
* Staff have been trained on how to access/extract information from the service’s various data sources/systems.
* Documentation showed the service has an updated compliance register for staff and volunteers which evidences relevant staff have completed statutory declarations as required.
* The service has not had any adverse findings from any other regulatory entity.

The provider accepted the outcome of the Assessment Contact.

The previous performance report evidenced the service had effective organisation wide governance systems addressing continuous improvement, financial governance, workforce governance and feedback and complaints.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 8 Organisational governance.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)