**Performance**

**Report**

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| Name: | Tweed River Home Modification and Maintenance |
| Commission ID: | 200382 |
| Address: | 2/29 Rivendell Drive, TWEED HEADS SOUTH, Queensland, 2486 |
| Activity type: | Quality Audit |
| Activity date: | 14 February 2024 to 15 February 2024 |
| Performance report date: | 4 April 2024 |

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

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7360 Tweed River Home Modification and Maintenance Association Inc  
Service: 24131 Tweed River Home Modification and Maintenance Association Inc - Community and Home Support

**This performance report**

This performance report for Tweed River Home Modification and Maintenance (**the service**) has been prepared by J. Durston, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the Assessment Team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Team’s report received 12 March 2024.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers/representatives said staff treat consumers with dignity and respect. Staff interviewed demonstrated knowledge of consumers’ individual backgrounds, culture and identities and consistently spoke of consumers in a respectful way. Consumer feedback surveys reviewed, confirmed consumers felt they were all treated with courtesy.

Consumers/representatives stated staff understand and are accommodating of consumers individualised needs. Staff and management could provide examples of how services have been tailored to meet individual needs and preferences.

Consumers/representatives advised consumers are encouraged to make their own decisions about the services they receive and find it easy to be involved in decision-making processes. Staff and management described strategies used to support consumers, and others involved in their care, make decisions on services delivered.

Consumers/representatives confirmed the service supports consumers to live the best life they can and described strategies discussed and implemented to support risk taking. Management advised consumers are supported to take risks, however, are restricted to building regulations and occupational therapist recommendations. Risks to consumers, such as the declination of recommended products/modifications are discussed and documented in consumer files.

Consumers advised they received information that is clear and easy to understand and are supported to understand information provided if required. Staff and management described how consumers are informed of costs to services, funding arrangements, and service delivery processes upon initial phone contact. Information is again explained and confirmed during the first home visit conducted.

Staff and management emphasised their commitment to safeguarding consumer privacy by strictly adhering to a need-to-know basis for information sharing and ensuring documents containing personal consumer information is kept secure at all times.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in 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. | 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

Consumers confirmed their care is planned and aligned with their needs. Staff advised they work in collaboration with occupational therapists in the assessment, identification of risks and planning of effective consumer care and services. Documentation reviewed confirmed consumers’ background, medical history, mobility, social situation and preferences are assessed and made available to staff delivering consumer services.

Staff displayed an understanding of individualised consumer preferences and backgrounds. Documentation reviewed confirmed assessment and planning processes identify goals and strategies needed to meet consumer goals.

Consumers/representatives confirmed assessment and planning is conducted in partnership with them to ensure needs and preferences were being met. Staff and management interviewed, and documentation reviewed, confirmed consumers’, their representatives and/or other organisations involved in their care are included in assessment and care planning discussions.

Consumers/representatives provided positive feedback on care planning information they received. Consumers/representatives advised whilst they do not receive a physical copy of care plans, they are satisfied it will be made available upon request. Staff confirmed they have access to individualised consumer care plans which provide enough information for them to deliver safe and effective services.

Documentation reviewed showed whilst ongoing assessment and review is not conducted due to the one-off nature of services delivered the service ensured it remained responsive to consumers’ changing needs and preferences. Follow up assessments are conducted by occupational therapists to assess the safety and effectiveness of equipment/home modifications delivered to consumers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 2, Ongoing assessment and planning.

# 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, Personal and clinical care is not applicable, as the service does not provide consumers with personal and clinical care funded through the CHSP program.

# 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

Consumers confirmed they are supported with safe and effective services and supports for daily living that meet their needs, goals, and preferences whilst optimising their independence and quality of life. Staff demonstrated an understanding of what is important to consumers and described providing services and supports based on individualised consumer needs and preferences.

Consumers/representatives advised daily living services and supports provided promote consumer’s emotional, spiritual and psychological well-being. Representatives confirmed staff are proactive in supporting consumers’ emotional needs when required. Staff demonstrated awareness of consumers' emotional and psychological needs and described practical steps used to ensure needs were being addressed appropriately. Staff advised they are supported by the service to spend extra time with consumers who live alone, appear lonely or have special needs.

Consumers advised services they received enabled them to participate in their communities and do things of interest to them.

Staff explained they receive sufficient information on consumer needs and preferences from job cards, My Aged Care and occupational therapist assessments made available to them. Documentation reviewed confirmed relevant consumer information is also shared with external organisations where responsibility for care is shared.

Staff described the referral process to other organisations and providers of care, which is conducted in collaboration with occupational therapists and consumers.

Requirement 4(3)(f) is not applicable, as the service does not provide food to consumers funded through the CHSP program.

Consumers expressed satisfaction with the variety and quality of equipment available to them. Representatives confirmed safety and suitability of equipment is assessed by occupational therapists prior to purchase and after installation. Staff ensured equipment installed is clean and fit for purpose.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all applicable Requirements in 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. | Not Applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not Applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable |

Findings

Standard 5, Organisation’s service environment is not applicable, as the organisation does not provide a physical service environment funded through the CHSP program.

# 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. | Compliant |

Findings

Requirement 6(3)(b)

The Assessment Team was not satisfied consumers had been made aware of language services and other appropriate methods for raising and resolving complaints, such as the Commission.

The Assessment Team provided the following evidence relevant to my finding:

* Documentation reviewed by the Assessment Team did not include reference to language services or alternate external complaint mechanisms available to consumers.
* Consumers confirmed they had not been advised of alternate external complaints mechanisms available to them.
* Staff advised they have not had the need to use an interpreter to date and did not hold any information on language services available for consumers. However, advised information would be obtained as and when required.
* In response to the Assessment Team’s feedback, management acknowledged consumers had not been informed of external complaint mechanisms nor language services available for raising and resolving complaints. Management advised updated information would be provided to consumers as soon as practicable after conclusion of Quality Audit.

In response to the Assessment Team’s report, the provider’s response included the following:

* Explanation, and evidence, of consumer complaints process correspondence containing information on external complaint mechanisms and interpreter services available that is sent out to consumers on completion of work.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and provider’s response, which does not demonstrate a failure in ensuring consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

I find corrective action taken by the service has now satisfied the intent of this Requirement that all consumers are provided equal access to make a complaint and are supported to access services that can assist them to do so.

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

Requirements 6(3)(a), (3)(c) and 6(3)(d)

Consumers described how they felt supported and comfortable providing feedback to the service if required. Staff described how they verbally encouraged and supported consumers to provide feedback on the quality of works completed after installation, including providing a formal feedback form to complete.

Consumers expressed satisfaction with the open disclosure principles demonstrated by the service in resolving their complaints. Staff demonstrated an understanding of open disclosure and how they conduct transparent communication with consumers/representatives throughout the complaints process.

Consumers/representatives advised the service took steps to improve care and services in response to their complaints and feedback. Management advised feedback and complaints are discussed during weekly meetings with staff/contractors. Documentation reviewed confirmed reports and trends on complaints are shared at Board meetings to facilitate continuous improvement efforts.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(c) and (3)(d) in 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

Consumers confirmed they received timely, safe and quality care and services. Weekly meetings between contractors and management are held to manage and plan upcoming work orders/installations.

Consumers described staff as kind, caring and respectful. Staff demonstrated an understanding of respecting consumers’ individual needs and preferences and advised they would always check with consumers they are happy with services provided before conclusion of service delivery.

Consumers/representatives expressed confidence in staff’s competency, knowledge and qualifications required to deliver safe and quality services. Documentation reviewed confirmed all staff and contractors have the relevant qualifications and licencing to deliver home modification/maintenance services.

Staff advised they felt adequately supported to undertake their roles by mandatory induction training and on-the-job training. Staff confirmed they are supported to undertake training and develop their professional skills. Documentation reviewed confirmed staff training is up to date.

Management advised consumer feedback is actively sought and incorporated into the evaluation of staff performance. Staff and management confirmed annual performance reviews are conducted. Staff advised they also receive regular informal feedback throughout the year. Contractors’ performance is monitored and reviewed through weekly meetings.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in 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. | 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. | 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

Consumers/representatives confirmed the service actively seeks their input through various channels, such as surveys and direct communication with staff and management. Management advised, and documentation reviewed confirmed, consumer feedback/complaints are summarised into reports and discussed with the Board.

Oversight of the service’s performance and the safety and quality of care and services is maintained through ongoing monitoring, monthly reporting, and management meetings. Regular updates and information dissemination occur through established communication channels and routine meetings.

Effective organisation wide governance systems are in place including:

Information management

* Consumers confirmed they receive information that is timely, clear and accurate and are satisfied that their personal information is kept private and respected by staff delivering services.
* Staff advised they have access to sufficient consumer information relevant to their role.

Continuous improvement

* The service identifies opportunities for continuous improvement via feedback from consumers and staff, complaints, and incident reports.
* Continuous quality improvement is integrated into service operations and staff practices, with documented evidence of identified issues, actions taken, completion dates, and outcomes.

Financial governance

* An annual financial audit is conducted by an independent auditor with a report provided and discussed in the annual general meeting.

Workforce governance

* The organisation has workforce governance processes in place including the assignment of clear responsibilities and accountabilities, recruitment strategies and workforce performance management.

Regulatory compliance

* The organisation receives updates regarding regulatory and legislative changes through subscriptions to relevant industry or government notifications.
* Organisational systems are in place for all staff to meet regulatory compliance requirements.

Feedback and complaints

* Management confirmed reports and trends on complaints are regularly shared with the Board to facilitate continuous improvement efforts.

Effective risk management practices and systems were demonstrated, for example:

* A risk management framework is in place that includes methods for identifying, assessing, and mitigating risks.
* Consumer deterioration is reported, proactively responded to and documented.

Requirement (3)(e) is not applicable, as the service does not provide clinical care funded through the CHSP program.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all applicable Requirements in 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)