**Performance**

**Report**

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| Name: | Illawarra Aboriginal Corporation |
| Commission ID: | 200164 |
| Address: | 102 Auburn Street, WOLLONGONG, New South Wales, 2500 |
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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

Home Care Packages (**HCP**) included:  
Provider: 862 Illawarra Aboriginal Corporation  
Service: 17565 Illawarra Aboriginal Corporation

**This performance report**

This performance report for Illawarra Aboriginal Corporation (**the service**) has been prepared by Kimberley Reed, 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
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **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 | | HCP |
| 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 were treated with dignity and respect, with their identity, culture and diversity valued. Consumers and representatives provided positive feedback, sharing in different ways, that consumers were treated with dignity and respect and valued as individuals with their own identity and culture. Staff and management demonstrated they were familiar with the identity, culture and diversity of each consumer and spoke about consumers in a respectful way. Consumers received an information pack upon entry to the service.

The service demonstrated care and service delivery were culturally safe. Consumers confirmed that staff who provided services, understood their cultural background, and provided care and supports that reflected their needs and preferences. Staff and management spoke about consumers in a respectful way, that reflected their familiarity with both individual cultural and community needs of the consumers. Evidence of cultural safety of consumers was contained in policies and procedures available at the service.

Consumers were supported to exercise choice and independence, including to make and communicate decisions about care, service delivery and those they wished to be involved in their care, and to maintain relationships of their choice. Most consumers described in various ways how they were supported to maintain relationships and connections with others that are important to them. Staff provided examples of how they supported and encouraged consumers to maintain and make decisions about their care. Consumers and their families were involved in consumers’ care and participated in contributing to goals they wanted to achieve. A support plan was provided to the consumer as part of their initial information home folder.

Each consumer was supported to take risks to enable them to live the best life they can. Most consumers described in various ways their satisfaction that the service supported consumers to live their best life. Staff and management were knowledgeable in how to support consumers to take risks and participate in things of their choosing. While the service did not provide evidence of dignity of risk protocols, the service’s staff and management understood how to support consumers to take risks to enable them to live the best life they can.

Information provided to each consumer was current, accurate and timely, and communicated in a way that was clear, easy to understand and enabled consumers to exercise choice. Consumers were provided with verbal and written information, the Charter of Aged Care Rights and a regular newsletter to keep consumers informed. Staff advised that information was communicated to consumers and although the service has not been required to use interpreting services with the current consumers, this option was available if required.

Consumers were satisfied their privacy and confidentiality was respected. Consumers were consulted prior to any information being referred to other services such as the sub-contracted lawn mowing services. Each consumer’s privacy, and confidentiality was maintained by not disclosing any consumer or service information to other parties. Staff advised they only discussed information that was relevant to the consumer. The service had procedures around consumer privacy and information, and to ensure privacy was maintained during the delivery of care and services. Information was secured through password protected systems with staff only able to access information on a need-to-know basis.

Based on the above information, this Standard is Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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

Assessment and planning processes for consumers, included the consideration of risks, informed all aspects of the delivery of safe and effective care and services. Consumers confirmed the service undertook home visits to discuss the care and supports they required. Management provided an overview of how initial assessment and care planning was undertaken. Valid risk assessments such as falls risk and mobility were undertaken for all consumers when they commenced services and ongoing as necessary. The majority of services to consumers were provided by in-house staff, however some consumers received lawn mowing services by subcontracted staff. Consumers confirmed they received a handbook, known as their home folder, that remained in each consumer’s home. Staff confirmed the home folder guided and informed them to deliver safe and effective care.

Assessment and planning processes identified and addressed consumers’ current needs, goals and preferences. Consumers expressed the various ways that consumer care had been planned around what was important to them. Staff and management were able to discuss what was important to the consumer and how they liked their services to be delivered. While the service could not provide evidence of advance care planning documentation on consumer files, there was evidence of ways the service was informing the consumer and providing them the opportunity to explore advance care planning. The service’s staff and management had a thorough understanding of how to support consumers in discussing end-of-life and advance care planning when required, given the cultural sensitivities the service respected consumers wishes not to discuss this further.

Assessment and planning were based on partnership with the consumer and others that the consumer wished to involve, including other organisations, individuals and providers of other care and services. Consumers confirmed participation in assessment and care planning processes and the ongoing communication with care coordinators. Care staff confirmed that they received information on how to support consumers when providing care and services. Documentation and care directives, provided to subcontracted services through purchase orders, outline clear tasks and directives to support the consumers when providing care and services.

The outcomes of assessment and planning were communicated to the consumer and documented in a care and service support plan that was provided to the consumer, and accessible where care and services were provided. Consumers recalled receiving a copy of their care plan as part of their home folder. Documentation reviewed confirmed that care plans were created and provided to consumers. Staff had access to details of each consumers care plan on their mobile application as well as the home folder, and directives of services outlined what tasks were to be completed.

Care and services were reviewed for effectiveness regularly, when a consumer’s circumstance changed or when an incident may impact on the needs, goals or preferences of the consumer. Consumers confirmed communication about consumer care and services occurred and changes were implemented as needed when consumer needs and conditions changed. Staff and management stated ongoing contact including formal annual reviews and consistent discussions to confirm that the current services were suiting consumers’ needs. If changes to care needs were to be undertaken the care plan and service lists were updated to incorporate the new services to be provided. A change in circumstances may also trigger a review of the care plan.

Based on the above information, this Standard is Compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Each consumer received safe and effective services and supports for daily living that met the consumer’s needs and optimised their independence, health, wellbeing, and quality of life. Consumers described ways the services and supports for daily living enhanced their wellbeing and quality of life. Staff demonstrated an understanding of what was important to each consumer and how they incorporated consumer needs, goals and preferences into the care and services delivered. Care documentation documented relevant information according to the services accessed and included information about consumer wellbeing and lifestyle needs, current living arrangements, social history, needs, preferences, interests, and supports needed to maintain consumers’ health, wellbeing, quality of life and independence.

The services and supports for daily living promoted each consumer’s emotional, spiritual, and psychological wellbeing. Most consumers receiving services gave examples of ways consumer services and supports promoted consumer wellbeing. Staff described how they supported consumers wellbeing and quality of life, including providing reassurance, listening to them and talking with them during care and service provision. While care documentation reviewed did not always reflect the detail provided by staff, overall documentation reflected consideration of supports needed and preferred for consumer psychological, spiritual, and emotional wellbeing. Emotional and psychological issues or changes were escalated to management as appropriate according to documented service protocols.

The service demonstrated the provision of services and supports to assist consumers to participate in the community, have social and personal relationships and do things that interest them. Consumers attending social groups said they participated in social activities which connect them with their culture and community. Consumers receiving other services, including cleaning services, shopping assistance, gardening, and maintenance services, reported enjoying the interactions with staff and said care supported them to live independently. Staff described ways they provided services and supports for daily living. Care documentation reflected the interests of consumers and support considerations.

Information in relation to the condition, needs, and preferences of the consumer was communicated within the organisation and with others where care was shared. Consumers were satisfied that staff had sufficient information to meet consumer needs and preferences. Staff and management confirmed they received sufficient information about the consumer and described ways information was communicated through care management systems, electronic devices, emails and phone calls. Care plans contained information in relation to consumers’ conditions, needs and preferences. Service information was currently being transferred to a single technology platform.

Referrals were undertaken to individuals, organisations, and other providers of care. Consumers were satisfied with referrals to services and supports for daily living. Staff described referral processes based on the consumer’s needs. Referrals had been initiated as required to services such as Aboriginal Medical Services, Waminda (holistic women’s health service), My Aged Care for consumers to access a range of services and supports for daily living. Care documentation evidenced examples of referrals to a range of services and supports for daily living. Referral protocols and policies were accessible to guide staff and support timely and appropriate referrals.

Meals were provided to consumers attending centre-based services only. Centre-based services had processes in place to ensure food safety requirements were upheld. Staff serving food in the centres had completed food safety training and personal protective equipment was observed to be in use. Consumers received meals of variety and suitable quality in relation to meals at the social support group. Staff consult with consumers the day prior to social group attendance to ensure the service captures any dietary requirements and preferences.

Current consumers did not have any hired equipment requiring maintenance or servicing. The service utilises a bus, and the bus was observed to be safe, clean, and well maintained. Staff advised they utilised their own personal vehicles to support shopping assistance for consumers and during the onboarding process.

Based on the above information, this Standard is Compliant.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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

The service demonstrated a welcoming, easy to understand environment that optimised consumers’ sense of belonging, independence, and function. A social support group, known as the ‘Elder’s Group’ was held each Wednesday for elders of the community. The social support group was run out of the ‘Illawarra Aboriginal Corporation Cultural Centre and Keeping Place’, which had multiple rooms available. The area was a welcoming, light filled environment where although the elder’s group was not running at the time, it was clear that the presence and history of the group’s activities were evident through the display of artwork, crafts and jewellery created by the group.

The social support group environment was safe, clean, well maintained, and comfortable, with consumers able to move freely indoors and outdoors. Consumers were satisfied with the safety and cleanliness of the environment and said they could move freely. The social support rooms included an activity sheet with the upcoming activities, including ‘baskets’, ‘possum skins’, ‘shellwork’ and ‘jewellery’ and multiple area that consumers could comfortably sit. The Assessment Team observed unlocked doors and were able to enter via stairs and a safety ramp to ensure all consumers could access the service safely.

The service demonstrated that the furniture, fittings, and equipment were safe, clean, well maintained, and suitable for all consumers who attended the service. Consumers were satisfied with the safety and cleanliness of the furniture, fittings and equipment. Staff and management described how the equipment met the consumers’ needs, and how cleaning was maintained throughout the week as well as during and after Wednesday activities. The bus was observed to be clean, well-kept, and maintained.

Based on the above information, this Standard is Compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| 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

Management understood encouraging and supporting consumers to lodge complaints and/or provide feedback about their care and services. Management provided examples of gaining feedback, such as contacting consumers regularly, service surveys and providing consumers information during onboarding and service events. The consumer handbook included information on feedback and complaints and highlighted how consumers and their representatives were advised of their rights and responsibilities. Management communicated with consumers to know if they wanted family or friends to be involved in the feedback and complaints process.

Consumers were provided with information to access services such as advocacy support and were made aware of information to raise and resolve complaints through other methods. Consumers felt safe to raise complaints with the service. The service conducted information sessions with Legal Aid and Seniors Rights where several consumers attended and were provided with take home packs consisting of advocacy information. The consumer handbook highlighted advocacy information including what an advocate was, appointing an advocate and guidelines for advocates.

Consumers advised of the service taking appropriate action to address complaints. Management evidenced appropriate action was taken in response to complaints and understood open disclosure processes when things went wrong. Staff described the service’s complaint handling process including collaborating with management, documenting complaints in writing via the service’s digital application and practising open disclosure through apologising if things were to go wrong.

Feedback and complaints were reviewed and used to improve the quality of care and services. Consumers confirmed attending events that were a direct response to a trend in complaints which showcased the service’s ability to review complaints and implement action to improve the quality of care and services.

Based on the above information, this Standard is Compliant.

# Standard 7

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| Human resources | | HCP |
| 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 staff’s punctuality advising that staff turn up on time and when expected. Management worked with organisational wide human resources to plan the workforce highlighting service improvements to obtain additional staff as a result of identified shortages. The service managed their workforce to ensure consumers received the safe and quality care and services they required. The service prioritises essential services for consumers if shifts were unable to be met. Staff confirmed they had enough time to complete their work, including arranging their day to ensure the care and services were delivered to each consumer. Staff communicated to the consumers and management if care services times differed to their roster.

Consumers felt the staff attending to their care and services were kind, gentle and caring. Management and staff collectively demonstrated the importance of providing kind, caring and respectful services to consumers. Management and staff demonstrated an understanding of the importance of consumers’ culture, and staff provided examples of speaking with consumers about their family members and having a ‘yarn’ with them when attending to their care and services.

The service demonstrated a workforce that was competent, qualified and had the knowledge to undertake their roles. The service determined staffs’ competency and capabilities to perform their roles through workforce qualifications of a minimum of a Certificate III in aged care or equivalent. Services agreements were in place for subcontracted services to ensure subcontracted staff had the necessary competencies to deliver safe and quality care and services. Staffs’ police checks, working with children checks, licences and certificates such as First Aid were obtained via the organisational wide human resources during onboarding of staff.

The service demonstrated the workforce was recruited, trained, and equipped to deliver the outcomes required by the Aged Care Quality Standards. Consumers confirmed their satisfaction with the training of the workforce. Positions were advertised and recruitment was conducted where applicants underwent an interview process inclusive of referee checks. Onboarding occurred where organisational wide human resources conducted pre-employment checks and obtained relevant qualifications, certifications, and licences. During induction, staff underwent a two week ‘buddy’ system where staff shadowed other staff members when delivering care and services.

Staff performance was regularly supervised to monitor the delivery of care and services. Monitoring and review of staff performance occurred informally through verbal conversations and monthly team meetings. Staff felt supported by management in their roles including their participation in meetings and learning and developmental opportunities.

Based on the above information, this Standard is Compliant.

# Standard 8

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| Organisational governance | | HCP |
| 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 |

Findings

Consumers were engaged in the development, delivery and evaluation of care and services. Consumers were able to provide feedback to the service including their participation in events where feedback was encouraged. Consumers were engaged in service improvements such as, annual surveys, service events such as the Christmas party and the Consumer Annual Forum where the service shared information and consumers provided feedback. Some consumers were members of the Board, and attend the social group. Management confirmed their engagement in the local Aboriginal community where they are informed of community matters which were then raised with the Board.

The Board was accountable for the delivery of, a culture of safe, inclusive, and quality care and service. The Board consisted of a chairperson, treasurer, secretary, and several directors including consumers and an independent member. Management and the Chief executive officer had a close working relationship where support was provided to ensure quality care and services were delivered. Management provided a monthly report to the Chief executive officer on aged care services which was communicated to the Board. Staff felt comfortable speaking with members of the Board.

The service demonstrated effective organisation wide governance systems were in place. The Quality audit report contained information the service did not meet its regulatory compliance responsibilities in relation to the workforce. The Quality audit report contained information two staff members had expired First Aid certificates. The Approved provider in its written response to the Quality audit report provided evidence the staff members had either completed their First Aid training or had left employment of the service. The Approved provider also evidenced the effectiveness of the system which alerts the service when staff are due to complete mandatory training. Evidence of the workforce’s drivers’ licences currency and insurance information and the system used to notify the service when staffs’ drivers’ licences were close to expiry was included in the Approved provider response. The service was also able to demonstrate the currency of service agreements as part of the Approved provider’s response.

It is my decision, the service had processes in place to manage its regulatory compliance requirements at the time of the Quality audit, however, these were in their infancy and the Approved provider has demonstrated in its response the effectiveness and suitability of the current system in place to monitor the regulatory compliance requirement for Requirement 8 3) c), and therefore it is my decision this Requirement is Compliant.

The service had effective risk management systems and practices are in place to identify risk associated with the care and services for consumers and displayed service commitment to ensure consumers were supported to live the best life they can. The service had an incident register that consisted of incidents which were monitored by management. The service evidenced responding to incidents of serious nature through responding to the Serious incident response scheme.

Based on the above information, this Standard is Compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)