**Performance**

**Report**

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| Name of service: | Illawarra Shoalhaven Local Health District |
| Service address: | Level 4, Lawson House, Wollongong Hospital, Crown Street WOLLONGONG NSW 2500 |
| Commission ID: | 200831 |
| Home Service Provider: | Illawarra Shoalhaven Local Health District |
| Activity type: | Quality Audit |
| Activity date: | 21 July 2023 to 26 July 2023 |
| Performance report date: | 12 September 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 Illawarra Shoalhaven Local Health District (**the service**) has been prepared by J Renna, 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.

# Services included in this assessment

**CHSP:**

* Care Relationships and Carer Support, 24514, Level 4, Lawson House, Wollongong Hospital, Crown Street, WOLLONGONG NSW 2500
* Community and Home Support, 24515, Level 4, Lawson House, Wollongong Hospital, Crown Street, WOLLONGONG NSW 2500

# Material relied on

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

* the Assessment Team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, review of documents and interviews with staff, consumers/representatives and others.

The provider did not submit a response to the Quality Audit report.

# 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 | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **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 said staff treat them with dignity and respect. Staff explained how they treat consumers with dignity and respect, and referenced the Charter of Aged Care Rights and the consumers’ rights and responsibilities brochure in their response. Management said there were no open complaints about staff conduct. Documentation showed the service has a consumer-centred approach to care and service delivery.

Consumers and representatives said the service caters to consumers’ cultural needs and said their background and preferences are known by staff. Staff explained how services are curated to respect cultural nuances. Management said, and documentation showed, all staff have participated in cultural safety and diversity training.

Consumers and representatives said they can make decisions about what care and services consumers want and how they receive it. Staff and management described how they support consumers to exercise choice, including putting the consumer front and centre, and providing education and encouragement. Documentation showed consumers are involved in decisions about their care and services.

Consumers and representatives said consumers are encouraged to be independent and provided examples of the things they are supported to do. Staff and management were knowledgeable of dignity of risk principles and provided examples of supports in place to minimise risk associated with consumers’ choices. Care planning documentation included information to guide staff in safely supporting consumers to take risks.

Consumers and representatives said they are provided information via various mechanisms, such as phone, text, in writing and through verbal communication. Staff explained how they provide information to consumers in a way they can understand, including for consumers who have difficulty communicating. Documentation provided to consumers was observed to be accessible, clear and easy to read.

The service maintains consumers’ privacy, which was corroborated from sampled consumers’ feedback. Staff said they respect consumers’ privacy by asking them if there’s anyone they would not like information to be shared with, they store information in a locked cupboard, and they obtain consent for taking photographs. Consumer information is stored in a secure electronic database, which is password protected.

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

Documentation showed assessment and planning that included consumers’ needs, goals and preferences, and risks to their health and well-being. Staff were knowledgeable of consumers’ risks and associated mitigation strategies, and were satisfied that assessment and planning processes were effective.

Consumers and representatives said consumers get the care they need and have received information about end of life planning. Management said they discuss advance care and end of life planning with consumers on commencement and initiate a referral to a palliative care team if required.

Consumers and representatives said they are involved in developing a care management plan that meets consumers’ needs. Care plans were reflective of the consumer and inclusive of those involved in the care of the consumer, including relevant health specialists. The organisation has processes to inform staff of the process of completing assessments in partnership with consumers and representatives.

Consumers and representatives said staff explain information information about consumers’ care and services to them and talk them through the process when conducting risk assessments. Consumers demonstrated a clear understanding of the types and frequency of services they receive. Staff said they provide care plans to consumers to help them manage their care needs at home.

There are processes to ensure 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. Annual care plan review processes are in place to ensure all aspects of consumers’ care are aligned to their changing needs and preferences. Consumers said staff consult with them in relation to their care plan and the care and services they receive.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| 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. | Compliant |
| 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. | Compliant |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 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. | Compliant |

Findings

Staff and management were knowledgeable of each consumers’ unique needs and preferences, including high impact or high prevalence risks associated with their care. Care files sampled demonstrated effective management of wounds. The service maintains policies and procedures to guide staff in best practice care delivery and management of high impact or high prevalence risks, including falls, catheter care, skin integrity, medication, physical condition, cardiovascular/respiratory function, chronic and complex care, cognition, deterioration and urinary/bowel function.

There are processes in place to ensure needs, goals and preferences of consumers nearing the end of life are recognised and addressed, with their comfort maximised and dignity preserved. When a consumer is nearing end of life, they are referred to the palliative care team.

Documentation and interviews with staff showed deterioration in consumers’ health, cognition or physical function is recognised and responded to in a timely manner. Consumers and representatives felt confident staff would know if there was a change in the consumer’s condition. Staff described the process they would follow if a consumer’s condition deteriorated, and escalation processes are in place to guide staff practice.

Information regarding consumers’ condition, needs and preferences is documented in a care plan and readily available to staff and others where responsibility for care is shared. Consumers, representatives and staff considered consumers’ needs and preferences are effectively communicated between staff.

Care planning documents showed timely and appropriate referrals to other services and organisations for additional review and treatment of consumers’ health care needs. Consumers and representatives said consumers receive services from relevant professionals and staff were able to describe the process for initiating referrals. The organisation has policies and procedures to guide staff in the referral process.

Consumers and representatives said all staff wear masks and gloves, and practice hand hygiene when in consumers’ homes. Staff said, and management confirmed, they are provided regular training on infection prevention and control. The service has policies and procedures to guide staff in minimisation of infection related risks.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 3 Personal care and clinical 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. | Not applicable |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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 |
| 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 |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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. | Not applicable |

Findings

The services provided by the organisation are limited to community nursing, occupational therapy and physiotherapy. As a result, Standard 4 has not been assessed as it is not applicable.

# 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

The service environment includes multiple clinic rooms, which are utilised primarily for nursing services. Consumers said the service environment is always clean and well-maintained, they can move freely throughout, and includes sufficient signage to help them find their way.

Staff said, and documentation showed, regular feedback is sought from consumers to ensure wayfinding signage, accessibility, furniture and equipment is appropriate. Staff described the process for cleaning and maintaining equipment, and said no consumers have ever raised concerns about equipment or furniture.

Management provided an example of how they implemented changes to signage in response to feedback from consumers who were finding it difficult to locate the clinic. Management described the process for addressing hazards and/or maintenance concerns, including use of an information management system.

The service environment was observed to be clean and safe, and included signage to assist with navigation to various areas. Equipment was observed to be clean and well-maintained.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 5 Organisation’s service environment.

# 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

Consumers and representatives said they are supported to provide feedback on the care and services consumers’ receive. Management said feedback and complaints are obtained through various mechanisms, including surveys and verbally. Staff said they support consumers to provide feedback and complaints by explaining the process and encouraging discussion during delivery of care.

The service uses an in-house interpreting service where necessary to support consumers in making a complaint. Staff were knowledgeable of advocacy and language services available. Consumers are provided with a brochure on their rights and responsibilities, which includes information on external complaints organisations.

The service uses a complaints dashboard to monitor completed, in progress and overdue complaints, and prompt staff in the use of open disclosure. Staff were knowledgeable of open disclosure principles and provided examples of how they practice them in every day interactions with consumers. Policies and procedures are in place to guide staff on complaints handling processes.

Feedback and complaints are used to improve the quality of care and services. Management said they record and analyse feedback to inform systemic improvements, and provided an example of where this had occurred.

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

As demonstrated throughout the Assessment Team’s report consumers were generally satisfied their care and services needs are met, indicating the number of staff are sufficient. Consumers said there is consistency with staff members who deliver services. Management said the service has a full suite of staff relative to their funding amount.

Consumers said they are treated with dignity and respect by staff, and provided examples of how staff spend extra time with them to understand their needs, that they are always gentle and kind, and that they are helpful and empathetic. Staff spoke about consumers in a kind and respectful manner and documentation showed they have completed mandatory training on cultural sensitivity.

Consumers expressed confidence in staff competency and said their needs are met. There are processes in place to ensure staff are recruited with the appropriate qualifications and are continued to be supported to improve their knowledge and skills through ongoing training.

On commencement of employment, staff are required to complete a corporate induction program that contains a number of mandatory training modules. Training is provided to staff continually throughout the year, covering topics such as infection prevention and control, cultural awareness, palliative care, wound management, basic life support, workplace health and safey, and incident management. Training requirements are identified through various mechanisms, including staff surveys, monthly meetings and performance appraisals.

Staff are required to undertake performance appraisals annually. Further support is provided to staff when there is a need for improvement.

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. | Compliant |

Findings

Feedback from consumers and representatives is sought via feedback and complaints processes and surveys. The most recent survey results indicated consumers had an overall positive view of the care and services they receive.

The organisation’s governing body is comprised of eleven board members with a range of experience and local knowledge. The governing body promotes a culture of safe, inclusive and quality care and services through oversight of feedback and complaints, key performance indicators, quality and safety, Aboriginal health, audit and risk, incidents, infection prevention and control, finance and the workforce.

Interviews with consumers and staff, and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are systems and practices are in place to ensure effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can.

The organisation’s clinical governance framework guides staff in relation to education and training, internal clinical audits, clinical effectiveness, research and development, open disclosure, restrictive practices, and risk management.

Based on the above evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 8 Organisational governance.

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)