**Performance**

**Report**

**1800 951 822**

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| Name of service: | Coffs Harbour Home Modification and Maintenance Inc |
| Service address: | Unit 12 / Lot 5 Druitt Court COFFS HARBOUR NSW 2450 |
| Commission ID: | 200022 |
| Home Service Provider: | Coffs Harbour Home Modification and Maintenance Inc |
| Activity type: | Quality Audit |
| Activity date: | 3 August 2023 to 9 August 2023 |
| Performance report date: | 9 November 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Coffs Harbour Home Modification and Maintenance Inc (**the service**) has been prepared by N Eastwood delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Services included in this assessment

**CHSP:**

* Community and Home Support, 24416, Unit 12 / Lot 5 Druitt Court, COFFS HARBOUR NSW 2450

# Material relied on

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

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

# 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 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 | **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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives said staff treat them with dignity, respect and staff are friendly and polite. Management was able to provide instances illustrating the preservation of consumer rights and dignity and staff described they uphold this respect and exhibit an understanding of each consumer's unique identity. Management and staff provided instances illustrating how services are administered to cater to individual requirements and preferences which was supported by care plan documentation with individual needs and variations.

A review of care planning documentation confirmed consumer engagement with decisions pertaining to the desired services and staff provided examples of service delivery tailored to individual requirements and preferences. The service demonstrated a commitment to assisting consumers in embracing risks at their discretion, along with implementing measures whilst considering the Occupational Therapy’s (OT) assessment to minimise potential risk consequences.

Written information was presented in an understandable manner, allowing consumers to make informed decisions. Consumers confirmed the accuracy and timeliness of information and active participation in verbal conversations with staff. Staff securely store consumer information on an electronic database with restricted access and described steps to protect privacy in their daily work.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

A review of documentation for consumers indicates assessment and planning are developed in consultation with consumers and representatives around their identified goals. The service has policies and procedures related to support and planning as the information contributes to formulation of job cards. Job planning documents describe the products and services the consumer is to receive, including goals and preferences, and agreed activities to be undertaken by the service.

The consideration of end-of-life planning hasn't been evaluated as it does not pertain to the services offered by a home modification organisation.

Staff described how they work in partnership with others when undertaking assessment and care planning and communicate regularly regarding changes in requests from consumers and representatives. Consumers confirmed active involvement with assessment, planning, and decision-making in consultation with the service and allied health input where required.

Consumers and representatives confirmed they were provided a copy of the signed service agreement and involvement if changes were required to products and services. Staff described documenting outcomes of assessment and planning in a service agreement, job card, and recording progress notes using the electronic consumer management system (ECMS) through a mobile device.

Although services are typically provided as a single occurrence of home modification and do not require ongoing review and assessment, the care and services provided are updated to apply better practices when available.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Not applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Not applicable |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Not applicable |

Findings

The service is not funded to provide personal and clinical care.

# 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. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers confirmed they are supported with safe and effective services and supports for daily living that meet their needs, goals, and preferences. Job planning documents were individualised and outlined the products and services to be provided as well as detailed information about each consumer’s goals and how they can be supported to achieve those goals. Staff demonstrated an understanding of what is important to consumers and could describe how they assist the consumer to do as much as they can for themselves and support their independence.

Staff report any concerns about consumer emotional or psychological well-being to the representative listed on the job order. Staff also provided examples of where jobs were specific to maintaining independenc and are aimed to keep consumers in their home supporting community accessibility. Consumers and representatives confirmed staff have a good knowledge of their needs and preferences and advised they access information about consumer products and services on their mobile application and computers.

Prompt referrals to individuals, as well as other organisations, for necessary care, products, and services are made and according to feedback from consumers and their representatives, referrals are occasionally initiated in collaboration with allied health input and with consumer consent.

All staff members installing equipment and modifying homes are fully trained and certified within the building industry. The service uses My Aged Care assessment, Aged Care Assessment Team, and Occupational Therapy referrals to assess and plan how they provide products and modifications in a way that makes sure consumers have safe and suitable equipment that meets their needs.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

The service is not funded to provide services for consumers who would require them to attend to a physical environment.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives are provided with information on commencement with the service regarding the internal complaints procedure. Staff demonstrated an understanding of effective complaints management and there are established policies and procedures to guide staff in addressing feedback and escalating concerns. Management explained ways they help consumers and representatives share their thoughts, such as using feedback forms after completion of work.

The Assessment Team noted the absence of information to assist consumers with external complaints resolution processes. The service immediately addressed this following feedback from the Assessment Team adding information to the service agreement and printing copies for consumers of the Ageed Care Quality and Safety commission complaitns and feedback brochures.

Staff and management demonstrated an understanding of the significance of transparent communication throughout the complaints process and principles of open disclosure. The Assessment Team reviewed the feedback and complaints register, confirming detailed notes and procedures for documenting and handling feedback and complaints. The Assessment Team noted consumer examples of where faults and delays occurred, which were managed with apologies and transparency.

The service effectively monitored and acted upon feedback from consumers, ensuring appropriate actions were taken. Complaints and feedback report is presented monthly to management containing analysis of complaint volumes, outcomes and recommendations to inform continuous quality improvements.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Management advised that the workforce is planned based on each staff members skill set, qualifications as well as availability. Consideration is made to the type of home modification required and subsequent allocation of the appropriate building specialty. Consumers confirmed they are treated with dignity and respect and could not report any instances of staff being disrespectful or rude.

The Assessment Team reviewed staff files, which contained appropriate records of evidence demonstrating competency, including information regarding qualifications, experience and licensing. Staff noted that the service has recently improved regarding the provision of training sessions and confirmed that management is responsive to requests for further professional development.

Staff and management confirmed formal performance reviews are held annually and staff performance review documents outlined areas for improvement and development identified by each staff member as well as their current and previous work experience.

# 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

The Assessment team reviewed the Chief Executive Officer monthly Board report which provides the organisation board members with clear and detailed oversight of the services performance. This information is used to inform changes and adjustments to the way services are delivered to each consumer and considers feedback provided by consumers.

The governing body stays informed of the service’s operations through formal management reporting pathways, as well as feedback and complaint mechanisms. Incidents and feedback are managed at the service level and reported to the governing body through monthly formal updates.

Staff provided the Assessment Team with examples of information they are given for each service, this includes personal information, OT reports and recommendations, as well as contractual information between the service and the consumer. The service provided examples of continuous improvement efforts and described how the service identifies development opportunities. Management explained that opportunities for continuous improvement are identified through self-assessments, changes to industry best practice, staff feedback, consumer feedback and representative feedback.

Financial reports were included in monthly reports prepared by the services management, with regular monitoring of financials and reporting of all changes to the board for full oversight. There are effective governance systems in place to support workforce governance, including the provision of and understanding role decsription and responsibilities.

The service has implemented training to ensure its staff are aware of and have knowledge of important regulatory changes, such as the introduction of the Serious Incident Response Scheme (SIRS) to home and community care. The service is also subject to additional regulatory requirements from the Housing Industry Association (HIA) due to the nature of the services provided. Management confirmed that when updates from a regulatory body is provided to the service, staff are informed.

The Assessment Team reviewed evidence that showed complaints are being recorded and actioned by the service. Management and the board confirmed they retain oversight and knowledge of feedback and use the information obtained to support continuous improvement.

Risks to the health and well-being of consumers are identified during the My aged care assessment and recorded on the services online system. Data regarding incidents is provided to the governing body through regular reporting that allows appropriate oversight of factors that might affect the safety and quality of services.

The service is does not provide personal and clinical care as such requirement 8(3)(e) was not assessed.

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)