**Performance**

**Report**

**1800 951 822**

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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: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 21 March 2024 |
| Performance report date: | 20 May 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 L Glass, 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 was informed by review of documents and interviews with staff and consumers
* the provider’s response to the assessment team’s report received 11 April 2024.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 6 Feedback and complaints | Not applicable as not all requirements have been assessed |
| **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.

Requirement 7(3)(d)

* In relation to Requirement 7(3)(d) undertake aged care training, including relating to the Serious Incident Response Scheme (SIRS) and reporting of incidents and incident management.

Requirement 8(3)(c)

* In relation to Requirement 8(3)(c) ensure continuous improvements are documented and completed and regulatory compliance including with the Serious Incident Report Scheme obligations is understood and an incident reporting and management system is in place.

# 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)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The service was found non-compliant in Requirements 6(3)(a) and 6(3)(d) at a Quality Audit in November 2023. In relation to Requirement 6(3)(a) the service was not providing opportunities for consumers to provide feedback and make complaints. In relation to Requirement 6(3)(d) the service was found non-compliant as it did not have a complaint register or mechanism to collate and report on feedback and complaints.

In relation to Requirement 6(3)(a) at the non-site assessment contact in March 2024 the service demonstrated it seeks feedback from consumers. An evaluation form is given to consumers on completion of each job, although many consumers choose not to complete it. Evidence was provided of recently completed evaluation forms which demonstrated consumers did not have complaints and provided positive feedback. Consumers confirmed they receive an evaluation form. All consumers said they are comfortable raising issues or concerns with the service directly as management is approachable. The Assessment Team sighted meeting minutes, demonstrating evaluation forms and consumer feedback were discussed in the management committee meeting. This was also confirmed by a Board member.

In relation to Requirement 6(3)(d) at the non-site assessment contact in March 2024 the service provided evidence that it used feedback from consumers to improve the quality of the service. All consumers interviewed provided positive feedback for the quality of service. No consumers could identify any areas for improvement. Management provided an example of improving its service in response to feedback, the service received and added a question to the evaluation form given to consumers. Management added that the service had not received any complaints in years. The Assessment Team was satisfied all feedback was raised with the management committee.

I have considered the Assessment Team report and I accept the recommendations that the Requirements are met. I am satisfied consumers are supported to provide feedback and that the feedback is used to inform improvements. I also acknowledge consumer’s positive feedback about the service delivered. I find Requirements 6(3)(a) and 6(3)(d) Compliant.

# Standard 7

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| Human resources | | CHSP |
| 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. | Not Compliant |

Findings

The service was found non-compliant in Requirements 7(3)(c) and 7(3)(d) at a Quality Audit in November 2023. In relation to Requirement 7(3)(c) subcontractors’ documentation such

as qualifications, licenses, and insurance were not kept by the service. In relation to Requirement 7(3)(d) while some training was undertaken by the service for subcontractors, the management and the committee were unaware of their responsibilities in ensuring some aged care related training was undertaken including for reporting serious incidents.

In relation to Requirement 7(3)(c) at the non-site assessment contact in March 2024 all consumers reported their satisfaction with the quality of work they received. Management provided evidence that subcontractors’ documentation had been obtained. For example, the plumber’s qualification, license, insurance, and police checks were sighted.

In relation to Requirement 7(3)(d) at the non-site assessment contact in March 2024 the service did not demonstrate it had addressed the reasons for non-compliant findings during the Quality Audit conducted in November 2023. Management and the management committee had not undertaken aged care training relating to the Serious Incident Response Scheme (SIRS). The service was unable to demonstrate awareness of the categories of serious incidents and the required timeframe for reporting. The service was unable to provide evidence to the Assessment Team to demonstrate training relating to aged care had been completed. The Assessment Team sighted the service’s policy and procedure manual which stated staff would receive specific training. However, staff did not receive regular ongoing training.

The service provider supplied a written response to the Assessment Team report confirming training about aged care and about SIRS is planned for management and the management committee. The response also explained the extensive knowledge and experience the service has in aged care and which it uses to support and deliver services to consumers.

I have considered the Assessment Team’s report and the response from the service provider. I am satisfied Requirement 7(3)(c) is Compliant as relevant documentation is recorded and maintained. I am not satisfied Requirement 7(3)(d) is Compliant. I do accept the Assessment Team’s acknowledgement that the service had registered for some training and that management and the management committee training would take time to be completed and the service would need to establish a process and procedure for reporting and recording serious incidents. However, I am not satisfied staff training about legislative obligations for SIRS and incident reporting and other aged care training has been undertaken and supports staff to deliver the outcomes required by these standards. I find Requirement 7(3)(d) Non-Compliant.

# 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)(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:  (i) managing high impact or high  prevalence risks associated with the  care of consumers;  (ii) identifying and responding to abuse  and neglect of consumers;  (iii) supporting consumers to live the best  life they can  (iv) managing and preventing incidents,  including the use of an incident  management system. | Compliant |

Findings

The service was found non-compliant in Requirements 8(3)(a), 8(3)(c) and 8(3)(d) at a Quality Audit in November 2023. In relation to Requirement 8(3)(a) the service did not routinely engage consumers in the evaluation of services. In relation to Requirement 8(3)(c) the service did not maintain records of sub-contractors’ qualifications and licences. The service did not have a continuous improvement register and had limited evidence about how required improvements are identified and tracked. The service did not provide opportunities for consumers to provide feedback about services delivered. In relation to Requirement 8(3)(d) risks to consumers were not sufficiently identified and although there was evidence of detailed knowledge about consumers, the information was not centrally located or captured in a format which clearly and succinctly identifies considerations relevant to the service being provided. It was acknowledged that the services provided are well regarded by consumers as are staff members, however, the systems in place are not sufficiently developed.

In relation to Requirement 8(3)(a), the service demonstrated consumers were provided an opportunity to give feedback to improve services via an evaluation form and demonstrated consumers were satisfied with the service provided. The Assessment Team recommended this Requirement is met and I accept this recommendation. I find Requirement 8(3)(a) Compliant.

In relation to Requirement 8(3)(d) the Assessment Team found the service had made improvements including a process of identifying risks prior to attending to a consumer’s home and enrolling staff in some aged care related training. The Assessment Team recommended the Requirement was met proportionate to the limited service offering which is mainly the installation of handrails/grabrails and handheld showers. The service is now capturing consumer risks through My Aged Care assessment information, support plans and observations. Consumers confirmed the services received support them to live at home independently and safely. The service articulated actions management would take in the event of a reported incident. I have considered the Assessment Team report am satisfied, within the limited scope of services delivered, Requirement 8(3)(d) is Compliant. I have considered the lack of training to support incident management and reporting especially regulatory obligations for reporting serious incidents under Requirement 8(3)(c).

In relation to Requirement 8(3)(c) the service was unable to provide evidence to the Assessment Team that since the Quality Audit in November 2023 the service has made improvements in documenting continuous improvement and completing training specific to the Aged Care Quality Standards and regulatory requirements including training in the SIRS and incident management and reporting. The response from the service provider to the Assessment Team’s findings considers continuous improvement is embedded in everyday practice at the service and is demonstrated by satisfactory outcomes and is part of the service’s overall strategy.

While I accept that in its response to the Assessment Team report the service considers continuous improvement can be embedded in everyday practice, there is limited evidence documenting the improvements over time to substantiate continuous improvement as embedded practice or to demonstrate the type and range of improvements achieved. There is no continuous improvement log or register. While I accept staff training is planned, the training is not completed and regulatory obligations may not be understood or undertaken resulting in risks to consumers. For these reasons I find Requirement 8(3)(c) Non-Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)