**Performance**

**Report**

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| Name: | Byron-Ballina Home Modification and Maintenance |
| Commission ID: | 200626 |
| Address: | U 1-56 Centennial Circuit, BYRON BAY, New South Wales, 2481 |
| Activity type: | Quality Audit |
| Activity date: | on 1 May 2024 |
| Performance report date: | 31 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: 7327 Byron-Ballina Home Modification and Maintenance Service Inc  
Service: 24923 Byron-Ballina Home Modification and Maintenance Service Inc - Community and Home Support

**This performance report**

This performance report for Byron-Ballina Home Modification and Maintenance (**the service**) has been prepared by Therese Wilson, 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, the 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 16 May 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 | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 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

This Quality Standard is compliant as six of six Requirements have been found to be compliant.

Consumers and representatives confirmed they are treated respectfully and with dignity and were complimentary on the service’s personalised and caring approach. Staff spoke about consumers respectfully saying they take time to listen to support consumer needs. Documentation shows the organisation has a consumer-centred approach to delivering services.

Consumers, and representatives, confirmed that staff understand their preferences and what is important to them, and this is considered when providing care and services. Staff said they respect what is important to individual consumers and described how they adapt the way services are offered to meet the individual needs and preferences for each consumer.

Consumers, and representatives confirmed they are supported to make their own decisions about the services they receive and the service involves them in the decisions that are made. Staff demonstrated knowledge, awareness and understanding in accommodating consumer choices and preferences. Documentation reviewed, including consumer records, work quotes and invoices to demonstrate consumers choice was offered and services were adapted accordingly.

Consumers/representatives confirmed the services they receive help them to live the best life they can. The service works with consumers and providers of services to ensure the solutions met consumers needs including addressing any safety concerns. Staff confirmed all works are followed up by a professional to address and safety or risk concerns.

Consumers, and representatives, confirmed they receive information in a way they can understand and enables them to make informed choices and the frequency of the information is satisfactory. Staff could describe how they communicate with consumers and they were observed to provide easy to understand explanations when talking to consumers over the phone. Consumers were not provided with the Charter of Rights prior to the Quality Review, however since being alerted by the assessment team the service has now provided this to all existing consumers and will provide to all consumers in future.

Consumers, and representatives confirmed staff and contractors are respectful of their personal privacy while attending their home. Staff described how they maintain consumer confidentiality including being aware of their settings and audience when discussing consumer information and stated they do not discuss personal information outside of relevant work environments.

# 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. | Compliant |

Findings

This Quality Standard is compliant as five of five Requirements have been found to be compliant.

Consumers and representatives are satisfied with the way the service discusses consumer needs. There are processes to ensure that each consumer is assessed on referral to the service and the consumer’s circumstances and any health conditions, impairments or risks are considered in any home modification and/or maintenance works planning. Staff stated they assess the works required and discuss this with the consumer, providing details and costing estimates. All works are planned costed and completed by professionals.

Consumers, and representatives, confirmed they participate in the assessment and planning process which allows the service to know their needs, goals and preferences. Staff said they focus on consumer choice whilst ensuring consumer preferences are considered. Service records describe the services the consumer receives, their preferences and the agreed work to be undertaken by the service.

Consumers, and representatives, confirmed they participate in the planning of the home modifications and maintenance services they require. Staff described how they work in partnership with consumers and representatives and other providers as needed to communicate regularly regarding the needs or wishes of consumers. Documentation showed consumer and representative involvement in the assessment, planning and review of services.

Consumers, and representatives, confirmed being satisfied with the information they receive from the service including being informed about the progress, cost and completion of works. Staff and contractors are provided with job sheets and other relevant information as required to ensure they understand what is required for consumers.

Staff confirmed they check for changes in consumers’ circumstances and if anything arises, they will refer consumers for further assessment of their 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. | 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

This Quality Standard is compliant as five of five applicable Requirements have been found to be compliant. Requirements (3)(f) and (3)(g) have not been assessed as the service does not provide services relevant to these requirements.

Consumers, and representatives confirmed the services they receive help them to maintain independence and remain living at home. Staff described how they work with consumers to ensure the service meets their needs and preferences, and that the home maintenance and/or modification is fit for purpose.

Consumer records showed consistent assessment and planning of services with due consideration of risks to consumer health, safety and security. Staff are aware of consumer’s individual circumstances and how the impacts can have on the support requires and the person’s overall wellbeing.

Consumers, and representatives confirmed how the services provided have allowed them to maintain access and connection with the local community. The service enables consumers to continue to live in their own homes, through the provision of home maintenance and modifications. Staff provided examples of being flexible in providing services considering each consumer’s needs, goals and preferences.

Consumers, and representatives, are satisfied information about their needs and preferences is shared within the service and with others involved in their care. Staff have access to information about the consumer’s needs by way of the consumer’s support plan and information provided by the consumer and/or their representative.

Consumers, and representatives, confirmed they are satisfied with the service’s approach to supporting them to access services and supports. Staff described the process for referral and how they assist consumers to understand the range of services and supports available. Where a service requested by the consumer is not in scope, staff redirect the consumer to the right place by providing information and relevant contact details.

# 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

This Quality Standard is compliant as four of four Requirements have been found to be compliant.

Consumers and representatives confirmed they knew how to provide feedback or make a complaint to the service. Staff said they encourage feedback when speaking with consumers and include feedback forms with every quote to encourage the same. There are policies and procedures on feedback and complaints which outline steps to be taken to ensure complaints will be acknowledged, reviewed, investigated, and responded to in a timely manner. The service could demonstrate consumers are made aware of, and have access to, advocates and language services for raising and resolving complaints

Consumers and representatives confirmed when they had made a complaint, they were satisfied with the actions taken to resolve their concerns and it was completed in a timely manner. Documentation showed that complaints are recorded in a complaint register and it showed how each consumer’s complaint was addressed. A quality and safety risk report including analysis of complaints received is provided to the committee members and the president to assist to identify continuous improvement opportunities.

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

Findings

This Quality Standard is compliant as five of five Requirements have been found to be compliant.

Requirement (3)(d)

The assessment team recommended Requirement (3)(d) as not met as the service had not provided appropriate training relevant to the CHSP program guidelines and the Quality Standards as staff were not aware the Charter of Rights must be provided to each consumer and training had not been provided on the Quality Standards. Management confirmed the training on the Quality Standards has not been completed and included this in the continuous improvement plan. Each consumer has now been provided with the Charter of Rights and all new consumers will be provided with it in future.

The service responded on the 16 May 2025 confirming they have now registered with the Aged Care Quality Safety Commission training platform and have commenced the training to ensure they are compliant with this Requirement.

I have considered both the assessment teams report and the service response and I have come to a different conclusion than that of the assessment team. Whilst the service acknowledged they had not completed training on the Quality Standards or provided each consumer with the Charter of rights, the service took immediate action to rectify the deficits. As evidenced by the positive information contained throughout the report despite the training not being completed in these two areas, staff have treated consumers as required by the Quality Standards and the Aged Care Charter of Rights. I encourage the service to continue on their journey of continuous improvement in these areas.

It is for these reasons I find Requirement (3)(d) compliant.

Requirements (3)(a) (3)(b) (3)(c) and (3)(e)

Consumers and representatives confirmed they are satisfied with the attendance of staff and are contacted if something needs to be rescheduled which is done at their convenience. There is a system to calculate workforce numbers with provision to cover workloads peaks and staff leave.

Consumers and representatives confirmed the workforce treats them in a kind, caring and respectful way. Management stated that on employment consideration is given as to whether staff suit the organisational culture to serve older people.

Consumers and their representatives said they were confident with the workforce, stating that the staff are well informed and services are delivered in accordance with their needs and preferences. Staff confirmed that they are supported during the initial onboarding process and ongoing support and mentorship from management. Documentation confirmed that all staff have police checks, insurances and professional qualifications.

Consumers and representatives stated they are satisfied with the workforce and staff confirmed ongoing assessment of their performance occurs. Consumer feedback is considered when assessing staff members’ performance.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| 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

This Quality Standard is compliant as four of four applicable Requirements have been found to be compliant. Requirement (3)(e) has not been assessed as the service does not provide clinical care.

The service seeks input from consumers a representatives through feedback regarding services provided. Staff understood the importance of ongoing consultation and feedback from consumers and their representatives.

The service has an organisation-wide governance system and processes that serve as the foundation for the management committee’s responsibility and commitment to delivering a culture of safe, inclusive services and high-quality products.

The service has effective governance systems in place regarding information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints along with policies and procedures to support them.

The risk management framework in place supports the assessment and planning process and supports consumers to live the best life they can. Although staff have not been trained in elder abuse it was found the service had the systems and processes to ensure it does not occur. All staff will be trained in elder abuse by the end of June 2024.

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)