**Performance**

**Report**

**1800 951 822**

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| --- | --- |
| Name of service: | Illaroo Co-operative Aboriginal Corporation |
| Service address: | 55 Judith Drive NORTH NOWRA NSW 2541 |
| Commission ID: | 200095 |
| Home Service Provider: | Illaroo Co-operative Aboriginal Corporation |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 24 January 2023 |
| Performance report date: | 6 March 2023 |

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

**This performance report**

This performance report for Illaroo Co-operative Aboriginal Corporation (**the service**) has been prepared by J Taylor, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Shoalhaven Aboriginal Aged & Disability Care Services, 17727, 55 Judith Drive, NORTH NOWRA NSW 2541

**CHSP:**

* Community and Home Support, 24463, 55 Judith Drive, NORTH NOWRA NSW 2541

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff and others.
* the provider’s response to the assessment team’s report received 3 March 2023.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **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 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **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 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **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 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Not applicable | Not applicable |
| Requirement 1(3)(b) | Care and services are culturally safe | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Not applicable | Not applicable |
| 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 applicable | Not applicable |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Not applicable | Not applicable |

Findings

This requirements under this Standard were not assessed as part of this activity.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | 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 applicable | Not applicable |
| 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 applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| 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 | 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 applicable | Not applicable |

Findings

Management interviewed advised health conditions and guidance for staff providing care are recorded and care workers have been provided training on strategies to provide care in line with the requirements of individual consumer care plans. To ensure assessment and planning is communicated effectively to the identified consumer base, the service evidenced use of the Aged Care Quality and Safety Commission’s storyboards, to communicate care and services within the Aged Care Standards. A copy of the storyboard was sighted by the Assessment Team in the newsletter sent to all consumers. The service demonstrated sensitive information is presented to consumers in a manner which observes cultural awareness.

Review of care documentation evidenced outcomes of assessment and planning with consumers is documented and contains appropriate information identifying consumers needs, goals, preferences and, where identified, risks to the consumer with associated mitigation strategies providing guidance to care workers.

In response to the Assessment Report, the service advised in addition to improved care planning processes the service has also included further information on how home care works and an explanation of the monthly home care statements in consumer information packs.

Based on the information provided, the service demonstrated the outcomes of assessment and planning are appropriately communicated to consumers and inform the delivery of care and services. Four requirements were not assessed as part of this activity and are therefore deemed to be Not Applicable.

# Standard 3

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| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | 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 | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable | 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 | 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 | 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. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable | 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 | Not applicable |

Findings

The service demonstrated effective processes in place to ensure all relevant information regarding consumers is communicated between all involved in their care. Analysis of information entered into the centralised management system demonstrated the service is consistently updating consumer records. The service demonstrated care workers have access to current information via a mobile application which included alerts for identified risks and mitigation strategies to guide best practice to provide supports and services to consumers.

The service evidenced care workers have received training in the identification of risk and dignity of risk and received updates on strategies to provide care in support of consumer care planning during one on one debriefs and staff meetings.

In response to the Assessment Report, the service advised the additional information contained within care plans and communicated to consumers, with a copy of the care plan also offered to consumers.

Based on the information above, the service demonstrated effective documentation and communication within the organisation to deliver safe and quality services and supports to consumers. The one requirement assessed for this Standard is compliant. Six requirements were not assessed as part of this activity.

# Standard 4

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| Services and supports for daily living | | HCP | 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. | Not applicable | Not applicable |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable | Not applicable |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable | Not applicable |

Findings

This requirements under this Standard were not assessed as part of this activity.

# Standard 5

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| --- | --- | --- | --- |
| Organisation’s service environment | | HCP | 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 | 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 | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

This requirements under this Standard were not assessed as part of this activity.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Not applicable | Not applicable |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Not applicable | Not applicable |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Not applicable | Not applicable |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not applicable | Not applicable |

Findings

This requirements under this Standard were not assessed as part of this activity.

# Standard 7

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| --- | --- | --- | --- |
| Human resources | | HCP | 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. | Not applicable | Not applicable |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Not applicable | Not applicable |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Not applicable | Not applicable |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not applicable | Not applicable |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not applicable | Not applicable |

Findings

This requirements under this Standard were not assessed as part of this activity.

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | 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 applicable | Not applicable |
| 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 applicable | Not applicable |
| 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 | 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 | 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 | Not applicable |

Findings

The serviced advised the use of two electronic systems to record consumer information. Consumer care plans and service agreements are generated from information entered into the administration system; while rostering and reporting of consumer care, incidents, and risks, are recorded on a mobile application by care staff or entered by the service into consumer electronic records. The service advised consumer care plans and service agreements are generated from information entered into the administrations system while rostering and reporting of consumer care, incidents and risk is recorded on the mobile application by care staff. The service demonstrated the administration system included an incident reporting capability which includes Serious Incident Response System (SIRS) requirements. The service demonstrated changes to the documentation of Board minutes to ensure consistency in reporting.

The service evidence a continuous improvement plan in place which included improvements to the management of Board minutes, governance training for the Board and reporting of risk, abuse and neglect and incidents.

The service demonstrated effective financial management and reporting systems in place supported by accurate recording of financial transactions. The service uses an external financial auditor to undertake an annual assessment for the service and a financial report is tabled at the annual general meeting.

Board meeting minutes reviewed demonstrated the Board is actively working revision of various documents including the services Code of Conduct and rule book. Issues regarding staff contracts and performance appraisals have been identified by the service with processes in place to address these concerns.

The service demonstrated the Board is provided information relating to legislative changes and reforms with actions recorded in the continuous improvement plan and in Board meeting minutes. The service demonstrated the ways consumers provide feedback and evidenced records in the services complaints register are discussed with staff and reported to the Board.

The service demonstrated incidents are recorded if identified by care staff and management interviewed advised the service’s internal risk assessment system uses a traffic light system to rat risks from low to high. The service demonstrated discussion of risk is an ongoing agenda item at the Board level. The service evidence training provided to staff on SIRS reporting requirements, risk assessments in consumers homes and recognising and responding to abuse.

In response to the Assessment Plan, the service advised engagement with external advisors to guide the service in development and implementation of systems and processes to demonstrate strengthened governance and quality assurance. The service described how transition of two recording systems into a single system for home care will reduce duplication and support ongoing accurate and current record keeping.

Based on the information above, the service demonstrated the governing body is accountable for the delivery of safe and quality care and services. Information systems effectively capture information relating to consumers and is communicated to those involved in care. Risk is captured and used to inform strategies to support care staff and to inform improvements to delivery of supports and services. Two of five requirements assessed are deemed to be Compliant. Three requirements were not assessed as part of this activity.

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