**Performance**

**Report**

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| Name of service: | Hornsby Ku-ring-gai Home Modification & Maintenance Service |
| Service address: | 28-44 George Street HORNSBY NSW 2077 |
| Commission ID: | 200567 |
| Home Service Provider: | Hornsby Council |
| Activity type: | Quality Audit |
| Activity date: | 10 February 2023 to 14 February 2023 |
| Performance report date: | 3 April 2023 |

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

**This performance report**

This performance report for Hornsby Ku-ring-gai Home Modification & Maintenance Service (**the service**) has been prepared by G. McNamara, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**CHSP:**

* Community and Home Support, 24374, 28-44 George Street, HORNSBY NSW 2077

# 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 29 March 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **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)(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.

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

**Requirement 6(3)(d)** -Feedback and complaints are reviewed and used to improve the quality of care and services.

**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.

**Requirement 8(3)(c)** - Effective organisation wide governance systems relating to the following:

(i) information management;

(ii) continuous improvement;

(iii) financial governance;

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities;

(v) regulatory compliance;

(vi) feedback and complaints.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Non-compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Non-compliant |

Findings

Six of the six specific requirements were assessed and I have found four of those requirements Compliant and two Non-Compliant. A finding of Non-Compliance in one or more requirements results in a finding of Non-Compliance in the Standard.

Regarding Compliant requirements

The service demonstrated that consumers’ identity and culture is captured, respected, and valued. Consumers said that staff and sub-contractors treat them with dignity and respect when communicating with them and delivering services. Consumers interviewed with a non-English speaking background said that the staff always provide the option of contacting an interpreter during services or contact to ensure their culture is respected. Consumers said they also felt respected and valued by the staff. They are informed of their right to be treated with respect and their identity, cultural and diversity valued through the Charter of Aged Care Rights, which they confirmed they have received and were signed in all consumer files reviewed. All staff demonstrated they were aware of consumers' circumstances, family arrangements, support networks, and aspects of their life that are relevant to receiving modification and maintenance services in the home. The staff demonstrated that to ensure dignity is maintained, they do not seek personal information that is not relevant for their scope of work such as toileting assistance.

The care provided to consumers is culturally safe. All consumers sampled said that staff understand their preferences and culturally sensitive aspects of their services which makes them feel respected, valued and culturally safe. Staff were able to describe how they deliver culturally safe care and how they could tailor services for consumers. A review of referral documentation also showed that the service is capturing information regarding consumer’s cultural needs and if family, other supports and/or interpreters need to be involved when delivering services. A review of mandatory training for all Council employees demonstrated that cultural awareness and sensitivity training must be completed annually. The service coordinator confirmed that all permanent staff members had completed the training.

Consumers are supported to exercise independence when making decisions about their care, involving family members, friends, or others in those decisions, and communicating regarding their decisions. Consumers said they felt supported to exercise choice and independence within the context of the services that are provided. Although there are limited opportunities for them to choose the people who provide their services, they confirmed they can request the same workers or sub-contractors if they return for a second service. Where the consumer has nominated others, they wish to be involved, such as a family member or support person, the service communicates with them whilst organising a job to be completed. A review of nine client files showed that communication preferences and involvement of family members or a support person was indicated in all those reviewed.

The service coordinator said that the staff take the time before a service is commenced to provide all relevant details such as what the service does and the services they provide, information about workers and sub-contractors and the process to ensure that consumers are able to demonstrate choice and preference on how they would like the service to be delivered

Consumers are supported take risks to enable them to live their life the best they can. The service staff also demonstrated their understanding of consumers dignity of risk, including their awareness of consumers’ rights to take risks. The service coordinator said that the consumers have the right to refuse services if they do not agree with pricing or for any other reason. The service coordinator also said that risks may be identified by builders or sub-contractors when attending the home for the purpose of completing a quote, such as evidence of hoarding or clutter. They said in this situation, a referral would be made by the service to either a family member or support person, or the OT where appropriate to continue discussions regarding dignity of risk and the consumer’s choice to potentially take a risk.

Regarding Non-Compliant requirement 1(3)(e)

Consumers sampled said that on commencement of services, they are provided with a ‘welcome pack’ that includes service types, the charter of aged care rights and contact information from the service. They said that a quote was provided at a later time either verbally, for small services, or written for more comprehensive jobs. For quotes provided verbally, there was no evidence available to show that a discussion had taken place with the consumer to ensure they understood the pricing breakdown, or any other information.

A review of nine job sheets and quotes for completed jobs did not demonstrate that information provided to consumers is clear or easy to understand, nor does it enable them to exercise choice. In one instance there was a difference between the completed job sheet and quote and the quote to a consumer. The final price was different again (being a lesser amount to both the completed job sheet and quote, and the quote to the consumer), with a subsidy applied of 25%. There was no indication the change in price was discussed with the consumer or their representative and no information available on file to show why the costs had changed multiple times. A review of all nine job sheets and quotes also indicated a cost for ‘materials’ but did not go into further detail about what materials were bought and used.

The service coordinator said that different levels of subsidy are applied to consumers based on their income level and discounts on final value of the cost. The provider said the fee and charges structure has been in place for many years and their system automatically calculates the subsidy and discounts based on pre-set formulas in the system.

The Assessment Team did not find any policy or procedure on fees, charges and subsidies which guide the service coordinator when reviewing jobs that has been quoted by the workshop staff and sub-contractors. The Assessment Team noted that there was clarity in application of the subsidy and charges for minor sub-contracted jobs like electrical and plumbing and cleaning – gutter, windows and gardens.

In its written response the provider stated that all procedures will be documented and updated, and that it will engage a temporary administration officer to work with the team on producing the procedural documents. Management will ensure that all documentation will be in a manner that is easily understandable. In addition, staff will supply the information to clients in a timely manner to include responding to MAC referrals within 24 hours for urgent and 48 hours for medium to low priorities. It further stated that a new simplified pricing structure will be introduced for the new financial year 2023/2024, that Council will investigate an upgrade of the IT system to enable the cost of materials to be itemised individually on all quotes, and that any change in quotes given verbally will also be documented so we have transparency.

I acknowledge the provider’s engagement with the issues and the steps it has or will implement. However, these improvements will take time to become embedded and for the provider to demonstrated their sustainability.

I find the requirement Non-Compliant.

Regarding Non-Compliant requirement 1(3)(f)

Although the consumers sampled said that they were confident that they felt their privacy and confidentiality was respected by staff, there were not robust processes and procedures evident to ensure consumer information is kept private and confidential. For example, there was no Privacy Policy or Clear Desk Policy evident to document the process of retaining and storing consumer’s personal information.

The Assessment Team observed consumer information such as OT assessments, feedback and complaints surveys, address and contact details and cultural information in job sheets and referral forms that were stored in cabinets with no doors or locks. The Assessment team also observed the office space to be open plan with other areas within the Council’s Community Services branch working nearby who could potentially access consumer information. This was discussed with Management who advised that a cabinet with locks has been sourced and consumer files will be moved into the secure cabinet as soon as possible.

A review of the service’s shared OneDrive (the H drive) showed that documentation with client’s personal details such as financial hardship applications, photos and addresses of properties with jobs completed were stored on file, with some dating back to 2015. These files were not password protected, nor had been archived. The service coordinator said that once a job has been completed, hard copy files are scanned into the TRIM content manager and are then destroyed after a certain period but could not demonstrate a procedure or policy that effectively captured this process. A review of TRIM indicated that no new consumer files had been scanned in since November 2022, and files from this date were hard copy only.

The Hornsby Council has a Privacy Management Plan to meet its legislative requirements under the Privacy and Personal Information Protection (PPIPA) Act 1998 which it is the Assessment Team believed applied to the provider. The Assessment Team’s observations did not show the consumer information provided to Council in correspondence, submissions or requests (verbal, electronic or written) was recorded and stored in line with their records management and privacy policies.

In its written response the provider stated it had instituted a policy of placing all documentation in a locked security cupboard. Keys to the cupboard are only provided to staff working in the Home Modification Service, including managers. In addition, staff were reminded that all desks must be cleared of documents if leaving the area for a period of time and at the end of the day and placed in the cupboard. Staff have begun to clean-up and move into TRIM folder documents held in the H. Drive, and a Privacy policy is to be included in the procedural manual.

In common with my findings on requirement 1(3)(e) I acknowledge the provider’s engagement with the issues and the steps it has or will implement. However, these improvements will take time to become embedded and for the provider to demonstrated their sustainability.

I find the requirement Non-Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Five of the five specific requirements were assessed and I have found all five to be Compliant.

All consumers and representatives provided positive feedback on assessment and service planning processes. Consumers confirmed the service coordinator seemed to be aware of their needs during their initial assessment meeting. They said the service coordinator talked about their needs, goals and what service they required, and explained the job quoting and delivery of service process. Consumers and representatives were able to describe the services they received as per noted on their quote and it was provided to them in a safe and effective way.

The service coordinator advised an initial assessment is carried out for all consumers and includes review of MAC referral information and OT assessment report. The service coordinator contacts the consumer and or their representative to complete the service referral form. Assessment includes information on access to the home and home safety, consumer’s health, cultural and communication needs as well as and their preferences. Information in relation to relevant risks was evidenced on consumer files and included such as medical conditions, and home environment safety assessments alerts. Information regarding consumer needs or risks recorded onto job sheets for the workshop staff.

Workshop staff are aware of risks and/or special instructions for each consumer and said these are recorded on their job sheets. Care planning/assessment documentation reviewed by the Assessment Team captured consumer information which was detailed, current, and included individualised goals and health conditions. The service had a home modification “site risk assessment” for every job which included safe operating procedure and pre-start safety check.

Consumers and representatives interviewed said they get a quality service. They said the provider knew what was important in terms of their home modification and maintenance requirements. Staff said they are provided with information on care needs of consumers, including consumer preferences and needs through the information received through their My Aged Care support plan. This gives them a basic understanding of consumer needs, goals and preferences before attending to their assessment. Documentation sighted on sampled files included needs, goals and preferences of consumers. This was included in OT report recommendations for services and included consumer preferences for days to organise assessments and services.

Advance care planning and end of life planning was not assessed as the provider delivers minor home maintenance and modification services to clients in their homes. However, staff said they can provide information to a consumer to assist them with end-of-life planning if the consumer wishes.

Consumers and representatives interviewed said they have the opportunity to be involved in the assessment and planning process. All representatives advised they are kept informed of any changes regarding costs and service delivery, although noted they are the ones driving any changes regarding service delivery. Consumer documentation reflects consumers and their identified representatives are involved in service delivery through the initial assessment and on an ongoing basis through phone communication or via the workshop staff. Where phone contact was conducted with consumers/representatives it was recorded in the job sheet as notes. The consumer details are updated as received by the service. Although case management is not part of the CHSP services provided, the service coordinator and the workshop staff may liaise with other service providers including allied health staff as part of their duty of care principles, to ensure the safety of the consumer.

Consumers and representatives interviewed confirmed they participated in the initial assessment process with the service coordinator, including quoting process for co-payment and received information on services to be delivered. They felt they were well informed by all staff on what services they could access and what services they had agreed to receive, and these were noted to match with documentation sighted in their files.

All consumers and representatives said the services they receive meet their needs and preferences and all confirmed they were provided with copies of relevant documentation detailing their services in form of either an agreement or contract. The consumers provided examples regarding their involvement including being involved in assessments, quotes and through the home maintenance and or modification process. Some also said they liaise with home maintenance contractors about their services.

Staff confirmed no services are provided without the consumer’s or representative’ prior agreement. ‘One off’ small maintenance works like gutter cleaning or tree pruning are confirmed through email but minor modification depending on value may require contracts to be signed. The provider maintains the consumer file in their system even after the job has been completed to assist the consumers with any follow-up inquiries they may have or if a new referral is received from MAC. Completed job sheets were sighted in the client information system.

As the services provided are usually ‘one offs’ or ‘episodic’ in nature, reviews are not usually conducted by this provider. Each time a consumer may come back for additional services their needs will be reassessed based on new MAC referral and assessment. The service maintains the original file created for reference.

# Standard 3

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| Personal care and clinical care | CHSP |

The service does not provide personal or clinical care therefore this Standard is Not Applicable and was not assessed.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

Five of the five applicable requirements were assessed and I have found all five to be Compliant. The service does not provide meals or equipment.

Consumers are satisfied with the service they receive, which accommodates their needs and preferences and allows them to continue to maintain their health and wellbeing and supports their lifestyle choices. Consumers said the service is flexible and allows them to continue to maintain their independence and not to have to rely excessively on their family. Staff gave examples of how the service is provided for individual consumers; this aligned with feedback from consumers and representatives. Examples included attending for quoting and scheduling work at times that were suitable for the consumer, so they could attend to their appointments like physiotherapy and being able to wait patiently for consumers with physically difficulty to give them access to their homes.

Consumers receive the Charter of Aged care Rights, which contains the right to have control over and make choices about care, personal and social life, including where the choices involve personal risk and right to make decisions about their personal aspects of daily life.

Consumers and representatives advised they feel comfortable, happy and safe with the assessment and information the service coordinator and workshop staff provide on home maintenance and modification that can help the consumers with their daily living for example being able to enter and exit their homes safely, use the bathroom independently and have maintenance issues attended to which they can’t themselves due to their mobility. They said if they have any concerns they can discuss with the service coordinator. Some consumers said the staff are kind and helpful and this helped them emotionally as they have more confidence in looking after themselves. The service coordinator described how she takes the time to chat with consumers when discussing their needs. She demonstrated good knowledge of individual consumers’ needs and general personalities and interests when completing the consumer profile. Sampled consumers’ files demonstrated the assessment of emotional, spiritual or psychological needs through the OT assessment process is considered. Progress notes on consumers’ files also document any changes in needs including relating to emotional, spiritual or psychological wellbeing, with additional assessment or referrals made as required.

Consumers and representatives confirmed the provider is flexible in the delivery of their service enabling them to maintain their social networks and do the things that are important to them. The service coordinator said they read the OT assessment report and recommendations and identify the key relationships that consumers wish to maintain, preferred activities and goals in relation to their involvement in the community, and design services to assist them to meet these. They seek consumer and representative agreement on the scope of work before proceeding. Sampled consumers’ assessment and service planning documentation contained information on family contacts and representatives.

Consumers interviewed are satisfied the provider has communication systems in place to ensure office staff and workshop are aware of their needs and preferences. Relevant to their role, staff and contractors demonstrated an understanding of individual consumers’ choices, needs and preferences and were aware of each consumer’s particular situation. They explained they receive information through a range of methods, including verbal and written information and communicate with each other regarding any changes or concerns. Contractors confirmed there are alerts or notes in their ‘contracts work order requests’ which is helpful when meeting the consumers for the first time. The provider has information management systems are in place to ensure communication occurs smoothly. An electronic recording system allows consumers and operational records to be stored and accessible to staff to undertake daily operations. Workshop staff rely on emails and job sheets for information and updates.

Staff interviewed confirmed they have communication processes in place to ensure any daily operations. This is through email function to relevant staff. The system generates the job sheets which contains information on individual consumer request and details of consumer and referral agencies.

Consumers and representatives said referrals are made from time to time, with their permission, especially if they have asked about the need for additional help. They also confirmed the service coordinator will refer them back to their referring OT if needed, for further assessment. They noted where they nominated representatives they were also involved in this process.

Service coordinator and workshop staff outlined referral processes and noted the importance of timely referrals for consumers. They may make internal or external referrals after checking on My Aged Care to see what CHSP codes the consumer has been approved for. If they do not have the relevant code they refer the consumer and/or representative back to My Aged Care or to the referring OT and HCP package manager.

Consumer documentation sighted included referrals back to the referring OT and HCP package manager to address the consumer and representative request for additional help or request not within the provider’s authority.

# Standard 5

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| Organisation’s service environment | CHSP |

The service does not provide a service environment therefore this Standard is Not Applicable and was not assessed.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

Four of the four specific requirements were assessed and I have found three of those requirements Compliant and one (1) Non-Compliant. A finding of Non-Compliance in one or more requirements results in a finding of Non-Compliance in the Standard.

Regarding Compliant requirements

Staff described how consumers, and/or their representatives may provide feedback. These methods include completing a feedback form/survey and verbal feedback provided to builders or contractors at the time of their job being completed or calling the office staff to provide feedback. The service coordinator advised that at time of commencement of services, consumers are provided with a welcome and information pack that includes a fact sheet on feedback and complaints. This indicates the methods a consumer can use to make a complaint, including the external aged care complaints service. It was confirmed that this information has been provided to all consumers. All consumers sampled said that they would feel comfortable raising any concern or issue they had with either the office staff, the staff member who completed the job or through the feedback survey after completion.

Consumers have been made aware of, and have access to, information about advocates, language services and the external aged care complaints service. The provider could show documentation that supports consumers to access these services.

The welcome and information pack provided to consumers on commencement includes information for how to access an advocate and contact details for some sample advocacy services and includes contact details for the Commission, and ways a person could raise a complaint. This documentation also included information for language services such as translation and contact details for such services.

Although a review of documentation demonstrated that written information is provided to consumers regarding advocacy, language and external complaints services, the interviews with sampled consumers suggested they could not recall discussing advocacy, language services or the external complaints services with staff. The consumers did however, acknowledge receiving a welcome pack but stated they may not have read all the information. The service coordinator said they will call consumers when booking in a new service and ensure they understand all information included in the welcome information provided. Staff also said that during the process of resolving a complaint, particularly for consumers from CALD backgrounds, they always encourage the consumer to have a family member, friend, carer, or the support of an interpreter available. The Council’s website also provides the consumers with access to lodge complaints via their online services portal.

While the Assessment team was unable to locate any documentation that outlined the process relating to open disclosure, specifically to the services provided, staff demonstrated an awareness of open disclosure and the primary concepts and advised they would always apologize to consumers if there was a problem with the services they received or expressed any concern about elements such as staff conduct. The service coordinator also said in managing a complaint, they would always speak to the staff member or sub-contractor involved in the completed job to ensure a full picture was captured. The Workshop supervisor said that if their team received any feedback from a consumer about an issue with the job completed, they would try and have an open discussion in person with the consumer and/or their representative or support person to resolve the issue, including if work needed to be altered or changed. They also said that any feedback that they may receive is always reported back to office staff for any further follow up or action. Although there was no service-specific documentation outlining the complaints procedure or open disclosure process, all staff members sampled were aware of complaint handling processes.

In its written response to this information the provider stated that its Complaints register was brought into regular use, and that regular use of feedback forms and discussions will be held with staff to address issues when they arrive. In addition, all complaints will be put into TRIM and actions detailed.

I acknowledge the provider’s engagement with the issues and the steps it has or will implement. However, these improvements will take time to become embedded and for the provider to demonstrated their sustainability.

Regarding Non-Compliant requirement 6(3)(d)

Although all consumers sampled said that they were offered the opportunity to provide feedback, both verbally and through the feedback survey after their service was completed, there was no evidence available to indicate this feedback is utilized by the service to inform and improve future services. The Assessment Team sighted the Complaints Register, which included three complaints made by consumers in 2023. There was no evidence of any complaints or feedback made before 2023 being captured or trended. There was also no link between the issues on the Complaints Register and the items on the Continuous Improvement Plan sighted by the Assessment team.

The service coordinator also advised that only recently the service has started manually connecting the surveys with ‘job numbers’ so that the consumer could be identified, and any feedback could be followed up accordingly unless the consumer wanted to remain anonymous. This was only apparent on eight feedback surveys that were returned in 2023. Management said that they do not receive regular updates or reports regarding service quality or feedback and complaints, and the Council as an organisation would forward any complaints or feedback received in this area of community services.

In its written response the provider stated that in future all complaints will be raised with the team at team meetings, and those meetings would be minuted. In addition, management will receive a monthly update report, and will review and analyse any service complaints as detailed in the Continuous Improvement Plan (CIP).

I acknowledge the provider’s engagement with the issues and the steps it has or will implement. However, these improvements will take time to become embedded and for the provider to demonstrated their sustainability.

I find the requirement Non-Compliant.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Non-compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Five of the five specific requirements were assessed and I have found four of those requirements Compliant and one (1) Non-Compliant. A finding of Non-Compliance in one or more requirements results in a finding of Non-Compliance in the Standard.

Regarding Compliant requirements

All consumers sampled said the staff they dealt with when receiving services treated them with kindness, respect, and dignity. Consumers also said their views were respected and the workshop staff and sub-contractors took the time to explain the building process to them. The service coordinator also said that mandatory training is required annually regarding Code of Conduct, and cultural sensitivity and awareness. They said that all permanent staff have completed this training and it is up to date. Workshop staff said that if they noticed any consumers being treated in a disrespectful or uncaring manner, they would report this to the service coordinator to investigate further. When communicating with a consumer from the CALD background, they speak slowly and clearly and depending on the circumstances with consumers’ consent communicate through another family member.

All consumers sampled said that they felt that staff knew what they were doing in their roles and were confident they were competent. Management said all job descriptions are standardised across the Council employees and staff must have the indicated knowledge and qualifications for the role advertised. The Assessment team sighted the Administration Officer’s job description which indicated a range of comprehensive skills, competencies and knowledge required for the role.

The Assessment team sighted the H drive, which included a folder called ‘Knowledge base’ which had documented procedures for ad-hoc tasks such as how to issue an invoice, how to create a quote, and how to update client details in workforce databases.

The workshop supervisor said that all workshop staff have reviewed and understood Safe Work Method Statements and carry copies of these with them to all jobs and whilst in the workshop. The Assessment team sighted these procedures that included information about safe asbestos removal, installation of handrails, using power tools, etc. The Assessment team also sighted copies of all workshop staff’s Trade licences, which were up to date.

The service coordinator said that sub-contractors are required to complete a ‘new supplier details form’ and submit online which is received and reviewed by the Council’s Risk and Audit team for compliance. The new suppliers are required to read and accept the Councils code of conduct and terms and conditions before they can be registered as a supplier and receive payments for good and services they deliver. The supplier data base is monitored by the Risk and Audit team

Staff said there is mandatory training to be completed on induction, and on-going training and support is offered to all staff, where required. Management said that performance reviews and appraisals are completed annually, where additional training and support can be identified and planned for staff members where it is requested or required. The assessment team sighted the workshop supervisor’s recent performance appraisal, which included goals identified for the staff member to work toward. Management and workshop staff said they identify staff training needs directly from staff through staff meetings and informal chats with staff. Staff interviewed confirmed that they were supported to be able to perform their role and that their manager had regular informal meetings or catch ups to provide professional support and guidance, where required. Workshop supervisor said he has regular ‘tool-box’ talk meetings on use of power tools and safe work practices in the building industry.

Management and the service coordinator both advised that the service has an annual, formal performance management system in place for ongoing monitoring and reviewing of the performance of each staff member. Each team member has a performance appraisal plan that includes sections for identification of areas where improvement or training is required, career goals and aspirations for the future twelve months, monitoring of employee work performance, and encouragement and feedback to employees about their skills and performance.

Regarding Non-Compliant requirement 7(3)(a)

The service could not demonstrate that there is an effective system in place to support sufficient staff numbers of skilled and qualified staff, particularly in the event of unplanned or planned leave. The Assessment team observed during the quality audit that two permanent staff members (administrative assistant and builder) were on unplanned medical leave for an unspecified amount of time, both the. The service could not demonstrate that they had a strategy in place for these staff member’s work duties to be appropriately covered during their period of leave, to ensure services to consumers were not delayed or interrupted.

The service coordinator was observed to be undertaking their own work duties as well as those of the administrative assistant. The service coordinator said in the event both office-based staff members are on leave, there is no capability for replacement staff, such as from other areas of council to fill in. A phone message is implemented for incoming calls to let consumers know the office is unattended. The service coordinator also said that during this time, they have prioritised and triaged current workloads to ensure the most urgent jobs are completed before others.

Whilst the workshop supervisor said that the builder on leave does not currently have any outstanding work and there isn’t a current backlog of jobs, they usually need at least three staff members to ensure services run efficiently in the long-term. The workshop staff were unable to identify any strategies for assignment of jobs if the supervisor was not present.

The Assessment team could not locate any documentation that indicated workforce planning strategies or business continuity plans. This was discussed with Management who said that they acknowledge that not a lot of their processes are documented and the only plan in place was the abovementioned phone message relayed to consumers when the office is unattended.

In its written response the provider stated it would contact local agencies to establish a possible list of contractors who can be utilised in the event of absences. In addition, its current agency worker would be trained in how to do site inspections and provide quotes to ensure continuity of service, and administration cover will be sourced within the team structure.

I acknowledge the provider’s engagement with the issues and the steps it has or will implement. However, these improvements will take time to become embedded and for the provider to demonstrated their sustainability.

I find the requirement Non-Compliant.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | 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. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not applicable |

Findings

Four of the four applicable requirements were assessed and I have found three of those requirements Compliant and one (1) Non-Compliant. A finding of Non-Compliance in one or more requirements results in a finding of Non-Compliance in the Standard. The organisation does not provide clinical care and the relevant requirement is Not Applicable and was not assessed.

Regarding Compliant requirements

The provider demonstrated they encourage involvement of consumers and representatives in the planning, delivery and evaluation of their support needs and services. The provider has formal processes to seek consumer and/or representative input and while not all consumers and representatives interviewed, could recall involvement in activities such as feedback forms, there was evidence of these formal processes being undertaken. All consumers and representatives interviewed confirmed their involvement in the development, delivery and evaluation of their individual project. Consumers and representatives expressed satisfaction with the quality of the service they received and said they do not feel uncomfortable in proving feedback during or at the end of the project. The provider offers the consumers opportunity to complete the ‘client survey’ on completion of their job. These are received and processed by the service coordinator and any feedback discussed with the team. The overall feedback and complaints are managed through the Hornsby Shire Council ‘Governance and Customer Support’ branch. Management advised the home modification and home maintenance team hardly receives any feedback or complaints.

The provider demonstrated it promotes a culture of safe, quality care and services and is accountable for the oversight of the services received by the consumers under CHSP. The service in its capacity as the provider for the delivery of minor home modifications and home maintenance services is involved in partnership with the consumers, representatives, OT and their HCP package managers in their assessment and design of service that matches individual consumers specific needs to enhance their independence, so they can continue to live and move safely about in their home and community. The service is supported by the Council’s organisation wide governance systems and processes that underpin the Hornsby Shire Council’s responsibilities for and commitment to promoting a culture of safe, inclusive and quality care and services in the community. Reporting processes occur through the meeting structure to provide information and advice to the council’s elected representatives to meet responsibilities and to maintain oversight.

Management and coordinator outlined risk management processes in place relevant to the home modification and maintenance services, these included completing a ‘safe work method statement’ for each job which is attached to the job sheet. This statement identifies risks associated with the project, use of power tools and equipment and safety of the environment and consumers.

Consumers who present as high impact or high prevalence risk are identified by the referring agency like the HCP package manager or OT. The provider can prioritise these consumers for service based in their personal circumstances for example the coordinator advised if a consumer is waiting for minor modification like grab rails in toilet and bathroom before they can be discharged from hospital may be given priority.

Workshop staff and sub-contractors said they are aware to look out for possible abuse and neglect of a consumer. They outlined how they follow-up suspected abuse and neglect of consumers and report concerns such as suspected abuse, or if they notice the consumer unkept to the office staff to follow-up.

The coordinator advised the home modification and home maintenance service is designed to support and encourage the consumers to live the best life. The support and changes to their home enables the consumers to be independent and have the time and accessibility to go out and do the things they like.

Management advised the provider follows the council’s incidents management plan and all incidents are reported and recorded in ‘Safehold’ – councils work health and safety management software system. Incidents and hazards are logged, investigated, corrective actions taken and evaluated to prevent further incidents. This is monitored by the council’s safety and wellness manager. The safety and wellness manager reported home modification and home maintenance services had no reported incidents in the last 6 months.

The staff and sub-contractors confirmed they are aware of the process and to notify the coordinator when a consumer does not respond to a scheduled visit.

Regarding Non-Compliant requirement 8(3)(c)

The service was not able to demonstrate its governance framework provides for effective financial guidance. Financial governance systems and processes are in place to manage the finances and resources that the provider needs to deliver safe and quality care and services. The Council’s corporate support has oversight of the service’s income and expense and this is reviewed monthly and discussed by the management. Financial audits are conducted by the council’s finance team. Consumers required to make a co-payment for services. For modifications, charges are dependent on income assessment and for maintenance, the charges include an hourly rate plus full cost for material.

However, the assessment team was not provided with any policy or procedure which guided the staff on how to quote for a job. There is lack of consistency in application of the charges and application of discounts for jobs over $1,000.00. See requirement 1(3)(f) for additional details.

In addition, the service did not demonstrate that in all instances the workforce is planned and the number and mix of members of the workforce deployed enables the delivery and management of safe and quality services. At the time of the assessment, there were two permanent staff on leave. The service coordinator and management were not able to explain their plan to address unexpected leave by staff and how incoming and existing jobs could be distributed effectively without compromising the service. See requirement 7(3)(a) for additional details.

The service was also not able to demonstrate that its systems support regular review of feedback and complaints or that it uses feedback and complaints to improve the quality of care and services. See requirement 6(3)(d) for additional details.

I have set out, under other requirements, the improvements the provider has or will implement to address these matters, and I am satisfied that these improvements are aimed to rectify the Non-Compliance. However, as I have stated, these improvements will take time to become embedded and for the provider to demonstrated their sustainability.

I find the requirement Non-Compliant.

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)