**Performance**

**Report**

**1800 951 822**

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| Name: | New England Community Care |
| Commission ID: | 200169 |
| Address: | Cnr Tribe Street and Manilla Road, TAMWORTH, New South Wales, 2340 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 4 July 2024 |
| Performance report date: | 29 July 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.

**Services included in this assessment**

Home Care Packages (**HCP**) included:  
Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  
Service: 17829 UnitingCare Ageing New England - St Andrew's Retirement Village - EACHD  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8359 UNITING (NSW.ACT)  
Service: 25089 UNITING (NSW.ACT) - Care Relationships and Carer Support  
Service: 25090 UNITING (NSW.ACT) - Community and Home Support

**This performance report**

This performance report for New England Community Care (**the provider**) has been prepared by K. Jarvie, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the services, 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) – non-site report, which was informed by review of documents and interviews with staff, consumers, representatives and others
* the performance report dated 11 January 2024 in relation to the Quality Audit undertaken from 24 to 25 October 2023.

The provider did not submit a response to the Assessment Team’s report for the Assessment contact (performance assessment) – non-site.

**Assessment summary for Home Care Packages (HCP)**

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements were assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements were assessed** |

**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 were assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements were 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 | | HCP | 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 | Compliant |

**Findings**

Requirement 2(3)(b) was found non-compliant for HCP and CHSP following a Quality Audit conducted from 24 to 25 October 2023. Care plans were noted to be generic with similarly documented goals recorded across consumers. Care plans did not consistently specify the details of assessed consumer needs, religion, lifestyle or activities of daily living considerations, with health and well-being profiles incomplete for most of the reviewed care documentation.

The Assessment Team’s report for the Assessment Contact undertaken on 4 July 2024 included evidence of actions taken by the provider in response to the non-compliance. These actions include, but are not limited to, improvements to processes for monitoring and supporting consumers, with care plans developed, evaluated after one month and evaluated again annually and when required.

The Assessment Team was satisfied these improvements were effective and recommended Requirement 2(3)(b) met for HCP and not applicable for CHSP. The Assessment Team provided the following evidence relevant to my finding:

* Consumers stated advance care planning was discussed at initial entry to the service. Consumers and representatives confirmed the consumer receives individualised care which is documented.
* Staff demonstrated knowledge of individual consumer’s current needs, goals and preferences.
* Management described the individualised assessment process with consumers and others with whom the consumer wishes to participate.
* Documentation showed individualised assessment and advance care planning information for consumers.

In coming to my finding, I have considered the information in the Assessment Team’s report which shows the provider is ensuring assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning.

I have placed weight on the evidence in the Assessment Team’s report which showed improvements were made to address the previous non-compliance, and consumers and representatives confirmed assessment and planning is individualised. In the absence of specific evidence towards a finding of non-compliance for CHSP consumers and although it was not assessed by the Assessment Team, I find that on the balance of probabilities it is reasonable to make a finding of compliance against this Requirement for CHSP services as the Assessment Team have obtained evidence of the provider achieving the required standard with HCP consumer cohort of greater complexity.

In relation to CHSP, I find the provider, in relation to the services assessed, compliant with Requirement (3)(b) in Standard 2, Ongoing assessment and planning with consumers.

In relation to HCP, I find the provider, in relation to the services assessed, compliant with Requirement (3)(b) in Standard 2, Ongoing assessment and planning with consumers.

**Standard 7**

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| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

**Findings**

Requirement 7(3)(e) was found non-compliant for both HCP and CHSP following a Quality Audit conducted from 24 to 25 October 2023. The provider did not demonstrate formal staff performance review processes for both directly employed staff and subcontracted staff.

The Assessment Team’s report for the Assessment contact undertaken on 4 July 2024 included evidence of actions taken by the provider in response to the non-compliance. These actions include, but are not limited to, implementing a system to monitor subcontracted services and implementing improved processes for regularly monitoring and reviewing staff performance.

The Assessment Team was satisfied these improvements were effective and recommended Requirement 7(3)(e) met for HCP and CHSP. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives spoke about their positive experience with staff and recalled being asked for input on staff performance.
* Staff discussed their recent performance reviews, ongoing conversations with management and training received during monthly meetings and through an online training system.
* Management described various processes the provider uses to monitor staff performance and improvements, including annual staff appraisals and ongoing conversations and check-ins. Management described the system used to monitor subcontracted services.
* Documentation showed the provider maintains a staff appraisal process for directly employed staff and uses processes to monitor subcontracted services.

In coming to my finding, I have considered the information in the Assessment Team’s report which shows the provider regularly assesses, monitors and reviews the performance of each member of the workforce.

I have placed weight on the evidence in the Assessment Team’s report which showed improvements were made to address the previous non-compliance.

In relation to CHSP, I find the provider, in relation to the services assessed, compliant with Requirement (3)(e) in Standard 7, Human resources.

In relation to HCP, I find the provider, in relation to the services assessed, compliant with Requirement (3)(e) in Standard 7, Human resources.

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)