**Performance**

**Report**

**1800 951 822**

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| Name: | Transcord |
| Commission ID: | 700322 |
| Address: | 3 Frinton Street, SOUTHPORT, Queensland, 4215 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 11 October 2023 |
| Performance report date: | 10 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: 7771 Transcord Community Transport Organisation Inc  
Service: 24144 Transcord Community Transport Organisation Inc - Community and Home Support

**This performance report**

This performance report for Transcord (**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) – non-site report which was informed by review of documents and interviews with staff, consumers/representatives and others
* the performance report dated 29 May 2023 in relation to the Quality Audit undertaken from 12 April 2023 to 19 April 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 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 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **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 17 April 2023 to 19 April 2023, as the service did not demonstrate that all consumers’ needs are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Some consumers had not received a formal reassessment of their plan at a regular interval and the service’s registers for recording changes to consumers’ ongoing needs information were not updated.

The Assessment Team’s report for the Assessment Contact undertaken on 11 October 2023 included evidence of actions taken to address the non-compliance, including but not limited to, implementation of a process for tracking which consumers require a review of their care and services, development of a documented reassessment process, development of a reassessment checklist to guide appropriate reviews, and engagement of additional volunteers to assist with conducting outstanding consumer 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:

* Management advised the service continues to work towards completing reviews for all consumers and expect to complete all reviews by the first quarter of 2024.
* Documentation reviewed showed team meeting minutes included discussion regarding the process and progress of consumer reviews.
* Documentation showed evidence of consumer information updated in response to consumer changes and/or incidents.

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 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)(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

Requirements (3)(a), (3)(b), (3)(c) and (3)(d) were found non-compliant following a Quality Audit undertaken from 17 April 2023 to 19 April 2023, as the service did not demonstrate:

* consumers, their carers, representatives, family and friends and others are encouraged and supported to provide feedback and make complaints
* consumers are provided with information on how to access language and communication support services to make an effective complaint
* complaints are appropriately addressed with an open disclosure process used when responding to feedback and complaints
* complaints are consistently documented and recorded in a centralised location to facilitate oversight by management.

The Assessment Team’s report for the Assessment contact undertaken on 11 October 2023 includes evidence of actions taken by the service in response to the non-compliance. These actions include but, are not limited to:

* The consumer welcome pack includes an updated ‘compliment, complaint and feedback’ form which explains the ways feedback can be provided and how the service will respond, along with the service’s contact details.
* The consumer welcome pack includes the Charter of Aged Care Rights, the Commission’s factsheet on complaints and advocacy, and information about language services.
* The consumer welcome pack was updated to include current and accurate information on external aged care complaints mechanisms.
* All new consumers receive the updated welcome pack.
* The complaint process has been streamlined, with a centralised register for recording of complaints/incidents. Complaints are managed by the operations manager in collaboration with the general manager.
* Complaints are discussed by management and with the Board as required, with the Board agenda updated to include trending of complaints and incidents as part of continuous improvement activities.

The Assessment Team was satisfied these improvements were effective and recommended Requirements (3)(a), (3)(b), (3)(c) and (3)(d) met. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives confirmed they know how to provide feedback and feel comfortable to raise issues if they are not satisfied with the services received. Management advised a consumer survey process commenced recently with results being collated as forms are returned. Management advised the service may provide a copy of the updated welcome pack to existing consumers as part of their next transport service. Documentation showed evidence of an updated welcome pack containing relevant information about how to raise complaints and provide feedback.
* Documentation showed the welcome pack contains information about translation and language services, advocacy services and current contact information for the Commission, providing information for consumers about external complaints mechanisms.
* Management stated the streamlined complaints processes are more manageable, with all documentation stored in the one location. Documentation showed a centralised register which includes information about each complaint/incident, recorded from information compiled on the new incident/complaint report.
* Management advised there are no complaint trends. Documentation confirmed complaints are discussed by management and with the Board and consumer suggestions for improvement are considered by the service and there are no current trends. Documentation shows the centralised register provides an overview of complaint issues raised and details are captured on the consumer record.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 6 Feedback and complaints.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

Requirement (3)(d) was found non-compliant following a Quality Audit undertaken from 17 April 2023 to 19 April 2023, as the service did not demonstrate staff and volunteers were provided with training on relevant topics including the Quality Standards and what this means for them in performing their duties.

The Assessment Team’s report for the Assessment contact undertaken on 11 October 2023 includes evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to, training on the Charter of Aged Care Rights, training on the Quality Standards, and advice provided to staff and volunteers on the revised complaints/incidents reporting process.

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

* Documentation showed training on the Aged Care Rights was provided to staff.
* Documentation showed staff have been provided with information about the Quality Standards, including the intent of the Quality Standards, expectations for service performance and guidance materials to ensure staff understand the level of service and care to which consumers are entitled.
* Documentation showed staff and volunteers are recruited, trained and equipped for their rope, prior to commencing providing services for consumers, with induction, orientation and mandatory training programs completed.
* Documentation showed drivers are provided with an information booklet setting out their role and responsibilities and staff and volunteers receive ongoing mentoring.
* Management advised a human resources consultant was engaged to further support the organisation.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 7 Human resources.

# 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 |
| 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

Requirements (3)(c) and (3)(d) were found non-compliant following a Quality Audit undertaken from 17 April 2023 to 19 April 2023, as the service did not demonstrate:

* effective governance systems in relation to continuous improvement, regulatory compliance and feedback and complaints
* effective risk management systems and practices, including action to address the Serious Incident Response Scheme (SIRS) and ensuring staff are trained to recognise the signs of potential elder abuse.

The Assessment Team’s report for the Assessment contact undertaken on 11 October 2023 includes evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to:

* Continuous improvement has been embedded in daily service operations and practices across the organisation.
* Staff were provided training on the Quality Standard and the Charter of Aged Care Rights.
* The incident management system has been reviewed and streamlined, with incident reports completed and recorded on the incident register.
* Staff have been provided with information on the revised processes and the steps to take in the event of an incident and what constitutes a reportable incident.
* The SIRS has been incorporated into the organisation’s incident management plan.
* The feedback and complaints process has been consolidated with information now held in a central place to support trending and analysis by management.
* The Board is provided with an overview of feedback, complaints and suggestions made by consumers and trends are discussed and addressed.

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

* Information management
  + The service has policies and procedures in place to guide information management.
  + The service has a purpose-built electronic records management system to manage transport operations.
  + There are various communication methods and record management processes to manage and communicate information appropriately, with information stored securely.
* Continuous improvement
  + Continuous improvement is embedded in daily service operations and practices across the organisation.
* Financial governance
  + The service has financial governance systems and processes in place to manage the finances and resources that the organisation needs to deliver care and services.
* Workforce governance
  + Management plans the workforce to ensure there are sufficient staff to provide services and to support operation and administrative functions.
  + Staff and volunteers have clear responsibilities and are aware of the functions carried out by others.
* Regulatory compliance
  + Staff have received training on the Quality Standards and the Charter of Aged Care Rights.
  + The SIRS has been incorporated into the organisation’s incident management plan.
  + Management maintains up to date information on legislative, funding and program guidelines.
* Feedback and complaints
  + The feedback and complaints are held in a central place to support trending and analysis by management.
  + The Board considers feedback and complaints trends.
* Effective risk management systems and practices
  + The service has processes for monitoring and reviewing its risk management systems and processes.
  + SIRS has been incorporated into the risk management system processes and practices.
  + Documentation showed incidents are reported, responded to and strategies developed to prevent recurrence.
  + The service has policies and procedures in place regarding harm prevention and identifying elder abuse.
  + Consumer risk is considered as part of assessment and service planning.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(c) and (3)(d) 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)