**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Home Maintenance & Modification Program- South Coast |
| Commission ID: | 700424 |
| Address: | 10 Merivale Street, SOUTH BRISBANE, Queensland, 4101 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 11 July 2024 |
| Performance report date: | 13 August 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: 7638 St Vincent de Paul Society Queensland  
Service: 24667 St Vincent de Paul Society Queensland - Community and Home Support

**This performance report**

This performance report for Home Maintenance & Modification Program- South Coast (**the service**) has been prepared by J. Bayldon, 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 a non-site assessment, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not Applicable as not fully assessed |
| **Standard 6** Feedback and complaints | **Not Applicable as not fully assessed** |
| **Standard 8** Organisational governance | **Not Applicable as not fully assessed** |

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 2

|  |  |  |
| --- | --- | --- |
| 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)(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

Requirement 2(3)(a)

Requirement 2(3)(a) was found non-compliant following a Quality Audit undertaken from 11 October 2022 to 13 October 2022 and a subsequent Assessment Contact – Site undertaken from 16 November 2023 to 17 November July 2023 as the service was unable to ensure assessment and planning processes are implemented and used by staff to identify risks and inform care and services through development of management strategies appropriate to consumer needs and preferences.

At the time of the Assessment Contact – Non-Site, the Assessment Team found the following relevant information to my finding:

* The service evidenced that it had modified and standardised the client intake and review process which follows a script based on confirming the details from the My Aged Care (MAC) assessment and asking additional questions about mobility, mental health, cognitive status and vulnerability. Information about risks to consumers is captured in care planning and noted on job sheets for contractors.
* The occupational therapist (OT) said the referral forms received from the service detail necessary levels of risk information, for example but not limited to, cognitive decline. The OT said although they undertake additional screening for their own purposes, the relevant risk information is ‘always there.’
* Contractors interviewed advised that information about consumer risks was easy to locate and they always review the job sheet to inform them of services and strategies to use when providing care to consumers.
* The Assessment Team reviewed the intake and planning proforma and script which prompts staff to capture information about the risks to consumers.
* Consumers said their current needs, goals, and preferences are met by the service’s planning, and provided examples of how risk is communicated between staff and contractors.

In coming to my finding, I have considered the previous Performance Reports, the Assessment Team’s assessment, and evidence in the Assessment Team’s report. Based on the information summarised above, I am satisfied that the service has taken sufficient actions to ensure that assessment and planning processes are being effectively used by staff and that consumer risks are being record with strategies to minimise risks documented to inform staff when delivering care to consumers. Therefore, I find the provider in relation to the service, compliant with Requirement 2(3)(a) at the time of the performance report decision.

Requirement 2(3)(e)

Requirement 2(3)(e) was found non-compliant following a Quality Audit undertaken from 11 October 2022 to 13 October 2022 and a subsequent Assessment Contact – Site undertaken from 16 November 2023 to 17 November July 2023 as the service was unable to ensure care and services are regularly reviewed by staff to reflect consumer needs, goals, and preferences; and evaluated for effectiveness in line with program obligations.

At the time of the Assessment Contact – Non-Site, the Assessment Team found the following relevant information to my finding:

* Consumers said they believe their current needs, preferences and condition is known by the service and to the contractors.
* The program manager said a review report is automatically generated each week, resulting in review letters being sent to consumers who have been with the service for 12 months.
* The client review process has prompting to register and/or confirm any changes by contacting the consumer or their representative.
* The Assessment Team reviewed the review process of the service to ensure that information is captured, and reviews are generated through the service’s electronic care management system.

In coming to my finding, I have considered the previous Performance Reports, the Assessment Team’s assessment, and evidence in the Assessment Team’s report. Based on the information summarised above, I am satisfied that the service now has a process fully embedded at the service to prompt consumer care and services reviews regularly or when consumer circumstances change. Therefore, I find the provider in relation to the service, compliant with Requirement 2(3)(e) at the time of the performance report decision.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 |

Findings

Requirement 6(3)(a)

Requirement 6(3)(a) was found non-compliant following a Quality Audit undertaken from 11 October 2022 to 13 October 2022 and a subsequent Assessment Contact – Site undertaken from 16 November 2023 to 17 November July 2023 as the service was unable to ensure staff and contractors receive sufficient training and information to support and encourage consumers and others to provide feedback and make complaints, and actions nominated in the submitted Continuous improvement plan are implemented and evaluated for effectiveness.

At the time of the Assessment Contact – Non-Site, the Assessment Team found the following relevant information to my finding:

* Consumers said they felt comfortable to provide feedback or make complaints,
* Contractors said they are aware of the ‘open feedback and complaints process’ and had offered consumers the opportunity to provide feedback or complaints to the office or the contractor directly.
* Feedback and complaints have been added to the ‘contractor frequently asked questions’ information sheet.
* Feedback and complaints information is detailed in the obligation section of the contractor’s agreement.
* The feedback form provided to consumers in the welcome pack includes contact details for associated organisations, for example but not limited to, government and advocacy agencies.

In coming to my finding, I have considered the previous Performance Reports, the Assessment Team’s assessment, and evidence in the Assessment Team’s report. Based on the information summarised above, I am satisfied that the service now has a process fully embedded for contractors to support consumers in providing feedback or make complaints. Therefore, I find the provider in relation to the service, compliant with Requirement 6(3)(a) at the time of the performance report decision.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | CHSP |
| 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 |

Findings

Requirement 8(3)(c)

Requirement 8(3)(c) was found non-compliant following a Quality Audit undertaken from 11 October 2022 to 13 October 2022 and a subsequent Assessment Contact – Site undertaken from 16 November 2023 to 17 November July 2023 as the service was unable to ensure it had an effective organisation wide governance system in relation to regulatory compliance.

At the time of the Assessment Contact – Non-Site, the Assessment Team found the following relevant information to my finding:

* Staff training records were evidenced by the Assessment Team in relation to SIRS reporting with an ongoing agenda item within staff meetings for updates on regulatory changes.
* The service evidenced through correspondence records that contractors have been informed of reporting expectations, and responsibility for communication of updates or regulatory changes included within management duties.
* A contractor toolbox meeting is held every 3 months where regulatory topics are discussed (for example, a previous toolbox meeting discussed the revised Quality Standards).

In coming to my finding, I have considered the previous Performance Reports, the Assessment Team’s assessment, and evidence in the Assessment Team’s report. Based on the information summarised above, I am satisfied that the service now has oversight of their regulatory compliance requirements using an effective governance system. Therefore, I find the provider in relation to the service, compliant with Requirement 8(3)(c) at the time of the performance report decision.

Requirement 8(3)(d)

Requirement 8(3)(d) was found non-compliant following a Quality Audit undertaken from 11 October 2022 to 13 October 2022 and a subsequent Assessment Contact – Site undertaken from 16 November 2023 to 17 November July 2023 as the service was unable to ensure there are effective systems in place for managing high impact, high prevalence risks and incident management and prevention.

At the time of the Assessment Contact – Non-Site, the Assessment Team found the following relevant information to my finding:

* Evidence that the service had developed and embedded an incident reporting procedure and form.
* Staff were able to demonstrate how risks to consumers are mitigated by recognising, recording in care planning and communicating to contractors.
* The Assessment Team was able to observe records of incidents and risks in the service’s electronic risk management system.

In coming to my finding, I have considered the previous Performance Reports, the Assessment Team’s assessment, and evidence in the Assessment Team’s report. Based on the information provided, I am satisfied that the service now has an effective risk management system and staff are equipped in procedures in relation to reporting, recognising and responding to incidents or consumer risks. Therefore, I find the provider in relation to the service, compliant with Requirement 8(3)(d) at the time of the performance report decision.

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