**Performance**

**Report**

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| Name of service: | Transcord (Gold Coast Transport Coordination Services) |
| Service address: | 3 Frinton Street SOUTHPORT QLD 4215 |
| Commission ID: | 700322 |
| Home Service Provider: | Transcord Community Transport Organisation Inc |
| Activity type: | Quality Audit |
| Activity date: | 17 April 2023 to 19 April 2023 |
| Performance report date: | 29 May 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 Transcord (Gold Coast Transport Coordination Services) (**the service**) has been prepared by J.Bayldon, 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:**

* CHSP Transport, 4-7ZOIGG1, 3 Frinton Street, SOUTHPORT QLD 4215

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 17 May 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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.

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| 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. | Non-compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Non-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. | Non-compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-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;   feedback and complaints. | Non-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   managing and preventing incidents, including the use of an incident management system. | Non-compliant |

# 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | 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 |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

At the time of the performance report decision the service was:

* Ensuring that consumers are treated with dignity and respect with their individuality and diversity valued.
* Demonstrating practises that ensure delivery of culturally safe consumer care and services.
* Evidencing consumers are informed and supported to make choices and maintain their independence, including supporting consumers to take risks to live the best life they can.
* Ensuring that the provision of information to consumers is accurate, timely, and easy to understand.
* Evidencing practices that ensure consumer privacy is respected and protected.

# 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. | 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 |
| 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. | Non-compliant |

Findings

At the time of the performance report decision the service was:

* Demonstrating embedded processes to consider, identify, and mitigate consumer risks during assessment and planning.
* Evidencing a consumer centric approach to service planning that accurately reflects needs, goals, and preferences.
* Evidencing consumers are involved and engaged in the assessment and planning of their own services.
* Demonstrating that the outcomes of assessment and planning are communicated with consumers and those they wish to be involved in the process.

At the time of the performance report decision the service was not:

* Evidencing the regular and episodic review of consumer care and services.

At the time of the quality audit, it was evidenced that some consumers had not received a formal reassessment of their plan at a regular interval. There was also evidence that the service’s registers for recording changes to consumers ongoing needs information were not updated. Staff interviewed advised they were aware of overdue reassessments and advised changes in staff had resulted in a backlog. When interviewed, management and staff discussed a plan to complete the overdue reassessments.

In response to the Assessment Team Report, the service confirmed that staff had been hired with a focus on clearing the backlog of consumer reassessments. The service also advised that was in the process of prepare guidelines for operational and intake staff on recording and updating consumer information.

Acknowledging the response by the service, it would take time to onboard staff to implement the guidelines and complete the backlog of consumer reviews which are critical to the provision of care and services to consumers. Therefore, I find the service to be non-compliant with requirement 2(3)(e) at the time of the performance report decision.

# 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 relevant to the quality review as the provider does not provide clinical or personal care being that it is a consumer transport service.

# 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)(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. | 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)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 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

At the time of the performance report decision the service was:

* Demonstrating the delivery of safe and effective services and supports for consumers, to improve and promote their health, well-being and quality of life.
* Demonstrating practices that support consumers emotional, spiritual and psychological well-being.
* Demonstrating a range of support options to promote community participation, maintain social and personal relationships and support consumer independence.
* Evidencing effective communication within the service and with other organisations where consumers’ needs, or preferences involve shared care.
* Evidencing timely referrals are competed to optimise consumers quality of life.

# 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. | Compliant |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

At the time of the performance report decision the service was:

* Demonstrating a welcoming service environment, optimising the interactions of each consumer whilst maintaining their independence.
* Evidencing a clean, comfortable, and well-maintained environment where consumers can move freely.
* Evidencing safe, well maintained, and suitable equipment for all consumers.

# 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. | Non-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. | Non-compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

At the time of the performance report decision the service was not:

* Encouraging consumers/representatives to provide feedback and make complaints.
* Evidencing consumers have access to advocates, language services and are aware of the methods for raising and resolving complaints.
* Responding to complaints appropriately ensuring an open disclosure process is used when responding to feedback and complaints.
* Ensuring feedback and complaints are reviewed to improve the quality of care and services to consumers.

At the time of the quality audit, consumers/representatives interviewed shared they did not know how to make a complaint.

Information regarding feedback and complaints given to consumers upon entering the service reviewed by the assessment team was noted to be incorrect or missing information in relation to language or translation services, limiting the ability of consumers to make a complaint or give feedback about the service.

Staff interviewed were unable to demonstrate how they empower consumers who speak limited English to make a complaint or provide feedback themselves. Staff advised that details of complaints are not consistently documented. Management confirmed that complaints processes and outcomes are not recorded in a single centralised location, limiting the ability for management to have oversight of the complaints management process to improve the quality of care and services to consumers.

In response to the assessment team report, the service noted it was implementing a feedback/complaint form into the welcome packs received by consumers upon entering the service, which will provide information to consumers on how to make a complaint, provide details of interpreter services, and explain the relevant processes regarding making complaints. The service also advised that it was implementing guidelines in relation to open disclosure to assist staff when responding to complaints from consumers.

The service evidenced that it has implemented a central incident management system, to enable oversight of the complaints management process and to assist with the trending and analysis of feedback and complaints.

Acknowledging the response received from the service, it is noted that the service will need more time to successfully imbed and communicate the updated systems and processes to existing consumers to ensure oversight of the complaints management process is maintained for information to be effectively used to improve the quality or care and services to consumers. Therefore, I find the service to be non-compliant with this standard at the time of the performance report decision.

# 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 |
| 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. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

At the time of the performance report decision the service was:

* Prioritising the delivery of essential services when there is unavailability of staff due to unexpected leave and contacting consumers regarding changes to the delivery of services.
* Respecting each consumer’s identity, culture, and diversity.
* Monitoring and reviewing the performance of the workforce to ensure workforce members are competent, have the qualifications and knowledge to perform their roles effectively.
* Evidencing that service staff performance is monitored, managed, and assessed regularly and episodically when the need arises.

At the time of the performance report decision the service was not:

* Providing the workforce with the resources and training required to deliver quality care and services.

At the time of the quality audit, the service was unable to demonstrate that staff and volunteers had been provided with training on relevant topics including the Aged Care Quality Standards and what this means for them in performing their duties. Management confirmed that training had not yet been organised or provided to staff and volunteers.

In response to the assessment team report, the service was able to evidence that it was in the process of developing a training template for staff and volunteers in relation to the Aged Care Quality Standards and Charter of Aged Care Rights.

Acknowledging the response by the service, it will take time for the service to deliver the relevant training to ensure that staff and volunteers are equipped with knowledge of the Aged Care Quality Standards and Aged Care Rights to enable them to deliver outcomes to consumers. Therefore, I find the service to be non-compliant with requirement 7(3)(d) at the time of the performance report decision.

# 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. | Non-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. | Non-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

At the time of the performance report decision, the service was:

* Engaging consumers in the development, delivery and evaluation of care and services.
* Demonstrating its governing body is accountable for service delivery and a culture of safe, inclusive and quality care.

At the time of the performance report decision the service was not:

* Evidencing effective organisation wide governance systems.
* Utilising effective risk management systems and practices to support consumers to live the best life they can.

Non-Compliant Evidence

In relation to requirement 8(3)(c), the service was not demonstrating appropriate systems to ensure effective governance was being implemented to ensure safe, quality care is being provided in relation to continuous improvement, regulatory compliance and feedback and complaints.

1. *Continuous improvement*

At the time of the quality audit, the assessment team identified that improvements made over time and those that are in progress are not captured in a centralised place to manage improvement across the service. There was no documented continuous improvement plan setting out the details from origin to completion of the improvement required and an evaluation of the outcomes following implementation.

In response to the assessment team report, the service advised that it was in the process of implementing a centralised continuous improvement plan and register.

1. *Regulatory compliance*

At the time of the quality audit, the service was unable to evidence that it had effective systems and processes in place to meet all regulatory and program requirements in respect to the Commonwealth Home Support Programme. Management was not aware of new reporting requirements for the Serious Incident Response Scheme that came into effect 1 December 2022, nor had the organisation conducted any self-assessments of their compliance against the Aged Care Quality Standards.

In response to the assessment team report, the service was able to evidence that it was either implementing or had implemented some changes to the services provided to consumers which will improve its compliance with the Commonwealth Home Support Programme and the Aged Care Quality Standards.

1. *Feedback and complaints*

At the time of the quality audit, the assessment team evidenced that information regarding consumer feedback and complaints is not collated in a centralised place, limiting the Board’s capacity to have overview of the consumer experience. Consumers interviewed advised that they were not clear on how to make a complaint about the service.

In response to the assessment team report, the service advised that it was implementing a centralised location for consumer feedback and complaints to enable the Board to have more oversight in the complaints management process.

Acknowledging the response received by the service and the continued improvements being undertaken by the service, I find the service to be non-compliant with requirement 8(3)(c) at the time of the performance report decision.

In relation to requirement 8(3)(d), the assessment team noted that changes to a consumer’s health and wellbeing and potential risks this may pose are not being consistently updated on the consumers records. A review of the incident register and supporting documents sighted evidenced that information captured was not always accurate or consistent. The assessment team also noted that education and training had been provided to staff and volunteers in relation to recognising the various signs of elder abuse.

In response to the assessment team report, the service advised that the incident management system has been reviewed and a new centralised incident/complaints register is now in place to ensure that details are accurately recorded.

Acknowledging the response received by the service, more time would be required to imbed the new register into the services processes to ensure incident management is accurate and consistent. I therefore find the service to be non-compliant with requirement 8(3)(d) at the time of the performance report decision.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)