Performance

Report

**1800 951 822**

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| Name: | Heritage Illawong |
| Commission ID: | 0504 |
| Address: | 351 Fowler Road, ILLAWONG, New South Wales, 2234 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 2 October 2024 |
| Performance report date: | 1 November 2024 |
| Service included in this assessment: | Provider: 2667 Heritage Care Pty Ltd  Service: 517 Heritage Illawong |

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 Heritage Illawong (**the service**) has been prepared by Micheal Cooper, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been** **assessed** |

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

# Areas for improvement

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

# Standard 3

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| Personal care and clinical care | |  |
| 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. | Compliant |

Findings

Consumers and representatives provided positive feedback in relation to the clinical and personal care they receive. Service documentation evidenced organisational systems and processes to guide staff in the delivery of safe and effective care and services. Staff and management demonstrated understanding of consumers’ individual care needs and preferences. Care documentation evidenced the service is safely managing consumer’s care needs in relation to complexed clinical care, falls management, management of restrictive practices and diabetes management.

I have considered the information in the assessment contact report, and I have placed on the information provided including positive feedback provided by consumers, evidence of effective organisational systems to guide the delivery of safe and effective care and services, and staff knowledge of consumer’s individual care needs.

It is my decision Requirement 3(3)(a) is Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

Consumers and representatives provided positive feedback in relation to supports for daily living and aid they are supported to participate in activities of interest to them within and outside the service. Staff explained how consumers lifestyle and daily living preferences are identified and recorded during the admission process. Care documentation outlined consumers’ individual daily living preferences to guide staff in meeting consumers daily living needs. Service documentation evidenced a variety of activities available to consumers to participate in.

I have considered the information provided in the assessment contact report and I have placed weight on positive feedback provided by consumers and effective systems in place to support consumers to participate in their community.

It is my decision Requirement 4(3)(c) is Compliant.

# Standard 7

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| Human resources | |  |
| 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 |

Findings

Consumers and representatives provided positive feedback in relation to consumer care and services, and explained staff are consistently available to meet their needs. Service documentation evidenced the service has processes to replace shifts when unplanned or unexpected leave occurs. Service documentation evidenced policies and procedures to support a planned workforce. Staff provided positive feedback in relation to the deployment of staff and said they have sufficient time to meet consumers needs.

In relation to the service’s workforce responsibilities (including the 24/7 RN requirement and care minutes target) service documentation evidenced the service has a RN rostered on site and on duty at the service 24 hours per day, across 7days per week and the service is meeting their mandatory care minutes target.

I have considered the information within the assessment contact report, and I have placed weight on the information including the positive feedback from consumers and representatives interviewed, strategies the service evidenced to ensure care sufficiency and staff knowledge of consumers’ care needs as outlined in Requirement 3(3)(a).

It is my decision Requirement 7(3)(a) is Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

Staff provided positive feedback in relation to the service’s information management processes and confirmed they have access to relevant information including policies and procedures to guide the delivery of safe care and services. Service documentation evidenced information management processes to share information with those who share care responsibilities. The service demonstrated systems in place to identify areas for continuous improvement and service documentation evidenced the implementation of strategies to support continuous improvement. Management demonstrated financial processes in place to budget the needs of consumers residing in the service, and processes to obtain additional funds to address consumer’s needs. The service evidenced a workforce governance framework and staff said they are regularly provided training and professional development opportunities. Service documentation and interviews with staff and management confirmed the service is meeting legislative requirements and have systems in place to inform legislative changes as they occur. Service documentation and staff interviews demonstrated the service has processes to capture complaints and seek feedback to inform areas for improvement based on feedback.

It is my decision Requirement 8(3)(c) is Compliant.

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