**Performance**

**Report**

**1800 951 822**

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| Name: | Home Maintenance and Security Service Association Inc |
| Commission ID: | 700328 |
| Address: | 141 Adelaide Street, MARYBOROUGH, Queensland, 4650 |
| Activity type: | Quality Audit |
| Activity date: | 4 March 2024 to 6 March 2024 |
| Performance report date: | 27 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

Home Care Packages (**HCP**) included:  
Provider: 10223 Home Maintenance and Security Service Association trading as Home Assist Community Services  
Service: 28326 Home Maintenance and Security Service Association Inc

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7628 Home Maintenance and Security Service Association Incorporated  
Service: 24050 Home Maintenance and Security Service Association Incorporated - Community and Home Support

**This performance report**

This performance report for Home Maintenance and Security Service Association Inc (**the service**) has been prepared by P. Sherin, 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 2 April 2024 acknowledging the assessment team’s findings.

# Assessment summary for Home Care Packages (HCP)

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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 | **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** |

# 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 | **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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers said they are treated with dignity and respect by staff. Staff described how they take the time to understand each consumer’s individual background and specific needs to provide care and services tailored to each consumer. Review of care documentation identified information about each consumer’s background, life experiences, and personal preferences is sought as part of the service’s initial assessment process and captured under care plans to guide staff practice.

Consumers said care and services provided are culturally safe. Staff provided examples of how they deliver care and services that address the diverse cultural needs and preferences of consumers. Management advised staff undertake cultural awareness training as part of the service’s orientation and onboarding process. The service is currently engaging with Indigenous Elders in the community to organise further training for staff in this regard. Review of care documentation identified information is captured on consumers’ specific cultural background and how to support their diverse care needs.

Consumers confirmed they are supported to exercise choice and independence, including who they wish to involve in decisions about their care and services. Staff and management described how they support consumers in decision-making and how information is documented regarding the involvement of others in decisions about a consumer’s care and services.

Consumers and representatives said the service supports consumers in their right to take risks of their choosing. Management provided examples of how consumers are supported to make decisions where there is a risk involved, including by discussing potential risks and involving relevant health professionals where required to assist consumers in understanding safety requirements. Review of care plans identified risk assessments are completed and discussions in relation to management of risk and ensuring consumer safety are documented.

Consumers and representatives commented positively on the service’s communication and said information is provided in a way they can understand, with staff available to respond to any queries. Staff described how information is communicated to consumers both verbally and in writing. Management provided examples of how the service caters to consumers who may have difficulty communicating by implementing various measures. Review of service documentation identified a range of information is provided to consumers, including in a format appropriate to their needs such as in larger print.

Consumers confirmed staff respect their personal privacy and described how their consent is obtained prior to their personal information being shared with others involved in the consumer’s care. Staff gave examples of how they ensure consumer privacy is respected and confidentiality of information maintained. The service ensures consumer records stored electronically are password protected and hard copy records are safely disposed once they are scanned to the system.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

Consumers and representatives expressed satisfaction with the service’s assessment and care planning process confirming it addresses their needs. Staff were aware of risks to individual consumers and strategies to manage and mitigate these risks. Review of assessment and care planning documentation identified a range of assessments are conducted for the consumer to inform care planning and guide staff practice.

The service demonstrated its assessment and planning process identifies and addresses consumers' current needs, goals, and preferences. Management and staff are actively involved in the collaborative assessment and planning process undertaken with consumers/representatives to obtain a comprehensive understanding of the consumer. Care plan reviews identified these are tailored to each consumer's individual needs, goals, and preferences including information on end-of-life planning documented where the consumer has chosen to do this.

Consumers and representatives confirmed they are actively involved in discussions about the consumer’s care and are kept engaged in planning and reviewing the services consumers receive. Interviews with management and staff, and review of documentation identified the service collaborates with various stakeholders in assessment and care planning, maintaining regular communication regarding evolving consumer needs.

Consumers confirmed they receive a copy of their care plan and expressed satisfaction with the service’s communication and level of information provided. Management described how care planning documentation is completed in consultation with the consumer and/or representative and a copy of the care plan provided. Staff said they receive timely updates regarding consumers' care and service delivery needs and are kept informed of any changes. Signed care plan copies are accessible in the service’s electronic care management system or via hard copy records.

The service conducts regular reviews of care and services, including when a consumer’s circumstances change, or an incident occurs. Management advised care plan reviews occur at least once per year, with more frequent assessments conducted based on changes in consumer care requirements. Review of care plans under the service’s electronic care management system identified all care plan reviews were current and up to date.

# Standard 3

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| Personal care and clinical care | | HCP | 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. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| 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. | Compliant | Compliant |

Findings

Consumers and representatives expressed satisfaction with the personal and clinical care provided by the service and said it is safe, effective, and mees the consumer’s needs. Clinical assessments are conducted by a registered nurse upon intake. Staff demonstrated knowledge of individual consumers’ care needs; this aligned with detailed information captured under care planning documentation available to guide staff practice. Management advised regular reviews and ongoing training ensure staff remain proficient in providing quality care.

Management and staff described the service’s approach to identifying, assessing, and managing risks to the safety and well-being of consumers. Care plans capture information regarding key risks to individual consumers and strategies to implement in mitigating and managing these risks. Staff demonstrated sound knowledge of risks to individual consumers and how they manage these.

The service did not have any consumers nearing the end of life at the time of the quality audit, however the service demonstrated procedures in place to address end of life planning at the consumer intake stage and at care plan reviews. The service has access to external palliative care providers to ensure consumers receive appropriate care and support, when required. Care plans record discussions with consumers/representatives regarding advance care planning and end-of-life wishes.

Interviews with staff and review of documentation identified deterioration or change in the consumer’s health and wellbeing is recognised and responded to in a timely and appropriate manner. Staff have access to policies and procedures to guide care delivery and receive specialised training in dementia care and access to resources for guidance in managing changed behaviours.

Consumers and representatives said staff are aware of the consumer’s needs and often do not require direction. Staff demonstrated knowledge of consumers’ care needs and confirmed information is accessible via detailed care plans stored on their digital tablet devices and in the consumer’s home. Progress notes are maintained to record and communicate additional up-to-date information in relation to the consumer. Management described how communication methods used in the service are tailored to the type of service provided and how information is effectively documented and communicated with others involved in the consumer’s care.

Consumers and representatives expressed satisfaction with the service’s referrals process and confirmed the service facilitates access to medical doctors and other health professionals when needed. Review of care planning documentation identified the service organises a range of referrals including but not limited to medical doctors, allied health professionals, dietitians, and dementia support services based on consumers’ needs.

Consumers and representatives confirmed staff adhere to infection prevention and control practices, including regular hand washing, hand sanitisation, and use of personal protective equipment when required. Consumers confirmed the service implements safety measures in relation to COVID-19 and keeps them informed of any related requirements. Review of consumer files demonstrated staff respond appropriately when consumers have an infection and implement appropriate infection control practices.

# Standard 4

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| Services and supports for daily living | | HCP | 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers reported the services and supports for daily living they receive help them to maintain their independence, well-being, and quality of life. Staff and management demonstrated knowledge of individual consumers’ interests and needs, and provided examples of how they support this. Where home maintenance and modifications are required to support consumers to maintain their independence, staff work with occupational therapists, approved suppliers, and/or subcontracted tradespersons to ensure any modifications are safe and effective.

Consumers confirmed staff are supportive and provided examples of how they cater to consumers’ individual emotional and psychological wellbeing needs. Staff described how consumers’ emotional, spiritual, and psychological well-being is supported through daily living and social support services provided. Care planning documentation evidenced detailed information regarding each consumer's emotional, spiritual, and psychological well-being needs to guide staff practice.

The service demonstrated how it enables consumers to access the local community, do things of interest to them, and maintain their personal relationships and chosen lifestyle. Through the provision of home maintenance and modification services, consumers are supported to continue living in their own homes. Consumers provided examples of how staff support them to maintain their various interests and to participate in the community.

Consumers and representatives said they are satisfied information about their needs and preferences is shared within the service and with others involved in their care. Staff advised they have access to information about the consumer’s needs and preferences via care plans and the service’s electronic system provides important alerts. Contractors receive all relevant information from the service prior to attending the consumer’s home.

Consumers and representatives confirmed they are satisfied with the service’s approach to supporting consumers with referrals to other services and supports. Staff described the service’s process for referrals to other organisations and service providers, how they assist consumers with understanding the range of services and supports available and provided examples of where referrals have been made in response to consumer needs.

Consumers expressed positive feedback about the meals they receive, stating they are of adequate quality and quantity. The service outsources meal services to providers in the local area who deliver a hot meal cooked fresh daily or frozen meals in the quantity chosen by the consumer. Alternatively, consumers can choose to collect their meals from the service. Staff advised any concerns in relation to meals are reported to the service. Management described how consumers are supported to make decisions about the meals they receive, and to give feedback on the meals received, and providers they prefer.

Where equipment has been provided to consumers, the service ensures the equipment is suitable and meets individual consumer’s specific needs. Occupational therapist assessments are conducted and recommendations on appropriate equipment obtained prior to purchase. Staff described how they check equipment prior to use and inform the service regarding any maintenance and repair required. Review of documentation identified referrals are made for assessment of equipment, including where existing equipment no longer meets the consumer’s needs.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers and representatives said they are aware of methods to provide feedback and raise complaints and feel encouraged and supported to do so. Management advised feedback can be submitted via various methods including contacting the service via phone or email, completing feedback forms, and via regular surveys. Staff are encouraged to seek feedback from consumers regularly when providing care and services.

The service demonstrated consumers are made aware of and have access to advocates, language services, and other methods for raising and resolving complaints. Information on interpreters, advocacy services, and external complaints agencies is included in the service’s welcome pack provided to consumers on engagement with the service. Management described how staff meet with consumers to ensure they are aware of and understand the information included in the welcome pack.

Consumers said they are satisfied with the complaints resolution process and the service keeps them informed of actions taken in response to their complaints. Review of complaints documentation identified the service takes appropriate action in response to complaints and applies an open disclosure process when things go wrong. Staff provided examples of what open disclosure means to them in practice and how they would handle a complaint.

Consumers said their feedback and complaints are responded to promptly by the service and actions implemented to prevent recurrence. The service demonstrated feedback and complaints are recorded, analysed, and used to inform areas for improvement documented under a continuous improvement plan.

# Standard 7

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| Human resources | | HCP | 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Consumers and representatives provided positive feedback regarding the service’s management of workforce, stating staff arrive on time and do not rush through their services. Staff said they have enough time to complete their allocated duties and advised workloads are discussed via regular monthly meetings. Management described how the service accommodates consumers’ preferences for specific care staff.

Consumers said staff are kind, caring, and treat them with dignity and respect. Staff receive training on diversity, cultural awareness, and treating consumers with dignity and respect. Management discussed the importance of respectful workforce interactions and how the service monitors and ensures this.

Consumers and representatives said they felt the workforce is competent, staff are knowledgeable about their role, and can perform their role effectively. The service maintains clear position descriptions for staff and subcontractors and has appropriate procedures in place to monitor staff competency. Review of human resourcing documentation identified appropriate records are maintained in relation to staff and subcontractor competency including qualifications, experience, and licensing.

Staff said they feel supported to undertake training and professional development. The service requires staff to undertake training on a range of topics, including but not limited to the Aged Care Quality Standards, serious incident reporting, dementia care, and falls management. Review of documentation identified staff have completed mandatory training for their roles.

The service implements processes to assess, monitor, and review staff performance. Performance reviews are conducted annually where staff receive feedback on their performance and discuss any areas for further improvement and development. Review of appraisal documentation identified staff appraisals are up to date.

# Standard 8

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| Organisational governance | | HCP | 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 | 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 | 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 | 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 | 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. | Compliant | Compliant |

Findings

The service demonstrated it involves consumers in the development and evaluation of care and services through various methods including via regular surveys, ongoing care reviews, and direct communication with staff and management. Consumers and representatives said they can provide feedback to the service which is considered by management.

The service’s governing body actively engages through formal structures, leadership channels, and reporting pathways to monitor and ensure compliance with the Quality Standards. Management facilitates information flow to the governing body to support decision-making. Regular reporting mechanisms are established including executive leadership team meetings led by the Chief Executive Officer to oversee the service's performance, safety, and care quality. Ongoing monitoring, monthly reporting, and management meetings contribute to governance at both organisational and service levels. An independent auditor supports service delivery improvements and compliance.

The service demonstrated effective organisation wide governance systems in place in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints.

The service has an established risk management framework supported by policies, procedures, and an effective incident management system. Utilising a risk matrix and record of high-risk consumers, the service identifies and monitors risks and incidents and implements actions to manage and mitigate risks. Staff receive training on abuse, neglect, and serious incident reporting. Disaster and risk management plans are in place with the service actively participating in local emergency management groups.

The service implements a clinical governance framework with established roles and responsibilities in relation to oversight of clinical service delivery. Clinical care is provided by enrolled and registered nurses. Staff are provided training in relation to topics such as infection prevention and control and open disclosure. Incident escalation and reporting processes ensure appropriate response and management of any incidents and to prevent recurrence. Regular audits are conducted to monitor staff adherence to infection prevention and control practices.

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)