**Performance**

**Report**

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| Name: | ILSA Home Care |
| Commission ID: | 700994 |
| Address: | 23 Victoria Street, PARRAMATTA PARK, Queensland, 4870 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | 18 April 2024 to 19 April 2024 |
| Performance report date: | 17 May 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

Home Care Packages (**HCP**) included:  
Provider: 9196 FNQ Independent Living Support Association Inc  
Service: 26977 ILSA Home Care Services

**This performance report**

This performance report for ILSA Home Care (**the service**) has been prepared by Jodie Earnshaw, 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) – non-site report was informed by a non-site assessment, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | 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 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 |

Findings

Consumers and representatives said consumers receive care and services that meet the consumers' needs, and they are involved in assessment and planning processes. Documentation showed the consideration of clinical care needs and that consumers participate in assessment and planning including the involvement of others as required.

The service has a suite of assessment and care planning policies and tools that are available to guide staff in assessment and care planning processes.

The service was found non-compliant under this requirement following the Quality Audit conducted from 29 November 2023 to 30 November 2023. Deficiencies related to the service being unable to demonstrate effective assessment and planning, including for consumers receiving medication prompting and allied health services.

The assessment contact conducted from 18 April 2024 to 19 April 2024 found the service had taken targeted measures to address the non-compliance.

The service was able to demonstrate targeted improvements have been implemented to maintain compliance under this requirement.

* The service has conducted a review of consumer care documentation inclusive of reassessment as necessary to ensure contemporaneous information is available.
* Daily monitoring of care documentation by senior clinical staff for oversight and referral as needed to clinicians or allied health support services.
* The service has introduced a new and updated suite of care documentation.
* Provision of training to staff confirmed in topics such as clinical governance, clinical care and scope of practice, basic wound management, and application of compression stockings.
* The service has updated its risk assessment document to include clinical and allied healthcare needs.

# Standard 8

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| Organisational governance | | HCP |
| 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

Consumers and representatives expressed satisfaction with the provision of clinical care. The organisation’s clinical governance framework guides staff, sets out responsibilities, accountabilities, and how the service will deliver safe and quality clinical care for consumers. The service is utilising the services of registered health professionals to monitor the clinical governance framework and to deliver and monitor the clinical care provided to consumers.

The service was found non-compliant under this requirement following the Quality Audit conducted from 29 November 2023 to 30 November 2023. Deficiencies related to the service being unable to demonstrate a clinical governance framework.

The assessment contact conducted from 18 April 2024 to 19 April 2024 found the service had taken targeted measures to address the non-compliance.

The service was able to demonstrate targeted improvements have been implemented to maintain compliance under this requirement.

* The service has introduced improved care planning documentation which includes clinical fields such as medication support, clinical care, allied health, and support from other services.
* Management is utilising the services of registered health professionals to create a clinical governance framework, and to provide training to staff in relation to clinical governance and working within the scope of practice.
* Staff reported receiving training and training records confirmed the training information provided to staff.
* The service has created a suite of clinical governance related documentation to monitor contractor information, such as registrations and accreditation details, insurance details, staff criminal history compliance, incident/ serious incident scheme reporting, vaccinations, code of conduct and evaluation review details.
* The service has introduced a satisfaction survey to monitor the performance of allied health providers.
* The service has implemented medication support documentation and guidance material to support consumers' medication needs.

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)