**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Home Maintenance & Modification Program- South Coast |
| Service address: | 10 Merivale Street SOUTH BRISBANE QLD 4101 |
| Commission ID: | 700424 |
| Home Service Provider: | St Vincent de Paul Society Queensland |
| Activity type: | Quality Audit |
| Activity date: | 11 October 2022 to 13 October 2022 |
| Performance report date: | 18 November 2022 |

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 Home Maintenance & Modification Program- South Coast (**the service**) has been prepared by A. Grant, 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:**

* CHSP - Home Maintenance, 4-7ZO05BF, 10 Merivale Street, SOUTH BRISBANE QLD 4101
* CHSP - Home Modifications, 4-7ZNUPYL, 10 Merivale Street, SOUTH BRISBANE QLD 4101
* CHSP Transport, 4-7ZO0550, 80 McDowell Street, ROMA QLD 4455
* CHSP - Home Maintenance, 4-7ZO05BF, 80 McDowell Street, ROMA QLD 4455

# 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.
* The provider’s response to the assessment team’s report received 9 November 2022.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-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 | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-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 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Non-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. | Non-compliant |
| 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. | Non-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. | Non-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. | Non-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. | Non-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. | Non-compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Non-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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Non-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. | Non-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. | Non-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. | Non-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. | Non-compliant |

# Standard 1

|  |  |  |
| --- | --- | --- |
| 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. | **Non-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. | **Non-compliant** |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | **Compliant** |

Findings

*Compliant Evidence*

Consumers and/or representatives interviewed by the Assessment Team reported consumers are always treated with respect and with dignity. Consumers when interviewed by the Assessment Team stated both the staff within the office and the contracted staff are very caring, polite and helpful. Staff described how they show respect to the consumers by addressing them by their preferred name, taking time to talk to them and acknowledging their preferences. Evidence analysed by the Assessment Team showed contractors are provided with St Vincent de Paul Society Queensland code of conduct which outlines expectations of behaviour with regards to respect, integrity, compassion, and advocacy. The Assessment Team observed and noted staff interacting with consumers over the telephone in a polite and respectful manner.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate how they assess consumer’s cultural needs and preferences for planning and providing care in consultation with the consumer and representative. This is further documented within Standard 2. However, despite the lack of assessment and planning of cultural needs and preferences, the Assessment Team noted during interviews with the Assessment Team consumers and/or representatives stated that services are delivered in a way that makes them feel safe and respected. Client liaison officers when interviewed by the Assessment Team were able to describe what it means to provide culturally safe care and contracted staff gave examples of how they respect their consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is supported to exercise choice and decisions about the services they receive, including when others should be involved. Consumers when interviewed by the Assessment Team described the process of choosing the frequency of their lawn mowing service and the ability to cancel if they felt it was not necessary especially during the winter months. Consumers and/or representatives when interviewed by the Assessment Team also described the process of requesting different contractors if they felt dissatisfied with current work being completed and of their level of comfort in contacting the service to discuss these matters. Management when interviewed by the Assessment Team described how they encourage consumers to have people with them when deciding on major modifications which was confirmed by consumers and consumers have choice when contractor quotes are received.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers and/or representatives interviewed by the Assessment Team felt staff were respectful of personal information and the service demonstrated they have effective systems in place to protect consumer’s privacy and personal information.

Evidence analysed by the Assessment Team showed all consumer information is stored in an electronic database with password protection and staff demonstrated an understanding of their responsibilities in relation to maintaining consumer confidentiality. Client liaison officers when interviewed by the Assessment Team confirmed consumers are provided with information about the collection, use and disclosure of their personal information and management provided the Assessment Team with the confidentiality agreement provided to contractors which is required to be signed to confirm their understanding of the service’s confidentiality policy.

*Non-Compliant Evidence*

Management when interviewed by the Assessment Team confirmed that consumers are not supported to take risks within their business structure. Management stated during interviews with the Assessment Team that due to a lack of consumer assessment they don’t have the ability to assess the consumer’s physical and psychological state and therefore do not currently encourage consumers to take risks. This is further documented in Standard 2. Management when interviewed by the Assessment Team also described concerns relating to time management for contractors, for example if a consumer wanted to help in the yard whilst contractors were completing a yard tidy, stating that this may impact contractor’s ability to complete the work in the allocated time.

Evidence analysed by the Assessment Team showed the service did not demonstrate that information is current, accurate and communicated clearly or in a timely manner. Consumers and/or representatives when interviewed by the Assessment Team stated that they receive information from the service when they first join the home maintenance and modification program, however they have received very little information from the service since then. Consumers and/or representatives when interviewed by the Assessment Team advised that most of the communication comes from the contractors. During interviews with the Assessment Team management acknowledged a lack of communication with consumers, however provided the Assessment Team with two examples of letters sent to consumers, the first dated 20 March 2020 relating to service provision during COVID-19, and a second letter dated 22 May 2020 relating to eligibility of personal safety devices. A sample of evidence identified to substantiate the Assessment Teams findings include:

* The vast majority of consumers and/or representatives interviewed by the Assessment Team stated that whilst the communication with contracted staff is good, they do not receive much communication from the service.
* Consumer A’s representative when interviewed by the Assessment Team stated that whilst they are very happy with the services they receive, they do get frustrated with the lack of communication from the service stating that “they don’t call us, we have to call them all the time.”
* Consumer B when interviewed by the Assessment Team stated the service does not contact him/her to advise of upcoming services, he/she always needs to contact them to confirm when contractors are going to arrive.

The Decision Maker notes the serviced responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. Additional details and evidence provided by the service in their response on this occasion did not meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation.

# 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. | **Non-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. | **Non-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. | **Non-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. | **Non-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. | **Non-compliant** |

Findings

*Non-Compliant Evidence*

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the home modification program is providing a culture of safe, effective care and is accountable for their delivery of service through occupational therapy assessments and risk assessments prior to the commencement of work. However, all consumers and/or representatives interviewed by the Assessment Team within the home maintenance program confirmed they were not aware of any assessment process and stated the staff did not consider any risks associated with their overall health and well-being when they joined the service.

Five out six contractors when interviewed by the Assessment Team stated that they have not been provided with adequate information which may help them identify risks associated with the consumer and assist them to deliver a safe, effective care and services. The Assessment Team analysed twenty-two consumer files on the information management system and were unable to locate any information/evidence that would constitute a care/assessment plan. The Assessment Team noted the lack of assessment of risk for some consumers resulted in a lack of documented strategies to support staff to deliver safe and effective services.

All consumers and/or representatives when interviewed by the Assessment Team stated staff ask them what services they need, preferences of frequency and preferred days when they first join the service, however do not involve them in the assessment and planning process beyond this. Evidence analysed by the Assessment Team showed consumer’s needs, goals and preferences are updated if the consumer and/or representative contacts the service to provide this update, however there is not currently a planning process to assess needs, goals and preferences on an ongoing basis.

During interviews with the Assessment Team Management stated consumers are capable of identifying their current needs such as yard maintenance, the organisation’s stance is that they do not require any advance care planning and end of life planning. Due to the nature of the service, end of life planning and advance care planning were felt by the service to be not appropriate.

Consumers and/or representatives interviewed by the Assessment Team within the home maintenance program confirmed there are no participation opportunities in the planning and review of the ongoing service they receive. As a result, consumers and/or representatives stated during interviews with the Assessment Team that at times they felt confused in relation to the types of services that they are entitled.

Consumers and/or representatives interviewed by the Assessment Team reported that the communication is not consistent, clear and/or reliable in relation to the changing needs of their situation. Management and staff interviewed by the Assessment Team acknowledged that once their service has been brokered out to contractors, their communication with consumers are based on a reactive approach, meaning they generally will not contact the consumer unless there is a requirement.

During interviews with the Assessment Team the service confirmed that they do not conduct any form of assessment and planning within the home and maintenance program. As a result, the Assessment Team noted based on evidence analysed the service was not able to demonstrate that their care and services plan is readily available to the consumer. All consumer and/or representatives interviewed by the Assessment Team advised they have not received any form of copy of their services plan when they initially joined the service as well as any updates to their plan. Consumers and/or representatives when interviewed by the Assessment Team stated that the only form of paperwork that they receive are invoices which provides a brief description of the service that they were charged. Management and staff stated to the Assessment Team during interviews that they have access to the consumer’s service plan and contains all the necessary information in relation to the consumer’s preferences.

However, the Assessment Team analysed twenty-two consumer files and identified the files were lacking sufficient details pertaining to the consumer which would represent a care and service plan. The Assessment Team sought clarification with Management regarding the consumer files findings at which point management acknowledged that the only information that is recorded against the consumer files are contact information and communication notes. Based on the evidence analysed, the Assessment Team noted there is insufficient information to constitute a care and services plan.

Evidence analysed by the Assessment Team showed the service did not demonstrate care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Management and staff when interviewed by the Assessment Team acknowledged that consumer information is not always updated when consumer’s conditions change, situations changes and/or when incidents and accidents occur. Based on the evidence analysed by the Assessment Team the service does not have an effective process to ensure consumer’s services are reviewed regularly for effectiveness. A sample of evidence substantiating the Assessment Teams findings is:

* Consumer C’s consumer file notes states that on 4 November 2021, an email was sent to the occupational therapist reporting that her stair case was destroyed by white ants and had water damage. On 23 November 2021, Consumer C reported that he/she had a leaking roof and it was referred to a contractor. Evidence analysed by the Assessment Team showed there were no documented records of engagement or follow up with Consumer C following the change of circumstance that impacted Consumer C.

The Decision Maker notes the serviced responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. Additional details and evidence provided by the service in their response on this occasion did not meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation.

# Standard 3

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

Standard 3 and all individual Requirements within Standard 3 are Not Applicable to the service and there for were not assessed by the Assessment Team.

# Standard 4

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

*Compliant Evidence*

Consumers who receive transport assistance and those who receive home modification services when interviewed by the Assessment Team stated that these services meet their daily living needs, goals and preferences and the service optimises their independence, health and quality of life. A sample of evidence to substantiate the Assessment Teams finding includes:

* Consumer D when interviewed by the Assessment Team stated he/she had a stair lift installed into her home earlier this year and this has allowed Consumer D to move more freely about her house and be out in the community more because she does not have to navigate the stairs each time which previously left her feeling breathless.

The majority of consumers and/or representatives interviewed by the Assessment Team discussed how the service directly supports their emotional and psychological wellbeing through the provision of their services. Consumers and/or representatives when interviewed by the Assessment Team described how having these services gave them more time to focus on activities which further promote these aspects of wellbeing, whilst being less stressed on a day to day basis about home and/or garden maintenance. A sample of evidence to substantiate the Assessment Teams finding includes:

* Consumer A’s representative stated Consumer A is 85 years old and he is living with bone cancer. Consumer A’s representative described how the home and garden maintenance services he/she receives helps Consumer A feel good that his/her house and yard is being maintained allowing Consumer A to focus on his/her health and daily living.

Evidence analysed by the Assessment Team showed the service demonstrated that consumers are supported to participate in their community, maintain social and personal relationships and do what they are interested in. Home maintenance consumers when interviewed by the Assessment Team discussed how having their lawns mowed and gardens tidied gives them more time to spend doing what they like including focusing on their relationship. The transport taxi voucher recipients when interviewed by the Assessment Team discussed how they were able to get out into the community and participate in ways they would not be able to afford without the service.

Evidence analysed by the Assessment Team showed known, information about the consumer’s needs and preferences is communicated appropriately and shared when required. Consumers and/or representatives interviewed by the Assessment Team were satisfied that information about their services is shared within the service and with others as required. Evidence analysed by the Assessment Team showed the service has a community services confidentiality, consent and freedom of information policy which outlines the need for informed consent to gather and store consumer information and the transference of communication of consumer information to other agencies and individuals.

Consumers and/or representatives interviewed by the Assessment Team stated they are satisfied with the home maintenance and modification program’s staff efforts to refer them to services they require. Management and client liaison officers when interviewed by the Assessment Team could describe the process for referral to other organisations, ensuring the consumer is consulted at each stage. Evidence analysed by the Assessment Team showed the process was to listen to the consumer’s needs and if they advise there are other services they require that the home maintenance and modification program cannot provide such as domestic assistance, the client liaison officer will call My Aged Care (MAC) whilst the consumer is on the phone, advise the MAC staff member what the consumer is calling about and then transfer the consumer through to MAC for further discussion. Evidence analysed by the Assessment Team showed the service also provides phone numbers for other organisations that provide those services.

The Assessment Team noted where minor modifications have been provided to enhance consumer’s safety and mobility within their home, consumers interviewed by the Assessment Team reported it is safe, suitable and meets their needs. Management and a contracted occupational therapist when interviewed by the Assessment Team confirmed home modifications are only installed after an occupational therapist has assessed the consumer’s needs and recommended the appropriate modifications/equipment to confirm they are safe and suitable for the consumer. Evidence analysed by the Assessment Team showed once the quotation process is completed, a registered tradesman is then engaged to complete the work.

Management when interviewed by the Assessment Team confirmed with modifications, the trade contractors who complete the work do not regularly return to maintain the equipment. However, if the consumer has concerns regarding the installation or identifies issues, the consumer can contact the service and the contractor will review the concern and fix the issue if it is in line with their contract and licensing as per their Queensland Building and Construction Commission registration.

During interviews with the Assessment Team consumers discussed their ease in placing requests for review of installed equipment and gave examples of when contractors have returned to fix concerns.

# Standard 5

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

Standard 5 and all individual Requirements within Standard 5 are Not Applicable to the service and there for were not assessed by the Assessment Team.

# 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. | **Non-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. | **Non-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. | **Non-compliant** |

Findings

*Compliant Evidence*

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is planned to enable the delivery of safe and quality services to consumers. Most consumers and/or representatives interviewed by the Assessment Team were satisfied with the number of staff to deliver their services, while staff interviewed by the Assessment Team indicated sufficient staffing numbers. Consumers and/or representatives when interviewed by the Assessment Team advised where a contractor is unable to attend, the service generally makes arrangements for another contractor within the region to attend or reschedules the service. Management did acknowledge to the Assessment Team during the Quality Audit that due to the industry wide shortage of labour force and a recent change to their funding has caused an impact on their service delivery. The Assessment Team analysed the board of executives meeting minute notes dated April 2022, addressing the current shortage of staff in the quarterly meetings with the board of executives.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers and/or representatives when interviewed by the Assessment Team confirmed staff treat them with respect and are responsive to their needs. Staff and contractors when interviewed by the Assessment Team were able to describe what they would do if they observed disrespect towards a consumer and advised they would report any concerns to management/service. Evidence analysed by the Assessment Team showed policies and procedures, supporting documentation and published information clearly sets out the organisation’s approach to respecting each consumer’s individual uniqueness.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The service when interviewed by the Assessment Team described having a recruitment process and an initial onboarding process to ensure that the workforce engaged are competent to perform their role and ensure recruited internal staff and contractors must have relevant qualifications specific to their roles. Management when interviewed by the Assessment Team described how they ensure staff and contractors have appropriate qualifications, such as modern human slavery training, working with vulnerable people and the appropriate rights to work permit for their contractors. All Consumers and/or representatives interviewed by the Assessment Team confirmed they felt staff were competent.

*Non-Compliant Evidence*

Evidence analysed by the Assessment Team showed the service did not demonstrate they encourage and support consumers and/or representatives to provide feedback or complain about the services they receive. Evidence analysed by the Assessment Team showed when complaints are received it is usually via telephone calls or through the Saint Vincent de Paul website feedback form. Evidence analysed by the Assessment Team showed whilst the service has policies and procedures for consumers in relation to feedback and complaints, the service did not demonstrate an adequate complaints management system consistent with best practice. Evidence recorded to substantiate the Assessment Teams findings is:

* During interviews with the Assessment Team eleven consumers who were asked how to make a complaint, only two could advise the process they would take, and consumers were not able to advise the Assessment Team how they would access external complaints agencies, such as with the Aged Care Quality and Safety Commission (the Commission), if they did not feel comfortable raising their concern with the service.
* During interviews with the Assessment Team management advised new clients are provided with details of how to make complaints or provide feedback in their welcome pack as evidenced by the Assessment Team in the consumer welcome letter. However, management further went on to state this is the only time the consumers are provided with this information, regardless of the number of years they have been with the service.
* Contracted staff when interviewed by the Assessment Team reported they have had no training in complaints management, however said they would encourage the consumer to contact the office to raise any concerns.

Evidence analysed by the Assessment Team showed whilst the service demonstrated they have received feedback and complaints from consumers and/or representatives, indicating that some consumers know how to make a complaint, there was insufficient evidence that staff encourage and support consumers and/or representatives to make a complaint.

The Assessment Team noted service staff have knowledge of advocacy and language services and other methods for raising and resolving complaints and encourage consumers to use these services when required. However, The Assessment Team noted the service has not demonstrated that appropriate action is taken to ensure consumers and representatives are aware of, and have access to advocacy services, language services and other methods for raising and resolving complaints. This includes access to external complaints agency options. Evidence recorded to substantiate the Assessment Teams findings is:

* Consumer E during interviews with the Assessment Team stated that he/she does not know how to make a complaint either internally or externally or how to access an advocacy agency.
* Consumer F during interviews with the Assessment Team stated said he/she was unaware of advocacy services or how to make a complaint.
* Evidence analysed by the Assessment Team showed the consumer welcome letter provides an internal email address and phone number for providing feedback along with the Commission’s phone number but does not provide details for advocacy or translation services or other external complaint agencies.
* Evidence analysed by the Assessment Team showed neither the service’s complaints and compliments policy nor the service operational manual provide details of how information relating to complaints and advocacy should be shared with consumers.

Evidence analysed by the Assessment Team showed the service did not demonstrate that complaints and feedback received are being effectively captured, reviewed and analysed or used to improve the quality of care and services. Evidence analysed by the Assessment Team showed the complaints management system is not effective in documenting all feedback and complaints from consumers and representatives in a centralised form and as a result the feedback and/or complaints are not reviewed.

During interviews with the Assessment Team client liaison officers stated their process for entering complaints has changed the week of the Quality Audit. Client Liaison officers stated previously, all complaints were entered onto the consumer’s individual profile within their electronic information management system. The Assessment Team noted this process does not allow for collation of complaints and is therefore lacking opportunity for analysis and identification of improvement opportunities. During interviews with the Assessment Team staff described the new process involves all complaints being entered into ‘Tickit’ which is an electronic system used for capturing complaints and incidents.

The Decision Maker notes the serviced responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. Additional details and evidence provided by the service in their response on this occasion did not meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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. | **Non-compliant** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Non-compliant** |

Findings

*Compliant Evidence*

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is planned to enable the delivery of safe and quality services to the consumers. Most consumers and/or representatives interviewed by the Assessment Team were satisfied with the number of staff to deliver their services and staff interviewed indicated sufficient staffing numbers. Consumers and/or representatives interviewed by the Assessment Team advised where a contractor is unable to attend, the service generally makes arrangements for another contractor within the region to attend or reschedules the service. During interviews with the Assessment Team management acknowledged that due to the industry wide shortage of labour force and a recent change to their funding has caused an impact on their service delivery. The Assessment Team analysed the board of executives meeting minute notes dated April 2022 addressing the current shortage of staff in the quarterly meetings with the board of executives.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers and/or representatives interviewed by the Assessment Team confirmed staff treat them with respect and are responsive to their needs. Staff and contractors when interviewed by the Assessment Team were able to describe what they would do if they observed disrespect towards a consumer and advised they would report any concerns to management/service. Evidence analysed by the Assessment Team showed policies and procedures, supporting documentation and published information clearly sets out the organisation’s approach to respecting each consumer’s individual uniqueness.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. During interviews with the Assessment Team the service described having a recruitment process and an initial onboarding process to ensure that the workforce engaged are competent to perform their role. Evidence analysed by the Assessment Team showed recruited internal staff and contractors must have relevant qualifications specific to their roles. Management when interviewed by the Assessment Team described how they ensure staff and contractors have appropriate qualifications, such as modern human slavery training, working with vulnerable people and the appropriate rights to work permit for their contractors. All consumers and/or representatives sampled confirmed they felt staff were competent.

*Non-Compliant Evidence*

Evidence analysed by the Assessment Team showed overall, the service was unable to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Evidence analysed by the Assessment Team showed the service has demonstrated effective strategies, policies, ongoing training and implementing a rigorous initial selection during the onboarding process, however evidence analysed by the Assessment Team showed the service has not been able to replicate this process with their contractors within their home maintenance program. All contractors interviewed by the Assessment Team stated that they have not received any formal training or been provided with the service’s expectations in relation to the Aged Care Quality Standards (standards).

All Managers interviewed by the Assessment Team acknowledged that they were focused on complying with their legislative requirements by ensuring the contractors possess the relevant working permits. During interviews with the Assessment Team management acknowledged that they failed to deliver the same level of training, support and awareness with their contractors in contrast with their direct employees. Contractors when interviewed by the Assessment Team stated they have not been provided with adequate information on how to identify and respond to risks in relation to service continuity, serious incidents and other events. During interviews with the Assessment Team management acknowledged that they have not provided this level of information to their contractors as it had not been part of their expectations.

The Assessment Team analysed the ‘contractors welcome pack’ (welcome pack) which is delivered to all new contractors during the onboarding process. Evidence analysed by the Assessment Team showed the information contained in this pack lacks sufficient information about the expectations set out under the standards. A sample of evidence to substantive this finding is the welcome pack does not include any information on how to identify risks and/or their reporting obligations.

Evidence analysed by the Assessment Team showed the organisation monitors performance and capabilities of their workforce, specifically direct employees to ensure service standards are met. However, evidence analysed by the Assessment Team showed they were unable to demonstrate how this process is replicated with their contractors. The Assessment Team has taken into consideration that the Fair Work Ombudsman has provided a definition of misrepresentation of an employment relationship and independent contractor. However, the Assessment Team noted for the purpose of this assessment, section 4.2 of the Commonwealth Home Support Programme manual, contractors and employees providing service to clients are classified as a staff member. Thus, contractors are subjected to regular assessment, monitoring and review of their performance by the organisation. During interviews with the Assessment Team management acknowledged that the organisation does not have any processes in place, nor have any of their contractors received ongoing monitoring and review of their performance.

During interviews with the Assessment Team six of six contractors stated that the service has not provided them with any ongoing monitoring and review of their performance. The Assessment Team analysed the service’s ‘contractor welcome pack’ and could not identify any material that would suggest that their performance would be subjected to a regular monitoring and review process or assessment.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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. | **Non-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. | **Non-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. | **Non-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. | **Non-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. | **Non-compliant** |

Findings

*Non-Compliant Evidence*

Evidence analysed by the Assessment Team showed whilst the home modification program of the service complies with this requirement effectively, the Assessment Team identified deficiencies in the home maintenance program. Consumers and/or representatives within this program when interviewed by the Assessment Team were unable to provide examples that demonstrate how they are engaged in the development and evaluation of care and services. Eighteen consumers within the home maintenance program when interviewed by the Assessment Team stated that their only engagement with the service is when they require changes to their services and the interaction does not include a review of their current needs and/or goals. The Assessment Team interviewed four senior managers and one program manager who acknowledged that they do not have care plans for their consumers nor are there any formal processes embedded into their organisation to engage consumers in the development of their current service and needs. Further to this, management and staff when interviewed by the Assessment Team acknowledged that their business is based on a reactive model rather than a proactive approach. The Assessment Team analysed twenty-two consumer files which all lacked information pertaining to the consumer’s preference or requirements.

Evidence analysed by the Assessment Team showed the governing body is accountable for the delivery of a culture of safe, inclusive and quality care and services and remains informed through formal governance, leadership and reporting pathways at the service level.

Evidence analysed by the Assessment Team showed the organisation is not accountable for their delivery of service within their home maintenance program. Consumers and/or representatives within this program and contractors interviewed by the Assessment Team stated that the service or contracted staff have not conducted an environmental risk assessment, nor have there been any follow up on the quality of service they are receiving.

All contractors when interviewed by the Assessment Team stated that they were not provided with information in relation to accountability of their service delivery nor do they understand their reporting obligations to the service. Management when interviewed by the Assessment Team was unable to demonstrate how they ensure accountability of the services they provide to consumers. Management stated during interviews with the Assessment Team that once the service has been brokered out, they have minimal contact with the consumer.

*Workforce Governance*

Evidence analysed by the Assessment Team showed the organisation does not have any oversight of their brokered service’s accountability as identified in Requirement 8(3)(b) of the Aged Care Quality Standards. *– End of Heading -*

Evidence analysed by the Assessment Team showed the service could not demonstrate they have an effective risk management system and practice to identify, assess and manage risks to the health, safety and well-being of consumers receiving their services within the home maintenance program. Although consumers and/or representatives when interviewed by the Assessment Team stated they feel the service supports them to live the best life they can and where potential risks to a consumer’s well-being is identified, there is a disconnect between the contractors and the service.

Eighteen out of twenty consumers interviewed by the Assessment Team stated that the service did not conduct an assessment when they joined their service nor are there any ongoing monitoring and evaluation of their service. Five out of six contractors interviewed by the Assessment Team stated they do not conduct a risk assessment nor were they provided with adequate information in relation to the consumer’s health, well-being and how to identify if a consumer is at risk. In the event of an incident, six out of six contractors interviewed by the Assessment Team stated that they were not aware of their reporting obligations to the service. Further to this, five of five managers when interviewed by the Assessment Team acknowledged that a risk analysis and consumer process are identified in the home modification program through brokered occupational therapists but there are no processes in place to identify risks within the home maintenance program.

*Compliant Evidence*

*Information Management*

Evidence analysed by the Assessment Team showed information about consumers are provided to the workforce on a ‘need to know’ basis to ensure consumer privacy and confidentiality is maintained. Evidence analysed by the Assessment Team showed all consumer files are stored on their internal information management system called ‘SMS’, which is password protected, and there are eleven licenses registered to individual email accounts. Evidence analysed by the Assessment Team showed all computer stations with access to SMS are password protected. Evidence analysed by the Assessment Team showed the board of executives uses their internal reporting system named, ‘onboard’, which captures sensitive data across their entire portfolio including information pertaining to consumers within this service. Access to this system is restricted to senior management and is watermarked ‘confidential’.

*Continuous Improvement*

Evidence analysed by the Assessment Team showed a more structured continuous improvement process including centralised register was commenced by the service at the beginning of the September 2022. Evidence analysed by the Assessment Team showed all incident reports, continuous improvement, feedback, complaints and any other critical risks identified is reported to senior management, state council and the board of committees. Evidence analysed by the Assessment Team showed once the information has been reviewed and discussed, the data is then transferred to a risk committee and recorded on a risk register. The Assessment Team analysed the risk register and meeting minute notes from April 2022 board of executive meeting discussing emerging risks in relation to labour shortages, which has impacted their service delivery. The Assessment Team analysed the risk register and it was evident this was captured.

*Financial Governance*

Evidence analysed by the Assessment Team showed the service has financial governance systems and processes to manage the finances and resources required to deliver a safe and quality service for their consumers. Evidence analysed by the Assessment Team showed management has oversight of the service’s income and expenditure and this is reviewed regularly and discussed at monthly management meetings as well as in the quarterly meetings with the board of executives. Evidence analysed by the Assessment Team showed any unspent funds are reviewed regularly and will be quarantined for future planning.

*Regulatory Compliance*

Evidence analysed by the Assessment Team showed in relation to the regulatory compliance, management has identified that there are 132 pieces of legislation that are applicable to their business portfolio. Evidence analysed by the Assessment Team showed to ensure that they are current with the relevant legislation, the organisation has subscribed to ‘Health Legal’. Evidence analysed by the Assessment Team showed through the subscription service, the organisation receives quarterly updates via email as well as any changes to the legislation that are applicable to them. Evidence analysed by the Assessment Team showed all internal paid staff and contractors are required to possess a current police certificate. Evidence analysed by the Assessment Team showed contractors are required to possess a valid Queensland Building and Construction Commission license permit, Public Liability Insurance and State/Territory issued driver’s license.

*Feedback and complaints*

Evidence analysed by the Assessment Team showed while not all feedback received from consumers and/or representatives has been captured and reviewed, the service has systems and processes to document this feedback and utilises it to improve outcomes for consumers. Management during interviews with the Assessment Team advised they utilise a system called ‘Tickit’ to detail any complaints and or incidents. The Assessment Team analysed a risk register that showed the information is then compiled into a report which forms part of an agenda in the quarterly board of executive meeting.

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)