**Performance**

**Report**

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| Name: | South Coast Home Modification and Maintenance Service Limited |
| Commission ID: | 200490 |
| Address: | 3 Hamilton Street, DAPTO, New South Wales, 2530 |
| Activity type: | Quality Audit |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7279 South Coast Home Modification and Maintenance Service Limited  
Service: 25014 South Coast Home Modification and Maintenance Service Limited - Community and Home Support

**This performance report**

This performance report for South Coast Home Modification and Maintenance Service Limited (**the provider**) has been prepared by K. Jarvie, 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 services, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others
* the provider’s response to the assessment team’s report received 6 August 2024.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not 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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not 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.

Standard 1 - Requirement (3)(e).

* Ensure timely, easily understood and accurate information is supplied to consumers and their representatives to enable them to make decisions about their care and services, and exercise choice.

Standard 2 – Requirement (3)(a), (3)(b), (3)(d), (3)(e).

* Ensure assessment and planning informs the safe delivery of care and services, including the assessment of risks to consumer health and well-being.
* Ensure assessment and planning identifies the consumers current needs, goals and preferences.
* Ensure assessment and planning are effectively communicated to the consumer and documented in a care and services plan which is available at the point of service delivery.
* Ensure care and services are regularly reviewed for effectiveness, when circumstances change or an incident or near miss which could impact on the need, goals and preferences of the consumer.

Standard 6 – Requirement (3)(d).

* Ensure feedback and complaints are reviewed, tracked, trended and analysed to improve care and service delivery.

Standard 8 – Requirements (3)(a), (3)(b), (3)(c).

* Ensure consumers are engaged in the development of care and services, including through proactive evaluation, and that they are supported to do this.
* Ensure the organisation’s governing body is equipped to promote a culture of safe, inclusive and quality care and services and is accountable for their delivery.
* Ensure the organisation has or maintains effective systems to govern continuous improvement, regulatory compliance, and 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. | Not Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Requirement (3)(e)

The Assessment Team found that the provider failed to demonstrate that communication was timely, and allowed consumers to exercise choice, recommending the provider ‘Not Met’ for this requirement. They provided the following information relevant to my finding:

* Two consumers interviewed identified that they had not been informed or had been incorrectly advised that no co-contribution was required.
* The same two consumers advised that they were only provided a quote after completion of works and were told to sign it without it being explained to them.
* Internal documentation on Client Fees shows that the documentation was updated in 2022, however the publicly available documentation available through the provider website shows a version dated 2017, and several versions out of date.
* Six of 8 consumer file reviewed identified as not having a signed copy of the Charter of Aged Care Rights on file.
* The provider is accepting referrals and then placing consumers on a waitlist where consumer contact does not occur for months.

In response to the Assessment Team findings, the provider supplied the following evidence and information, including but not limited to:

* Home Care PCI (plan for continuous improvement) document which identified the following actions to rectify deficits:
  + recirculation of procedures by Regional Construction Supervisors
  + all work to be quoted before attending site, site inspections to be conducted separately to work that is being quoted
  + upon entry, consumer to be contacted by phone to explain fees and payments.
  + recirculate CHSP service charges to staff and provide training
  + formalise a procedure for consumers identified as experiencing financial hardship, with solutions offered at quote or invoicing stage
  + upon intake provide further information around Aged Care Charter, Advocacy and programs such as Older Persons Advocacy Network (OPAN).

The intent of this Requirement is that consumers and the representatives have access to timely and accurate information to allow them to make informed decisions about their care and services. I find that this did not occur. I place weight on the evidence before me that consumers were not provided information until after the ability to make choices about their care and services had already passed. I also find that consumers have identified not being made aware of financial implications of services being provided, and that in an instance identified this may have resulted in financial hardship for a consumer.

The providers actions towards rectifying the identified deficits are acknowledged. Given the number of consumers currently registered with the provider, the implemented changes, though nearly all having been identified as already completed in the PCI document, are likely to take some time to be effectively implemented in staff training and operational practice and applied across all consumers. The provider should continue efforts to address this, and ensure processes are maintained.

After giving consideration the summarised information above, I find the provider, in relation to the CHSP service, non-compliant with Requirement (3)(e) in Standard 1 Consumer dignity and choice.

Requirement (3)(a), (3)(b), (3)(c), (3)(d) and (3)(f).

All consumers interviewed described being treated with dignity and respect. Staff were able to identify what treating consumers meant in the context of respecting their culture, identify and diversity. Organisational documentation helps guide staff on how to undertake their roles in this context, including how to treat consumers from different cultures, sexual orientation or those with disabilities. The organisation completes 6-monthly surveys with consumers, and the results of the surveys mirror the sentiment of interviewed consumers during the audit timeframe.

Consumers were able to provide examples of how staff respect their culture. Documentation reviewed by the Assessment Team reflects that staff are recording appropriate information that would allow services to be tailed based on cultural preferences. Although not all staff and management were aware of the organisations Access and Equity policy, evidence suggested that the staff practice is parallel to the values synonymous with it. Consumer files evidenced efforts by the staff to cater to individual cultural requirements such as seeking interpreters or learning about consumer culturally preferred décor for their homes.

Consumers and their representatives recalled being supported to include others in making choices and whilst retaining their own independence. Staff demonstrated versatility and inclusiveness in providing options for service delivery, payment, and involvement of others at the request of consumers. Options available to consumers for modifications to their homes were showcased to the Assessment Team, including evidence that consumers were continually consulted throughout the process, or were able to nominate someone to advocate on their behalf.

The organisation demonstrated facilitating consumers to make mitigated risks whilst remaining in their own home, living their best life. Allied health professionals provide professional assessment of suitable equipment and implementation. Whilst it was noted by the Assessment Team that a specific dignity of risk policy did not exist, procedures in place follow the principles of this type of policy, focused on reducing the risk whilst problem solving day to day tasks consumers wish to remain undertaking as independently as possible. There was evidence of consumers choosing aesthetics over recommended interventions, with records that the risks had been discussed with them.

All interviewed consumers described feeling that their privacy was respected, and confidentiality maintained. All staff demonstrated an approach of maintaining consumer privacy, including such things as asking permission before entering, and not entering areas of people’s homes they had not been granted permission to enter. The organisations survey feedback matched information shared by staff, provider documentation and consumer and representative verbal accounts. Photographs on file were noted to have consumer consent, and staff identified only recording necessary information.

Based on the summarised information above, I find the provider, in relation to the CHSP service, compliant with Requirement (3)(a), (3)(b), (3)(c), (3)(d) and (3)(f), of Standard 1, Consumer dignity and choice.

# 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. | Not 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. | Not 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. | Not 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. | Not Compliant |

Findings

Requirement (3)(a)

The Assessment Team found that the provider failed to demonstrate that assessment and planning, including consideration of risks, is informing the safe and effective delivery of care and services. The Assessment Team recommended the provider ‘Not Met’ for this requirement. They provided the following information relevant to my finding:

* The service does not undertake any assessments at onboarding, instead relying on information recorded on the My Aged Care (MAC) referral.
* Some consumers undergo an Occupational Therapist (OT) assessment as part of services to be delivered.
* Frequently, support plans were completed years prior to the current ongoing service delivery.
* Management stated that the service does not have care planning documentation, outside of the assessments completed by OTs.
* Subcontracted OT assessments were not as detailed as in-house OT assessments, and they did not use the same validated tools or forms.
* Staff identified recording consumer risks in a ‘hazard checklist’, though these were not consistently completed by staff.
* The Assessment Team encountered two consumers that had several significant health and wellbeing risks, some of which was recoded in their MAC Support plan. The consumers hazard checklist and care documentation at the point service delivery did not contain this information.
* The policy and procedures relevant to this requirement was general in nature and did not specifically guide staff in the assessment of risk. The policy was also noted as being last reviewed in 2017.

In response to the Assessment Team findings, the provider supplied the following evidence and information, including but not limited to:

* Home Care PCI (plan for continuous improvement) document which identified the following actions to rectify deficits:
  + Intention to create a procedure for outside service planning
  + Alignment of external OT assessments to that of in-house
  + Re-circulation or re-enforcement of expectation to complete existing hazard checklist consistently
  + Incorporation of OT validated risk assessment tools, circulate updated CHSP procedure guiding this
  + Policy review for incorporating practice guidelines of validated risk assessments when appropriate
  + Create or update procedure to ensure relevant documents provided by MAC and information gathered during staff interactions with consumers are also captured, recorded and available to all appropriate workers in a centralised location

The intent of this Requirement is that risks to a consumer’s safety and wellbeing are assessed, discussed and included in planning so that safety and wellbeing are not compromised in the process of delivering care and services. This also allows organisations to ensure that staff are appropriately equipped and trained to meet consumer needs, goals and preferences which would assist in protecting them and allow them to make informed decisions. I find that this did not occur. The lack of risk assessment, also including the transfer of already identified risks, to the point of service delivery has the potential impact safe and effective delivery of care and services. I acknowledge that there is no evidence put before me by the Assessment Team of negative consumer experience associated with this deficit, however, it is not necessary or appropriate to wait for an incident to determine non-compliance.

I acknowledge the steps taken by the provider towards addressing the deficits, and that the provider will have already completed many of these actions. The changes required will take time to develop and implement through internal processes such as staff education and training, and review and rectification of any existing consumer cases which require amendment. I consider the timeframes within the providers Plan for Continuous appropriate.

After giving consideration the summarised information above, I find the provider, in relation to the CHSP service, non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

Requirement (3)(b)

The Assessment Team found that the provider failed to demonstrate that assessment and planning was focused on the consumer’s needs, goals and preferences, including being asked about end of life planning. The Assessment Team recommended the provider ‘Not Met’ for this requirement. They provided the following information relevant to my finding:

* Consumers described being asked ‘what they wanted’ but not what their needs, goals and preferences were, including the urgency or circumstances around service required.
* Consumers said that they were not asked about end-of-life preferences or provided with any detail or information on this.
* Management and staff stated that they do not engage in conversations around advanced care directives or end of life planning due to the nature and scope of service delivery.
* Management identified that the organisation does not explore or record consumer information which addresses their needs, goals and preferences as this information is already captured through the MAC system.
* Staff described not having access to, or as a result recording, more detailed information around the consumer ‘story’ which would allow for a more personalised service.
* Inconsistencies around:
  + if any needs, goals and preferences were recorded
  + where consumer preferences, such as nominated contact person, were recorded
* Management was transparent in their acknowledgement of their lack of awareness of this Requirement. As a result, there were identified deficits in the recording, communication, and procedures and staff responsible for this Requirement.
* Organisational procedure identified by the Assessment Team provided staff guidance in meeting this Requirement, though there was no evidence this was being adhered to.

In response to the Assessment Team findings, the provider supplied the following evidence and information, including but not limited to:

* Home Care PCI (plan for continuous improvement) document which identified the following actions to rectify deficits:
  + Update of assessment documentation to include ‘Goals and Preferences’ within a section identifying client needs
  + Centralisation of the external referral form or OT assessment to make it available to internal business areas
  + Development of time critical service requirement tool
  + Centralisation of recording of nominated contact person
  + Development of a template to share with brokered services to communicate consumer preferences

The intent of this Requirement outlines that an organisation is expected to do all reasonably possible to centre the care and service delivery on the consumers’ needs and goals and reflect their preferences. This process allows a consumer to understand what is outside of the providers ability or scope, and in turn empowers them to make an informed decision as to their care and services. I find that this is not occurring, largely due to the provider not being aware of its obligations under this requirement. I consider that without seeking updated and relevant information and contextual from consumers around their needs, but also broader goals, the provider is unlikely to be achieving the best outcomes for its consumers. Due to the provider not being aware of responsibilities under this Requirement, time will be needed to observe the planned implementations and their impact on the assessment and planning process for new and existing consumers.

I acknowledge the providers limited contextual involvement with its consumers end of life planning, and advance care directives. I have placed no weight in my finding attributed to this information.

After giving consideration the summarised information above, I find the provider, in relation to the CHSP service, non-compliant with Requirement (3)(b) of Standard 2 Ongoing assessment and planning with consumers.

Requirement (3)(d)

The Assessment Team found that the provider failed to demonstrate that assessment and planning are effectively communicated to the consumer and documented in care plans, with this being available at the point of service delivery. The Assessment Team recommended the provider ‘Not Met’ for this requirement. They provided the following information relevant to my finding:

* The provider is not completing care plans for consumers, and they are therefore not provided to the consumer or available at the point of delivery
* Management was not aware of this Requirement and therefore could not provide evidence to support compliance with this
* Staff stated they do not complete care plans; OT services utilise the MAC plan or an external package providers plan if the consumer is accessing other services
* Internal OT assessments are not visible to other service delivery staff
* An environmental hazard register and a works request are the only documents available to service delivery staff, with brokered staff receiving only a referral form outlining the service being requested
* Management described acting on the support plans created by others (MAC) rather than conducting their own
* There is no policy or procedure guiding staff in the delivery of this requirement.

In response to the Assessment Team findings, the provider supplied the following evidence and information, including but not limited to:

* Home Care PCI (plan for continuous improvement) document which identified the following actions to rectify deficits:
  + Development of procedure for provision of individualised service plans at intake
  + Providing hazard checklists with brokered staff
  + Development of policy and procedure for sharing outcomes from assessments.

The intent of this Requirement speaks to accurate and up to date information reflecting the outcomes of assessment and planning and being communication and available to the consumers in a manner they can understand. This ensures consumers have ownership of their care and services and that information that is relevant can be shared with other organisations where appropriate or required. I find the provider is not achieving this and note this is due to them being unaware of this requirement. When relevant and up to date information is not informing planned service delivery, consumers are likely to not receive the most appropriate and effective services, which may impact positive consumer outcomes.

I acknowledge to steps identified in the Plan for Continuous Improvement supplied by the provider and the challenge of implementing the process changes. Time will be needed to allow these changes to occur and be embedded into the organisation’s operational practice.

After giving consideration the summarised information above, I find the provider, in relation to the CHSP service, non-compliant with Requirement (3)(d) of Standard 2 Ongoing assessment and planning with consumers.

Requirement (3)(e)

The Assessment Team found that the provider failed to demonstrate that assessment and planning are regularly reviewed for effectiveness, when circumstances change, or incidents impact a consumer needs goals and preferences. The Assessment Team recommended the provider ‘Not Met’ for this requirement. They provided the following information relevant to my finding:

* Care plans are not completed by the provider, and are therefore not reviewed or updated routinely
* There is no process to evaluate the effectiveness of care plans, survey data is anonymised and provides only general information
* There is not process in place to review services in the event of incidents or near misses
* Management was not aware of their obligations under this Requirement
* Consumers reported long wait times, and minimal communication whilst on wait lists. When they did commence services they acknowledged improved communication, but noted that their situations had changed since being placed on the waitlist
* Management identified that they would refer consumers back to the MAC portal in the event their circumstances changed.
* The organisation does not have policy of procedure that would guide staff in relation to this requirement.

In response to the Assessment Team findings, the provider supplied the following evidence and information, including but not limited to:

* Home Care PCI (plan for continuous improvement) document which identified the following actions to rectify deficits:
  + Introduction of service effectiveness review process
  + Development of a system to provide updates to consumers as they progress through waitlist queue
  + Development of procedure to re-assess client goals and preferences (relevant to service provided) whilst on waitlist
  + Formalise procedure for prioritising OT bookings when adverse or near miss incidents are reported
  + Update consumer survey to include option to provide details
  + Development of policy & procedure for evaluating service outcomes.

The intent of this Requirement ensures that care and services are up to date and meet the current needs, goals and preferences of consumers. Regular review of care and services also allows a provider to ensure their delivery of those care and services is updated to better practice when possible. I find that the provider is not routinely reviewing care plans, nor when incidents or adverse events occur. I acknowledge that the provider was not aware of its obligations around creation and maintenance of planning documentation, and therefore that has determined its ability to comply with this requirement.

I acknowledge the actions identified by the provider towards addressing the deficits identified by the Assessment Team. The changes will take time to develop and implement, and the process of reviewing consumer circumstances will take time.

After giving consideration the summarised information above, I find the provider, in relation to the CHSP service, non-compliant with Requirement (3)(d) of Standard 2 Ongoing assessment and planning with consumers.

Requirement (3)(c)

Consumers and representatives confirmed ongoing engagement with staff and other organisations when required, such as General practitioners (GP) in collaboration with OT services for the completion of assessments. Representatives contacted also identified that the provider was responsive to changes to nominated contacts or ongoing arrangements being in place such as a husband and wife being a part of each other’s communications with the service but also allied health professionals.

Based on the summarised information above, I find the provider, in relation to the CHSP service, compliant with Requirement (3)(c) of Standard 2, Ongoing assessment and planning with consumers.

# Standard 3

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

Findings

Standard 3 was not assessed as the service is not funded for clinical or personal care.

# Standard 4

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

Findings

Requirement (3)(a), (3)(b), (3)(c), (3)(d), (3)(e) and (3)(g)

Consumers and their representatives said that the service enabled them to live independently within and outside of their homes, improving their quality of life, independence, and well-being. Staff were able to describe the ways in which the services delivered keep consumers safe and independent, with management adding that evaluations of more significant modifications and internal meeting ensure these services and supports are delivered safely and effectively. Consumers described the modifications completed by the provider as vital to enable their independence. The feedback from consumers aligned with the organisations survey responses that nearly all consumers believed the services improved their independence.

Consumers and their representatives described how their emotional, spiritual and psychological wellbeing improve through the services delivered by the provider. Staff demonstrated empathetic engagements with consumers, and management described how the outcomes of the services improved wellbeing of the consumers. Examples of this include modifications made to a consumer’s home to allow him to remain living alongside his wife, assisting consumers to feel like a normal people by improving their independence. OT assessments were noted to capture mental health and wellbeing information, with aspects of this recorded in consumer files.

The organisations policies and procedures centre around promotion of consumers independently accessing all areas of their home and the broader community. Staff provided example of how consumers can maintain engagement in things that are of interest to them because of the services delivered, such as hand railing to assist entry into vehicles, and better longevity in remaining at home where consumers can spend more time with friends and family.

Information is communicated within the organisation, and consumers stated that they do not need to repeat the services required as per the request. Some deficits were identified in how up to date the information available on the consumer is, however, this is addressed in Standard 2 (3)(b) and will not be further considered here. External services such as GP and OT are engaged and communicated with for the purpose of completing services and works. There is evidence that information that assists the experience and engagement of consumers is communicated where needed, including when special consumer communication requirements are needed.

Management and staff described how they refer consumers back to MAC when they are unable to accommodate the services needs of consumers. Information relevant to financial services and payment schemes was evidenced as being provided to consumers where required. Staff were also able to describe how they would connect consumers to support groups if they identified social isolation. Management also acknowledged the significant wait list of almost a year for internal OT services and provided evidence of referring consumers to other OT providers in the local area to assist with this.

Consumers provided positive accounts of the equipment provided to them or installed in their homes. They spoke highly of the quality, safety and suitability of items, staff noted that all items are brand new and that consumers have the option to trial equipment at their office display centre prior to commitment. The Assessment Team observations confirmed that equipment was safe, well maintained, and good quality and range provided. There was evidence of equipment not meeting consumer expectation, with records confirming that the equipment was promptly replaced by the provider at no cost to the consumer. Management confirmed that consumers are provided with ongoing warranty and contact details for the purpose of maintenance or replacement if equipment fails.

Requirement (3)(f)

The provider is not funded for the supply of meals and therefore this Requirement was not assessed.

Based on the summarised information above, I find the provider, in relation to the CHSP service, compliant with Requirement (3)(a), (3)(b), (3)(c), (3)(d), (3)(e) and (3)(g), of Standard 4 Services and supports for daily living.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| 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. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Requirement (3)(a), (3)(b), and (3)(c).

The provider utilises a space for equipment trials, facilitated by the organisations OT services. Consumers and their representatives spoke highly of staff engagement with them at this location, and that their experience was improved as a result. Staff described making accommodations for consumers with sensory profiles, or mobility needs who were attending the location, such as ensuring reduced environmental noise or foot traffic. OT services were on hand to assist, and numerous accessibility and inclusion aids assisted consumers. The Assessment Team observed the service environment to be welcoming to all consumers.

Consumers described feeling safe in the service environment, and staff were knowledgeable about how to protect consumers from harm. Consumers described the centre as clean, and staff confirmed regular touch point cleaning completed during the day with deep cleans completed on weekends. Entry and exit doors were observed by the Assessment Team to allow free access.

Consumers were happy with the range and quality of equipment and furnishings, which allowed them to satisfy their needs and preferences, and appreciated the ability to trial equipment prior to having it in their home. Equipment was clean and well maintained, and for the majority tracked via maintenance registers. OT services assessed and recommended equipment for the safety of consumers, including explaining equipment use to consumers.

# 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. | Not Compliant |

Findings

Requirement (3)(d)

The Assessment Team found that the provider failed to demonstrate that feedback and complaints are reviewed and inform the improvement of quality care and services. The Assessment Team recommended the provider ‘Not Met’ for this requirement. They provided the following information relevant to my finding:

* The provider was unable to demonstrate that all feedback and complaints are registered, reviewed and used to monitor and improve quality of services
* Management acknowledged that the current process of reviewing feedback and complaints in isolation provides limited outcomes
* Documentation reviewed by the Assessment Team did not show analysis of consumer satisfaction
* Although the Plan for Continuous Improvement does not capture actions identified, management and staff were able to identify improvements made because of feedback and complaints

In response to the Assessment Team findings, the provider supplied the following evidence and information, including but not limited to:

* Home Care PCI (plan for continuous improvement) document which identified the following actions to rectify deficits:
  + Develop a system to report trends, review results on a monthly basis at meetings
  + Centralise client feedback system
  + Develop report to monitor trends, review monthly at an executive level
  + Update Continuous Improvement Plan to capture actions identified from consumer feedback.

The intent of this Requirement expects organisations to manage feedback and complaints to improve how they deliver care and services. Complaints should be encouraged, and feedback requested, with this information being provided to the governing body. The organisation should use information from this process to improve the safety and quality of care and services. I find that whilst the provider is capturing feedback and complaints, they are not being tracked, trended or analysed formally to routinely inform and improve service delivery. Although the provider has identified areas of improvement that have resulted from this process, it is apparent that better formalisation through procedures and analysis is required.

I acknowledge the actions identified by the provider towards addressing the deficits identified by the Assessment Team. The changes will take time to implement, and evidence of a successful integration of the new process may not be evident for some time.

After giving consideration the summarised information above, I find the provider, in relation to the CHSP service, non-compliant with Requirement (3)(d) of Standard 6 Feedback and complaints.

Requirement (3)(a), (3)(b), and (3)(c).

Consumers, their representatives, and families are provided with information that details how to main complaints and provide feedback. Consumers confirmed in various ways how they can complete these actions. Evidence available to the Assessment Team identifies that consumers are satisfied with the services being received, and where issues do arise, the provider addresses these to their satisfaction. Consumers said that they feel safe making complaints or providing feedback without the fear of reprisal. Staff consistently described the same process and procedure to complaints handling. The providers webpage has information readily accessible to assist a complaints process.

The provider assists consumers to access advocacy if required, including language and interpreter services. The Assessment Team evidenced family members advocating for consumers on required services due to them being unable to represent themselves. The organisations Service Guide for consumers includes information to services such as the Older Persons Advocacy Network (OPAN) amongst others. Staff also identified using online interpreting services, as well as having multilingual staff present in the organisation who can assist if required.

Consumers and their representatives said the service would act on feedback provided. Management demonstrated that all complaints and feedback is actioned in a timely manner, and this was verified through documentation review completed by the Assessment Team. Consumers feel that their concerns are taking seriously and investigated by senior staff within the organisation. Open disclosure is practiced and implemented when consumers do not receive the standard of service, or that which was agreed to. Management provided examples of giving an apology when things went wrong, and actions to rectify the situation at the provider’s cost. Management also acknowledged their awareness of the Serious Incident Reporting Scheme, and a commitment to reporting incidents which met these criteria.

Based on the summarised information above, I find the provider, in relation to the CHSP service, compliant with Requirement (3)(a), (3)(b), and (3)(c) of Standard 6, Feedback and complaints.

# Standard 7

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

Findings

Requirements (3)(a), (3)(b), (3)(c), (3)(d), and (3)(e).

Consumers and their representatives were satisfied that staff were not rushed and had ample time to undertake their duties. Staff supported this account, though one staff identified the need for more OT staff and more builders to address workloads and waits, though in consideration to the providers ability to achieve this, it is acknowledged that these two industries are both noted to be high demand. Management identified active recruitment processes. All positions require qualifications, with OT positions also requiring a minimum of 2 years’ experience. The service currently maintains a significant waitlist, though upon entry onto the waitlist consumers are made aware of these details as well as other services external to the organisation to assist if needed.

The providers demonstrated that its service is delivered by staff in a manner that is kind and caring. Communication between staff about consumers was noted as being respectful and staff were aware of consumer information that allows them to interact in an engaging and appropriate manner. These interactions were observed from both office staff and construction workers. The workforce is subject to a code of conduct, and other training and information such as Dealing with Abuse of Adults, Work, Health and Safety Training, as well as the Aged Care Charter of Rights. This training was noted to be tracked for compliance, with all staff having attended.

Consumers and their representatives are satisfied that staff are competent and deliver their services in the manner they like them. Management described relevant qualification checks and registers, competency framework as well as police checks, and National Disability Insurance Scheme worker screening checks. The provider also requests several additional requirements such as Health Screening, and where appropriate Working with Children Report.

Staff are subject to mandatory training and induction requirements, have ongoing training completed and are offered support as required. Consumers and their representatives were satisfied with staff ability. Staff described being well supported and equipped for their role. Staff are made aware of legislation changes through emails, as well as supervision meeting. Documentation reviewed by the Assessment Team confirmed information supplied by management and staff. Monitoring of staff compliance with mandatory training is automated, with information available to the leadership team where training is discussed and reported on.

Management described quarterly performance meetings for all staff, which is monitored by a performance management system. Support meetings occur bi-monthly with line managers where goals and training requirements are discussed. Staff documentation is also tracked and monitored within this system. This creates alerts and allows management to trend and analyse staff performance, including subcontractors for information such as currency of insurance information.

Based on the summarised information above, I find the provider, in relation to the CHSP service, compliant with Requirement (3)(a), (3)(b), (3)(c), (3)(d), and (3)(e) of Standard 7, Human resources.

# 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. | Not 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. | Not 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. | Not 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

Requirement (3)(a)

The Assessment Team found that the provider failed to demonstrate that consumers are engaged in the development, delivery and evaluation of care and services and supported in that engagement. The Assessment Team recommended the provider ‘Not Met’ for this requirement. They provided the following information relevant to my finding:

* Consumers could not describe ways they have influenced how care and services are developed
* Management reported that consumers are supported to engage in service improvement such as:
  + being provided with an opportunity to provide feedback throughout service provision
  + through formal survey opportunity
* The Assessment Team identified that whilst management identified ways where consumers engage in service improvement, no evidence was supplied of it occurring.
* In response, management confirmed gaps in communication and documentation of these processes
* The Assessment Team identified that the Chief Executive Officer (CEO) was not familiar with the Aged Care Quality Standards. It was also noted that the CEO acted on this feedback immediately following the conversation
* In coming to their finding the Assessment Team reviewed the following pieces of evidence to determine a recommendation:
  + the providers 2022-2025 Strategic Plan
  + Board meeting minutes
  + interviews with executive and management staff
  + complaints outcomes
  + CEO board report.

In response to the Assessment Team findings, the provider supplied the following evidence and information, including but not limited to:

* Home Care PCI (plan for continuous improvement) document which identified the following actions to rectify deficits:
  + Create a survey and send out quarterly to consumers and their representatives, seeking input on how services could be developed, delivered and evaluated
  + Invite consumers to participate in an annual focus group to discuss service development, delivery and evaluation
  + Report on system and process changes made because of client feedback, complaints, call backs, and survey responses through the Plan for Continuous Improvement
  + The Plan for Continuous Improvement be made a live document and will be a standard agenda item on the bi-monthly Board meetings.
  + Collate consumer input and provide to the Board for consideration and inclusion when reviewing and updating the organisations Strategic Plan
  + Various items referencing the CEO and Board members being inducted and regular reporting on Quality Standards.

The intent of this Requirement speaks to the organisations approach to involve consumers in evaluating and reviewing the care and services they receive, and the provider then working to plan and implement improvements based on this. Whilst I acknowledge information provided by management that service improvements have been made based on consumer feedback and complaints, formal and proactive engagement with consumers for the purpose of seeking to improve services is required. I place weight on the Assessment Team’s inability to confirm any documentary evidence in support of this requirement as further reason for the establishment of these formal processes. I also note that consumers interviewed said that they were unable to describe ways in which they had contributed to the improvement of service and care delivery. I find that there is more evidence before me that consumers are not routinely or formally engaged for the purpose of improving care and service delivery.

I acknowledge the Plan for Continuous Improvement actions which have been identified. Having greater awareness of the Quality Standards will assist the organisation in seeking to comply with the Requirements and other regulatory reform, creating a consumer-centred aged care service.

After giving consideration the summarised information above, I find the provider, in relation to the CHSP service, non-compliant with Requirement (3)(a) of Standard 8 Organisational governance.

Requirement (3)(b)

The Assessment Team found that the provider failed to demonstrate that the governing body promotes a culture of safe, inclusive and quality care and services including being accountable for their delivery. The Assessment Team recommended the provider ‘Not Met’ for this requirement. They provided the following information relevant to my finding:

* The CEO and Board were not familiar with the regulatory obligations of maintaining compliance with the Quality Standards
* The supplied 2022-2025 Strategic Plan was not consumer focussed and did not promote a culture of safe, inclusive and quality, care and services
* Consumer services, related data, trends or voice were not evidenced in any meeting discussions
* No information which suggested service delivery oversight or performance against the Quality Standards was evidenced in meeting minutes.

In response to the Assessment Team findings, the provider supplied the following additional (to that identified above) evidence and information, including but not limited to:

* Home Care PCI (plan for continuous improvement) document which identified the following actions to rectify deficits:
  + Consumer related data and trends to be included as a standard Agenda Item at bi-monthly Board Meetings for discussion.
  + Review of Plan for Continuous Improvement to be included as a standard Agenda Item at bi-monthly Board Meetings and tabled for discussion.
  + Introduce minimum training requirements per year for each Board Member to attend and share learnings with the Board regarding legislative requirements and obligations of key personnel.
* Several emails from Board members confirming receipt of regulatory updates regarding Aged Care Code of Conduct and Serious Incident Response Scheme.

The intent of this Requirement identifies the governing body’s responsibility to oversee the organisations strategic direction and policies for the delivery of care to meet the Quality Standards. I acknowledge Board members receipt of the regulatory reforms and accept this information in this context as confirming the Board members having received this. Knowledge of these two topics alone does not give a governing body sufficient detail or context as to its obligations under the Quality Standards. I place weight on the Assessment Teams evidence that the CEO was unaware of the Quality Standards prior to the Audit, and that no reporting, analyses or discussion of consumer care or service delivery formed part of the Board agenda in meeting minutes reviewed by the Assessment Team. I find that the provider’s governing body does not promote a culture of safe, inclusive and quality care and services or is accountable for their delivery without having in depth knowledge of the Quality Standards which informs strategic direction.

I acknowledge the Plan for Continuous Improvement items are intended to address this. Upon consideration of the organisations strategy in the context of the Quality Standards, and any upcoming regulatory reform, the governing body may seek to make further changes to organisational policy. These changes will take time to implement and embed into operational practice.

After giving consideration the summarised information above, I find the provider, in relation to the CHSP service, non-compliant with Requirement (3)(b) of Standard 8 Organisational governance.

Requirement (3)(c)

The Assessment Team found that the provider failed to demonstrate that the provider has effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The Assessment Team recommended the provider ‘Not Met’ for this requirement. They provided the following information relevant to my finding:

*Information Management*

* Staff and management can access information readily
* Documented meeting minutes provide evidence of effective communication within the organisation
* Information is management in a manner to maintain privacy and confidentiality including appropriate security
* Separate systems manage consumer, construction, complaints, finance, human resources, and Board governance.

*Continuous Improvement*

* Strategic and business planning are evidence by the Assessment Team
* Continuous improvement planning processes and how this is assessed, monitored, and measured against the Aged Care Quality Standards was not evidenced
* In response the CEO provided an improvement plan outlining objectives and data analysis strategy

*Financial Governance*

* Regular financial auditing including reports from independent external auditors is occurring
* Finances are a standing agenda item at Board meetings
* CEO provides the Board with monthly reports to provide oversight of the organisation’s financial status, including overall packages, and unspent funds
* Audit and risk committee meet bi-monthly reports prior to Board meetings to review finance reports and any other audit risk-related issues

*Workforce Governance*

* Appropriate workforce governance processes are in place, with detailed reporting available

*Regulatory Compliance*

* The organisation complies with staff monitoring such as criminal history screening and AHPRA registration, brokered and operational staff insurance compliance, and vaccinations.
* Regulatory updates are communicated to operational staff via face-to-face meeting or by email.
* The CEO and Board of Directors were not familiar with the regulatory obligations of maintaining compliance with the Aged Care Quality Standards.

*Feedback and complaints*

* Whilst feedback and complaints are recorded, some issues exist in the organisations ability to effectively track, trend and analyse these to inform improvement of care and service delivery.

In response to the Assessment Team findings, the provider supplied the following additional (to that identified above) evidence and information, including but not limited to:

* Home Care PCI (plan for continuous improvement) document which identified the following actions to rectify deficits:
  + Organisational Policies incorporate the requirements of the Quality Standards.
  + The Board Audit and Risk Committee reviews updates to organisational Polices before they are presented to the full Board for approval and signature. There is a schedule for Policy review with up to 2 policies presented at every Board meeting.
* Several emails from Board members confirming receipt of regulatory updates regarding Aged Care Code of Conduct and Serious Incident Response Scheme.

The intent of this Requirement identifies that the organisation gives members of its workforce access to appropriate information to help them perform their roles. That there is a plan for continuous improvement which is informed by the experience of consumers, and that this is part of a system which helps an organisation to identify and respond to risk and be able to measure progress against this plan. Financial systems ensure the organisation is resourced to deliver safe and quality care and services. Workers are skilled and qualified but also supported to deliver safe and quality care and services and clear responsibility and accountability exists. Regulatory compliance systems ensure the organisation is complying with all relevant legislation and requirements. Feedback and complaints systems improve results for consumers.

I find no deficit in relation to information management, financial governance, and workforce governance. I find that processes around continuous improvement process at the time of the Quality Audit was insufficient. Since that time within the provider response, a Plan for Continuous Improvement has been included which I consider appropriate.

I find a deficit that at the time of the Quality Audit, the CEO and Board were unaware of their responsibilities under the Aged Care Quality Standards, and place weigh upon this. I acknowledge information provided in the response which identifies the Board members receipt of regulatory updates, however, determine that this information in isolation does not give either the CEO or the Board sufficient knowledge or context to ensure the ability to effectively comply with the Quality Standards.

I find that whilst feedback and complaints are recorded, they are not used to track or trend information for the purpose of improving care and services. I acknowledge the Plan for Continuous Improvement which identifies intent to centralise this process to assist in its utilisation to improve quality of care however acknowledge this will take time to effectively implement and embed into operational practice.

After giving consideration the summarised information above, I find the provider, in relation to the CHSP service, non-compliant with Requirement (3)(c) of Standard 8 Organisational Governance.

Requirement (3)(e)

The provider is not responsible for the delivery of clinical care or services.

Requirement (3)(d)

Staff training records confirm compliance with topics such as SIRS, elder abuse, and Aged Care Code of Conduct. Staff were able to describe actions they would take in the event of a consumer incident, including consistent accounts of escalation and processes around this. Incidents are managed via a centralised incident management system, which management review daily. Follow up occurs as appropriate, and incidents are reviewed at bimonthly Work Health and Safety meetings. The main focus being to assessment the impact on the client, determine if it was preventable, review management of the incident, determine what changes are required to prevent similar instances and recording of information and response.

Based on the summarised information above, I find the provider, in relation to the CHSP service, compliant with Requirement (3)(d) of Standard 8, Organisational governance.

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)