**Performance**

**Report**

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| Name: | Bega Valley Home Modification and Maintenance |
| Commission ID: | 200377 |
| Address: | 101-103 Bega Street, BEGA, New South Wales, 2550 |
| Activity type: | Quality Audit |
| Activity date: | 29 November 2023 to 30 November 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: 7565 Bega Valley Home Modification and Maintenance Project Inc  
Service: 24088 Bega Valley Home Modification and Maintenance Project Inc - Community and Home Support

**This performance report**

This performance report for Bega Valley Home Modification and Maintenance (**the service**) has been prepared by G. McNamara, 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 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 15 January 2024.

# 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 | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not 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.

**Standard 2**

Requirement 2(3)(a)

Demonstrate that current risks to consumers' health and well-being informs the delivery of services by ensuring that all relevant and available information, such as My Aged Care (MAC) records and related allied health reports are considered in the provision of services, as relevant to those services, and that internal procedures support the management of risk for consumers.

**Standard 6**

Requirement 6(3)(a)

Ensure that, proportionate to the services being provided, consumers, their family, friends, carers, and others are encouraged and supported to provide feedback and make complaints, particularly by providing evaluation forms at an appropriate time.

Requirement 6(3)(d)

Ensure that, proportionate to the services being provided, that feedback and complaints are reviewed and used to improve the quality of care and services, in particular, by implementing a system to capture feedback and demonstrate how it is used to make changes as required.

**Standard 7**

Requirement 7(3)(c)

Ensure sufficient and proportionate oversight of the qualifications, licenses, and insurance of sub-contracted staff and organisations

Requirement 7(3)(d)

Ensure that relevant training and support is provided, including that required by the organisation’s procedures, and in relation to reporting responsibilities under SIRS.

**Standard 8**

Requirement 8(3)(a)

Ensure that consumers are engaged, commensurate with the services being provided, in the evaluation of services.

Requirement 8(3)(c)

Implement effective organisation wide governance systems, and evaluate their effectiveness, in relating to:

* Continuous improvement, by implementing a plan for continuous improvement
* Workforce governance, implementing a procedure to obtain documentary evidence of tradespeople's licenses, insurance, and/or qualifications
* Feedback and complaints, by providing consumers with opportunities, proportionate to the services being provided, to provide feedback about services rendered

Requirement 8(3)(d)

Implement effective risk management systems, proportionate to the services being provided, to identify and manage risk as relevant to the service given.

# 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

As to requirement 1(3)(c)

The Assessment Team found this requirement Not Met however I have come to a different conclusion.

The Assessment Team found that the service supports consumers to exercise choice and to make decisions, however the service reported that this was all undertaken verbally. The Assessment Team found that the service was unable to provide documented evidence such as a detailed quotes signed by the consumer to demonstrate consumer choice for all projects and modifications undertaken. However, all consumers spoke about being able to exercise choice, and spoke about how they were able to make choices and decisions about the modifications made, including, for one consumer, being able to select tile colour and size, and for another consumer how their rotting deck was being repaired so they could go outside safely.

Management reported that consumers would verbally provide the names of people to

contact, or the representative would be present when the service was undertaken, but this was not documented.

While some documentation of relevant matters may assist with ongoing support to consumers, I have given weight to consumer sentiment which indicated they are supported to exercise choice and independence. This consideration was emphasised in the provider’s response.

However, the provider is encouraged to review its documentation practices as they relate to this requirement, and as relevant to other requirements in this Standard, commensurate with the services being provided, to help it identify any areas for improvement.

I have considered assessment, planning and appropriate documentation under Standard 2.

As to requirement 1(3)(d)

The Assessment Team found this requirement Not Met however I have come to a different conclusion.

The Assessment Team found that the service could not provide evidence through care planning documentation that consumers are supported to take risks. Management reported that consumer choice governed how home modifications were undertaken.

A review of the policy and practice manual states that records should be kept that

monitor all requests for services, the outcome of the request, and the reasoning

behind any refusals. The service could not demonstrate that this occurred. Management was questioned by the Assessment Team on strategies the service would use should a consumer want a railing modified or removed after an occupational therapist assessment.

The Assessment Team was told that potential issues including risks to consumers would be discussed, however, consumer choice would also be respected. The Assessment Team found that the service does not document or record discussion on identified risks, suggestions of possible alternative solutions, or acknowledgment and understanding of the risks by the consumer and/or representative.

I have given weight to consumer sentiment expressed in other requirements indicating they feel supported and the benefits of the works being undertaken give them. This consideration was emphasised in the provider’s response. A lack of documentation does not necessarily indicate that consumers are not being supported to do things independently.

I have considered information regarding collation and consideration of risk under Standard 2.

As to requirement 1(3)(e)

The Assessment Team found this requirement Not Met however I have come to a different conclusion.

All consumers interviewed spoke about discussing the modification required with the service and said they were supported with information to enable them to undertake choices and make decisions regarding their modifications. During the process of the modification, if there are delays or changes, consumers and/or representatives said that they were notified of the process and were kept informed throughout the project. Consumers confirmed that they did not receive written information on the projects but said that they received an invoice upon completion.

The Assessment Team noted that information presented and discussed with the consumer and/or representative on projects, including products to be used, type of work to be undertaken, costs, and length of time to complete work; was only undertaken verbally in most instances. The service confirmed that it was service policy, that there are no written quotes provided for work undertaken for the installation of handrails, and documentation is only provided to consumers who require extensive modifications.

The Assessment team reported that Management acknowledged that this policy and process should be reviewed to cover all work being undertaken. I consider this to be a continuous improvement exercise for the provider, however I have given weight to consumer sentiment recorded by the Assessment Team that they understand the services provided and can make choices about the services provided.

As to requirements 1(3)(a), 1(3)(b) and 1(3)(f)

All consumers and/or representatives interviewed said consumers are treated with

dignity and respect. Management spoke about how they treated consumers with dignity and respect, and how consumer diversity and culture were valued. The service has a policy and practice manual which includes the dissemination of the Charter of Aged Care Rights to consumers. The Assessment Team sighted signed copies of the Charter of Aged Care Rights in some consumer files. The service reported that they provide copies to all consumers.

Consumers and/or representatives reported that staff know what is important to consumers. Consumers and/or representatives spoke about consumers personal connections with the service, which included personal interactions over the years, or contact through previous working relationships within the Bega Valley. Management spoke about how they treated everyone the same, whether they were from another country, Aboriginal or Torres Strait Islander, or part of the LGBTI community. While care is provided and consumers and/or representatives receive supports, the service was unable to provide evidence that cultural training had been completed in recent years. Management reported that they had attended cultural training a couple of years ago, but had not undertaken anything recently. This is noted however I have given weight to consumer sentiment regarding the positive manner in which staff treat them. I have considered training issues under Standard 7.

All consumers and/or representatives said that consumers privacy was respected. Management provided examples of how they maintain consumer privacy such as talking in private areas and not disclosing consumer information. A review of the policy and procedure documentation discusses the privacy and confidentiality of consumer information, including consumer information will not be shared with other agencies without permission of the consumer and/or representative. The service was unable to provide evidence that consent to share information was obtained.

The policy and procedure documentation states that staff must receive training in privacy and confidentiality, however, the service could not provide evidence that this had occurred. However, I am satisfied that on balance privacy and personal information is respected and kept confidential. The provider is encouraged to look into these matters as a continuous improvement exercise.

# 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)(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. | Not Applicable |

Findings

As to Non-Compliant requirement 2(3)(a)

The Assessment Team found that the service was unable to demonstrate that current risks to consumers' health and well-being informs the delivery of services.

It found that information on consumer health and wellbeing assessments, is not checked against the consumer’s My Aged Care (MAC) record to determine identified risks or consumer health information. The Assessment Team questioned why consumer information was not verified through MAC and was informed that anyone over 65 years of age were CHSP consumers and that there was minimal information available on the MAC system. Consumers ring the service seeking a modification, and management attends the consumers' home to discuss the project.

The Assessment Team also found that the service could not demonstrate that external information provided, such as reports submitted by an occupational therapist, were always used to determine supports. A review of information provided to consumers states the importance of a referral from an occupational therapist prior to work being undertaken, however, the service did not provide evidence of the use of reports submitted by allied health professionals when undertaking modifications.

The service reported that if a consumer was not well, then depending on the situation, an ambulance would be called, and they would remain with the consumer until further assistance arrived. It also does not have a procedure for when there is no response to a scheduled visit. Management reported that they had no need for this, as all consumers know when they will be arriving. However, management further stated that they would knock on the door, look around the back of the house, and if no evidence of the consumer were sighted, would call, or return later. There was no documentation for procedures to be used, or consent from consumers to contact others if no one was home.

Management said that they ensure communication for consumers is appropriate, and provided examples of communicating to consumers who may have a diagnosis of dementia, hearing loss, or visual impairment; however, consumer information is not accessed on MAC prior to services to understand consumer needs.

A review of the policy and practice manual states that the service will receive training on dementia, however, the service does not have a training register or is able to demonstrate that this had occurred.

In its written response the provider gave context on the services it provides, indicating it was often one off, and that the service is frequently. asked to assist consumers subsequent to other service types already being involved. It stated that this often meant that many issues relating to assessment and planning have been identified before it provides services and are assumed by a party other than its service. The provider further noted that information from MAC is often scant or not relevant. It also stated that the service’s staff member has long term experience with this service and home modifications, and in dealing with consumers, which I accept.

I accept that this organisation is not required to undertake detailed assessment and planning for consumers, who are often getting other services. However, I am not satisfied that, within the confines of the service being provided, that all relevant information is captured. As stated above, information was not always verified through MAC and any person over 65 was considered suitable for the provision of services. This indicates that even if, as stated by the provider, MAC information is limited, it was not available to the service in all instances.

I accept that the staff member coordinating the service has a strong knowledge of the processes, and engages with the consumers. However, this knowledge appears to be confined to the staff member and is not captured in a format which clearly and succinctly identifies considerations relevant to the service being provided.

I consider that the lack of information collected about a consumers state of health or condition, referable to the service being provided, indicates that the risks associated with the services provided are not always clearly articulated.

As to requirement 2(3)(c)

The Assessment Team found this requirement Not Met however I have come to a different conclusion.

The Assessment Team found that the service was unable to demonstrate services are planned based on ongoing partnership with the consumer, and others the consumer wishes to be involved in their care. The Assessment Team found that that while services are discussed with the consumer prior to modifications being undertaken, the service could not provide evidence or documentation that detailed external providers such as allied health professionals were involved with support planning, or that consumers were able to nominate and record others they wanted involved in their care.

A review of the quote and contract provided to consumers does not include information on other organisation or individuals the consumer wants involved in their care, including allied health professionals or representatives. Management reported that this is not documented as they just know who the consumer wants to be involved as the consumer will tell them if they want the service to contact them.

I have considered the provider’s written response, in particular its submission that consumers are often receiving other services. While there was not explicit evidence of all other relevant parties who should be involved, such as allied health professionals, particularly in relation to larger works, I have given weight to consumer sentiment expressed in this and other requirements about their satisfaction with the services and the level of communication. I have considered information in this requirement under requirement 2(3)(a), and note that collation of all relevant information will assist the organisation to identify all relevant information.

As to requirement 2(3)(b)

The Assessment Team provided evidence that consumers were satisfied with the services being provided, including discussions with the provider about the works being undertaken before and during the process.

Although areas for improvement were identified in relation to collecting or documenting current needs, goals and preferences, I have given weight to consumer sentiment which indicates there needs, goals and preferences are met. I have considered collation and collection of information, and involvement of other relevant parties, under requirements 2(3)(a) and 2(3(c).

The services provided by the organisation are limited to home modifications hence discussion on advance care planning and end of life planning is not considered commensurate with these services.

As to requirement 2(3)(d)

The Assessment Team found this requirement Not Met however I have come to a different conclusion.

The Assessment team found that the service could not demonstrate that the outcomes of assessment and planning is effectively communicated to the consumer and/or representative, as no information is recorded or provided to consumers and/or representatives who have requested smaller modifications. This includes the provision of documentation that includes the consumer’s choice and decisions made.

The service undertakes verbal discussion with consumer to determine the supports and services required, including location of modifications, materials to be used and cost of services, however this information is not documented as a quote or an agreement with the consumer for all services. The service reported that it is policy that only large projects require the development of a written quote which is then signed by the consumer. The service provided the Assessment Team a copy of a quote which contained minimal information on the modification that was to be undertaken, was signed, and dated by the consumer. Details included on the quote included the installation of a new vanity basin and cabinet, breakdown of hours incurred for the job, and material costs.

While documentation practices can be improved, I have considered consumer satisfaction on the services provided and associated communication. I have considered the information in this requirement under requirement 2(3)(a)

As to requirement 2(3)(e)

This requirement was not considered applicable to this service. The services provided are singular or one off. Information in relation to suitability of the services provided has been considered under other requirements.

# 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. | Not Applicable |
| 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. | Not Applicable |
| 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. | Not Applicable |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not Applicable |
| 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. | Compliant |

Findings

As to requirement 4(3)(a)

The Assessment Team found this requirement Not Met however I have come to a different conclusion.

The Assessment team found that the service could not demonstrate that all services and supports met the consumer’s needs and goals due to the service’s inability to provide evidence of care planning documentation.

All consumers reported that the provider made them feel safe, and that they were able to receive supports and services that enabled them to remain at home. The service will attend the consumer’s home and discuss with them and/or their representative the service required, and consumer preferences. This information is not recorded and presented to the consumer as part of the assessment and review process. For modifications larger that the installation of handrails, a quote is prepared and signed by the consumer and/or representative.

Consumer information is not checked on MAC, and while the Assessment team acknowledged that specific information pertaining to home modifications can be general or may not be incorporated, consumers who have been assessed for supports and services, may not have specified modifications delivered.

While the Assessment Team acknowledged that some modifications such as a vanity replacement or deck repair do not impact on consumer health, the service reported that it does not seek occupational therapist referrals for all modifications including stairs and some mobility aids including rails.

However, I have given weight to consumer sentiment expressed in other requirements about how consumers felt supported and the benefits of the works being undertaken, particularly in relation to maintaining independence. Although documentation processes can be improved, this is a continuous improvement exercise for the provider.

I have considered the collection and collation of information under Standard 2.

As to requirement 4(3)(g)

The Assessment team found that the service does not provide equipment, and where supports such as chair lifts are installed, installation is undertaken by a specialist. It also found that all maintenance and repairs are the responsibility of the consumer and/or representative.

However, the evidence available indicates that the service has a role in selection of equipment. I am satisfied, based on consumer sentiment regarding their satisfaction about the quality of the services they receive, and details of discussion with consumers regarding their needs, that this requirement is Compliant.**4(3)(g)**

# 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. | Not 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. | Not Compliant |

Findings

As to requirements 6(3)(b) and 6(3)(c)

Consumers interviewed reported that they did not require access to advocates, language services and other methods for raising and resolving complaints, but if they needed to, they were confident that the service would support them. Management stated that if a consumer requires access to advocates, interpreting services, and alternative complaints resolution services, the service will provide information and brochures as well as research and present options to the consumers.

All consumers interviewed had not raised concerns or complaints. Management said that the only complaint that the service received was sent through the Commission in November 2022 relating to a certain matter. Management stated that this was resolved in February 2023 with no actions required for the service.

Management stated that if they received a complaint, it would be investigated, and the committee would be informed. The service would also apologise if things went wrong.

As to Non-Compliant requirement 6(3)(a)

Consumers reported that they felt comfortable raising issues or concerns with the service directly. Management explained that prior to the pandemic the service mailed out evaluation forms to consumers. However, this practice had not been reinstated post-pandemic. Management indicated that this will be rectified and that the service will be mailing out evaluation forms.

The Assessment Team sighted evaluation forms and noted that one had been received in 2023. The policy and procedure manual – consumer feedback indicated that a feedback questionnaire would be distributed at the completion of each job

In its written response the provider stated that while the feedback forms were mentioned for being very much diminished from previous years, this did not mean that consumers have not made any response about their service experience. It noted that feedback can often be given in a less formal setting and that consumers prefer face to face contact as a means of imparting information. It further stated that consumers are less inclined to return forms than five years ago.

While completion of an evaluation form may not be the only means of providing feedback, it is a tangible way of encouraging consumers to do so, which management stated would be reinstated and which is a process recognised in the organisation’s policy and procedure manual.

As to Non-Compliant requirement 6(3)(d)

The service did not have a complaint register and management stated that there would be a register when a complaint occurred. However, the service informed the Assessment Team that a complaint was received in November 2022 which was resolved in February 2023.

The provider submitted a well-reasoned and thoughtful response. It noted that the concern raised in February 2023 was not about its service provision, and I accept that. It noted that its service is driven by consumer satisfaction so that anything that hints at this not being realised is taken very seriously. It stated that its Management Committee has a standing item in their agenda that considers any feedback and whether any ensuing action is required.

I accept that the service is very focussed on consumer satisfaction and that consumers are satisfied with the service. However, no evidence was available to the Assessment team, or submitted in the written response, to show how feedback is collected and presented to the Management Committee, or how that information is dealt with by the Management Committee.

# 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. | Not Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

As to requirements 7(3)(a), 7(3)(b) and 7(3)(e)

All consumers interviewed stated that the service came on time when they were expecting them to. For example, one consumer stated that the staff member turned up when expected. Consumers also expressed satisfaction with the standard of services provided.

The service explained that if the manager needed to take planned or unplanned leave, the consumers would be informed. Management stated that there had been no planned or unplanned leave taken in the past 3 months.

All consumers interviewed stated that the service was professional and had a strong focus on customer service, with consumers commenting, for example, that the staff member did everything right, that they were kind and respectful and very considerate.

The service did not receive any complaints relating to improper treatment; however, I have noted, under Standard 6 that the service does not have a system in place to support the review of any complaints and, in particular, feedback to review such information and make changes as required. I have considered that information under that Standard.

Management and the Committee President confirmed that they met regularly and discussed jobs completed and planned work. Management also articulated that subcontractors were always supervised onsite and were not left alone as such the service had oversight over their performance.

As to Non-Compliant requirement 7(3)(c)

All consumers interviewed reported that they felt that the manager was competent, and they had no issues with his work. For example, one consumer stated that the manager thought of issues they had not considered. That consumer stated how satisfied they were with the ramps and rails installed.

Management had trade qualifications. However, subcontractors’ documentation such as qualifications, licenses, and insurance were not kept by the service. Management stated that they trusted the tradespeople they used.

In its written response the provider did not dispute the Assessment team’s finding that subcontractors’ documentation such as qualifications, licenses, and insurance were not kept by the service, but noted that the local community is close-knit and anything that happens in the community is wider knowledge. It also noted that it uses a very limited number of subcontractors, and whenever they are used it is always in the presence of the staff member.

I accept that the provider maintains effective oversight of the competencies of sub-contractors, however it should ensure that details of licenses and insurance in particular are available, as failure to hold a valid licence or insurance could have negative outcomes for consumers.

As to Non-Compliant requirement 7(3)(d)

The Assessment Team reported that management indicated that the service regularly undertakes trade training such as asbestos and waterproofing. When asked about training relating to aged care such

as cultural awareness, SIRS and new standards, management replied that cultural training was undertaken a couple of years ago. The management and the committee were unaware of their responsibilities for reporting serious incidents. The Assessment Team provided the services with links to ALIS and MAC provider portal to report incidents.

The Assessment team sighted the service’s policy and procedure manual which stated that staff would receive training on how to deal with people with dementia. However, staff did not receive regular ongoing training.

In its written response the provider stated that the staff member has significant experience, and that consistent, positive consumer feedback is evidence that they know what they are doing. It noted that awareness and experience when dealing with specific conditions improves with each experience, and consolidation of knowledge and experience are a valuable tool that benefit all consumers. It noted that the learnings from the cultural awareness training is still relevant and used.

I accept that the service’s staff member uses the cultural awareness training and that they have extensive experience in dealing with consumers. However, the lack of awareness of its responsibilities for reporting serious incidents is a matter of significance, and no information was provided which indicated that an awareness of this responsibility had now been gained.

**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. | Not 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. | Not 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. | Not 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

As to requirement 8(3)(b)

The Committee and manager met monthly to discuss general business, the treasurer’s report, the manager’s report/jobs, and evaluation forms. The president attended the office weekly on Wednesdays to catch up with the manager.

The Assessment Team sighted the committee’s constitution, and this demonstrated the process for electing and removal of members, delegations, roles and responsibilities, and meeting details. The last 3 meeting minutes and reports were also sighted, and this confirmed that the Committee has oversight of business operations.

As to Non-Compliant requirement 8(3)(a)

The service did not routinely engage consumers in the evaluation of services. Evaluation forms were mailed out prior to the pandemic and the service had not reinstated this procedure. Management and the Committee stated that this would be rectified following feedback from the Assessment Team.

In its written response the provider stated that while the management committee was primarily focused on governance it is not their role to have direct engagement with consumers. It also stated that experience on the management committee comes from a broad range of members who have had experience with diverse industries through life. It noted that the content of the Committee has included consumer representatives and hence its focus on the consumer’s needs being met satisfactorily. It also stated the Committee does have a standing agenda item to consider any relevant issues about consumer feedback, and that when there is a need the Committee will develop a strategy suitable for the need with which they are dealing.

I accept that consumer engagement manifests itself in multiple ways, including, in this instance, from informal community engagement and knowledge. However, no evidence was available to the Assessment team, or submitted in the written response, to show how feedback is collected and presented to the Management Committee, or how that information is dealt with by the Management Committee.

As to Non-Compliant requirement 8(3)(c)

**Information management**

The service maintained consumers’ personal information in a central electronic management system. Paper-based files were kept in lockable filing cabinets in a secure office. The service did not have data breaches in the past year.

**Continuous improvement**

The service did not have a continuous improvement register. The Assessment Team provided feedback about the importance of maintaining a plan for continuous improvement.

In its written response to this matter the provider stated that during the 33 year period of its Organisation improvement has always been an ideal to achieve. Over the years there have been incremental improvements. It stated that not all these improvements have made a significant impact on how the Service operates but nonetheless, they have been improvements.

I acknowledge its focus on improvement, however there was limited evidence on how these improvements are identified and tracked.

**Financial governance**

Financial reports were tabled and discussed at the committee meeting. Balance sheets were provided to each member and the Committee members were satisfied with the financial position of the service.

**Workforce governance**

The service manager was the sole employee of the service. The service occasionally used tradespeople for certain jobs such as plumbing or electrical work. The service did not have a procedure to obtain documentary evidence of tradespeople's licenses, insurance, and/or qualifications. The service stated that they trusted the people they engaged with. The Committee acknowledged the need to obtain these documentation from the tradespeople used and would rectify this.

I have considered the provider’s submission in relation to sub-contractors documentation under 7(3)(c), and as noted under that requirement I accept that the provider maintains effective oversight of the competencies of sub-contractors, however it should ensure that details of licenses and insurance in particular are available, as failure to hold a valid licence or insurance could have negative outcomes for consumers.

**Regulatory compliance**

The service demonstrated that police checks were routinely conducted. The service explained that they had subscriptions to trade and aged care peak body.

**Feedback and complaints**

The service did not provide opportunities for consumers to provide feedback about services rendered post the pandemic. Evaluation forms were not mailed out to consumers.

I have considered the provider’s submission in relation to feedback and complaints under 6(3)(d). I accept that the service is very focussed on consumer satisfaction and that consumers are satisfied with the service. However, no evidence was available to the Assessment team, or submitted in the written response, to show how feedback is collected and presented to the Management Committee, or how that information is dealt with by the Management Committee.

As to Non-Compliant requirement 8(3)(d)

Risks to consumers were not sufficiently identified as the service did not routinely check MAC assessments. Management stated that high-risk consumers had typically gone through other providers as such this had not been a concern for the service.

Management indicated that if there was suspected abuse or neglect the service would call emergency services. There had been no training provided or undertaken relating to abuse and neglect. Additionally, there were no procedures for reporting SIRS and responsibilities of reporting had not been established. The service stated that there had been no incidents reported by consumers for years.

I have considered this information under 2(3)(a). I accept that this organisation is not required to undertake detailed assessment and planning for consumers, who are often getting other services. However, I am not satisfied that, within the confines of the service being provided, that all relevant information is captured. As stated above, information was not always verified through MAC and any person over 65 was considered suitable for the provision of services. This indicates that even if, as stated by the provider, MAC information is limited, it was not available to the service in all instances.

I accept that the staff member coordinating the service has a strong knowledge of the processes, and engages with the consumers. However, this knowledge appears to be confined to the staff member and is not captured in a format which clearly and succinctly identifies considerations relevant to the service being provided.

Although I am satisfied that the services provided are well regarded by consumers as is the staff member, the systems in place are not sufficiently developed.

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