**Performance**

**Report**

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| Name: | Northern Coalfields Community Care Association (NeighbourCare) Limited |
| Commission ID: | 200375 |
| Address: | 196 Wollombi Road, CESSNOCK, New South Wales, 2325 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 25 September 2024 |
| Performance report date: | 29 October 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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7891 Northern Coalfields Community Care Association (NeighbourCare) Limited  
Service: 24548 Northern Coalfields Community Care Association (NeighbourCare) Limited - Community and Home Support

**This performance report**

This performance report has been prepared by G Cherry, 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 it operates, 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 was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives, and others
* the provider’s response to the assessment team’s report received 11 October 2024
* Performance Report dated 19 January 2024

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements assessed** |

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.

* Requirement 2(3)(a) – implement an effective system of assessment/planning, including risks to consumers health and wellbeing, informs delivery of safe/effective care and services, plus an effective monitoring system to ensure ongoing compliance.

# Other relevant matters:

Northern Coalfields Community Care Services head office is in Cessnock NSW. The provider is a registered aged care provider currently providing services to 342 consumers receiving funding under Commonwealth Home Support Programme (CHSP).

# 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)(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. | Compliant |

Findings

Requirement 1(3)(a) - a decision of non-compliance made on 19 January 2024 followed a quality assessment contact on 13 December 2023 to 14 December 2023. At an assessment contact on 25 September 2024 the provider advised a policy has been introduced to support diversity which is considered during consumer intake and staff procurement. Sampled consumers and representatives consider support workers treat consumers with dignity and respect when delivering care and services. Consumers expressed confidence staff know their background/culture and things of importance to them. Interviewed support workers spoke respectfully of consumers demonstrating thorough knowledge of consumers they support. A process ensures assessment officers contact consumers to ensure they feel supported, respected, and valued.

Requirement 1(3)(e) – a decision of non-compliance made on 19 January 2024 followed a quality assessment contact on 13 to 14 December 2023 due to deficits relating to consumers receiving information regarding support visit times and/or name of support worker scheduled to attend, plus inconsistencies as to whether support workers telephoned prior to the visit or not.

At an assessment contact on 25 September 2024 the assessment team bought forward evidence some sampled consumers advised ongoing issues relating to receipt of current/accurate information as to when services are to occur. They advised although aware of day of service and receive notification of approximate arrival time the day prior, they would appreciate consistency in support workers and knowledge of planned arrival time in advance. Management advised implementation of a roster (in consultation with consumers) to enable knowledge of day/time/name of support worker, (note yet in place for all), noting approximately 26 percent of consumers currently in receipt of a fortnightly schedule. Two consumers advised they have not yet been provided with a schedule. Management advised a planned process for communicating changes.

In their response, the provider advised self-identification of issues resulted in commenced implementation of a scheduled/rostering practice during September 2024, however implemented a process of review to ensure satisfaction before disseminating to all consumers. A completion date is planned for end of October 2024, plus ongoing monitoring/review processes to ensure satisfaction. Additionally, they appointed defined roles/responsibilities to ensure changes are communicated in a timely manner. In consideration of compliance, while accepting consumer feedback I note they acknowledge receipt of details the day prior, and I accept the providers evidence of a planned implementation processes. I find requirement 1(3)(e) is compliant.

# 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. | Not 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. | Compliant |

Findings

Requirement 2(3)(a) – a decision of non-compliance made on 19 January 2024 followed a quality assessment contact on 13 December 2023 to 14 December 2023. At an assessment contact on 25 September 2024 the service did not demonstrate assessment/care planning includes consideration of consumers’ risks. Review of documents detail 2 different support plans in use, however neither contain detailed information relating to care/services. Sampled consumers advised they regularly need to advise staff of their needs/preferences. The CHSP intake team leader acknowledged support plans did not reflect current details, advising of planned implementation of a new care plan/support program. Support plans do not consistently detail service days/times however this information is recorded elsewhere (without consumer access). Document review and staff interview detail recorded information inconsistent with actual care/service provision. One consumer’s support plan details domestic support and personal care, however staff advised actual required care differs from that documented. Interviewed support workers note a copy of consumers care plans in their home to guide care delivery, plus a telephone application to access information. In their response, the provider advised recent Board approval of a new care plan program with implemented to occur in coming months. In the interim a paper-based record has been introduced (capturing plan of care and goal setting) and a prioritisation process to ensure consumers deemed at high-risk are completed first. Staff education is planned, and completion of information transfer/review planned for February 2025. I acknowledge the provider’s planned implementation however find at present the provider does not demonstrate effective assessment/planning, includes consideration of risks and informs delivery of care/services. I find requirement 2(3)(a) is non-compliant.

Requirement 2(3)(e) – a decision of non-compliance made on 19 January 2024 followed a quality assessment contact on 13 December 2023 to 14 December 2023. At an assessment contact on 25 September 2024 the service demonstrates a process of annual review of care/services and/or when circumstances change/incidents occur. Interviewed support workers described the process of communicating with assessment officers when changes occur and gave examples of changed services post hospitalisation for one consumer and support to increase services via a home care package (HCP) for another.

# Standard 6

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| Feedback and complaints | | CHSP |
| 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. | Compliant |

Findings

Requirement 6(3)(c) – a decision of non-compliance made on 19 January 2024 followed a quality assessment contact on 13 December 2023 to 14 December 2023. At an assessment contact on 25 September 2024 sampled consumers demonstrated awareness of complaints processes, satisfaction with timely response/outcome and Management demonstrates awareness of open disclosure principles/practice. Document review details use of an open disclosure process, appropriate action taken in response to complaints/feedback and complainant satisfaction with outcome/resolution.

Requirement 6(3)(d) – a decision of non-compliance made on 19 January 2024 followed a quality assessment contact on 13 December 2023 to 14 December 2023. At an assessment contact on 25 September 2024 the service demonstrated effective systems and processes for reviewing complaints/feedback including liaison with the complainant to ensure satisfaction. Management oversees the processes, ensures communication at meetings, and demonstrates complaints/feedback incorporated into continuous improvement processes.

# 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 |

Findings

A decision of non-compliance made on 19 January 2024 followed a quality assessment contact on 13 December 2023 to 14 December 2023. At an assessment contact on 25 September 2024 the service demonstrated a planned workforce to enable delivery of safe/quality care and services. An electronic rostering system aims to ensure appropriate staff availability to assist consumers, considering consumer’s gender, language, and cultural needs. A process ensures the workforce have appropriate qualifications and Management described methods of maintaining appropriate workforce numbers. Interviewed staff note receipt of education via an electronic program and face-to-face, to assist in maintaining skills. Management explained processes to ensure staff availability for planned services and/or alternative days/times offered as per consumer choice. Interviewed staff note recent improvement in rostering resulting in consistency of staff/improved continuity of consumer care.

# 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. | 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. | 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 |

Findings

Requirement 8(3)(a) – a decision of non-compliance made on 19 January 2024 followed a quality assessment contact on 13 December 2023 to 14 December 2023. At an assessment contact on 25 September 2024 sampled consumers gave examples of methods to participate/provide feedback regarding development/delivery/evaluation of services. Consumers consider they can provide feedback/suggestions via multiple forums/formats, noting invitation to participate in meeting forums. The acting chief executive officer (A/CEO) gave examples of service and organisational level improvements in response to consumer/representative feedback. Review of documents demonstrate discussion of consumer’s concerns reported to the Board. The service introduced the consumer advisory body meeting in January 2024 including participants from the organisation’s residential service, home care (HCP) and Commonwealth Home Support Programme (CHSP). The Board chairperson and Management explained commitment to promoting/seeking agenda items for discussion.

Requirement 8(3)(b) – a decision of non-compliance made on 19 January 2024 followed a quality assessment contact on 13 December 2023 to 14 December 2023. At an assessment contact on 25 September 2024 the provider demonstrated organisational systems/processes to monitor service performance and ensure Board accountability for delivery of care/services. Regular updating of the Board occurs via meetings and data-driven reports created by sub-committees, including finance, risk, quality, and clinical care. Reports enable monitoring of safe/effective services, including clinical governance trends/analysis/improvements, incidents (including Serious Incident Response Scheme), feedback, policy/legislation updates and minutes of meeting forums. The chairperson advised Board commitment to establishing/promoting a culture of safe, inclusive, quality care/services noting increased Board member presence within the service. Board members are active on subcommittees, attend service celebration events and support/or facilitate staff training enabling an opportunity for feedback/concerns to be raised directly with the governing body.

Requirement 8(3)(c) – a decision of non-compliance made on 19 January 2024 followed a quality assessment contact on 13 December 2023 to 14 December 2023. At an assessment contact on 25 September 2024 the provider demonstrated effective organisational systems/processes. Policies and procedures guide staff relating to organisational requirements. A range of electronic software programs ensures appropriate management/ communication of information. Management and staff advised storage of password protected information. The chairperson acknowledged quality of information presented to the Board previously identified as a risk resulting in increased Board member presence in subcommittees. A service wide continuous improvement plan exists. The organisation’s Board includes 2 accountants, who provide oversight in financial governance. The finance officer and financial committee prepare an annual budget approved by the Board. The Board chairperson notes staff retention a recent focus for consistency of support workers. The Board review data relating to staff turnover/reason for leaving to enable oversight of workforce issues. An electronic software program aids in tracking, monitoring, communicating legislation and policy updates. Following Board approval, Management update policy/procedure changes, notifies staff/provides education. Established organisational systems analyses/trends feedback and complaints. The quality and clinical care committee review complaint data and report to The Board.

Requirement 8(3)(d) – a decision of non-compliance made on 19 January 2024 followed a quality assessment contact on 13 December 2023 to 14 December 2023. At an assessment contact on 25 September 2024 the provider demonstrated organisational risk management systems and associated practices which identify/manage high prevalence/impact risks, including abuse and neglect. The organisation has an incident management system and quality/clinical governance documents demonstrate clinical indicators/incidents are analysed to identify/implement risk mitigation strategies. Documents detail consumer and business-centric risks. Initial assessments are completed to identify consumer and workforce risks. Incidents are recorded, investigated/trended, resulting in improvements where required.

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)