**Performance**

**Report**

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| Name: | Indigo Care Services Australasia |
| Commission ID: | 500272 |
| Address: | The Niche, Suite A, 11 Aberdare Road, NEDLANDS, Western Australia, 6009 |
| Activity type: | Quality Audit |
| Activity date: | 14 May 2024 to 15 May 2024 |
| Performance report date: | 13 June 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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9467 INDEPENDENT LIVING CENTRE OF WESTERN AUSTRALIA INC  
Service: 27188 INDEPENDENT LIVING CENTRE OF WESTERN AUSTRALIA INC - Community and Home Support

**This performance report**

This performance report for Indigo Care Services Australasia (**the service**) has been prepared by T Wilson, 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.

# Material relied on

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

* the assessment team’s report for the Quality Audit report, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# 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** |
| **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.

**Other relevant matters:**

Standard 4 Requirement (3)(f) and Standard 5 Organisation’s service environment were not assessed as the service does not provide meals, social support, group activities or care within a service environment. Therefore, Standard 5 is not applicable.

# 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

This Quality Standard is compliant as all six Requirements have been found to be compliant.

Consumers and representatives confirmed consumers are treated with respect and described staff as being kind and respectful. Staff could describe consumers’ backgrounds, diversity and culture and they are supported to do this through organisational policies that are embedded in service delivery.

Consumers and representatives confirmed the services consumers receive make them feel comfortable and safe. Staff said they listen to each consumer to understand their background to ensure services are provided in a culturally safe way. The service has a system to capture how care and services can be delivered in a culturally safe way for each consumer that is documented in care plans and progress notes.

Consumers confirmed they make decisions around the care and services they receive which is encouraged by staff who assist to provide who provide solutions tailored to individual circumstances and preferences. Staff could explain how they ensure consumers understand their options and described how they follow a consumer centred approach at all times, including gaining consumers’ consent to include next of kin or friends of their choice in each decision-making process.

Staff confirmed they support consumers’ wishes to take risks, working with consumers to ensure risk mitigation strategies are recorded and documented in the care plan. They ensure consumers understand and consent to the dignity of risk agreement, including co‑signing the documentation. There is a policy for staff to follow to ensure each consumer is supported to take risks to assist them to live the best life they can.

Consumers confirmed their privacy is maintained and staff could describe how they ensure personal information is kept confidential. The privacy policy outlines to staff the principles of privacy and how to use, hold and disclose consumer information in compliance with relevant legislation, including guidelines on security of personal information. The policy is provided to consumers on commencement of services and it includes information on how to submit a complaint if there is a concern.

# 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

This Quality Standard is compliant as all five Requirements have been found to be compliant.

There is an effective assessment and planning process which considers risks to consumers’ health and well-being and guides staff in providing safe and effective care and services. Consumers confirmed they participated in the assessment process and discussed their needs and goals with the service. Staff were knowledgeable about the assessment process, including how they identify risks to consumers and through planning and assessment mitigate those risks. Documentation showed the care plan informed care and services, including the risk to consumers.

Consumers confirmed their needs, goals and preferences have been identified and the service is providing their preferences. Service staff said they regularly communicate with the consumers and ensure the services and or equipment provided are meeting their needs, goals, and preferences. Documentation showed the assessment and planning process is consumer driven and based on meeting the consumer’s needs, goals, and preferences.

Consumers confirmed they are involved in the ongoing planning of services and advised they had also been referred to other external providers where appropriate. Staff said they refer consumers to other services where appropriate, including for reassessment through my aged care. The service has processes in place to support consumers to access internal services and external service providers.

Consumers confirmed they receive of copy of the care plan following assessment and feel comfortable talking with staff if they need more assistance or change of services. Staff confirmed care plans are provided to consumers. There is an electronic care planning system that records the information for each consumer’s care.

Consumers and representatives are satisfied with both the services provided and the follow up from staff with care being reviewed regularly reviewed. Documentation reviewed included care plans and assessments which showed staff had conversations with consumers in an ongoing capacity to ensure the service’s equipment and home modifications provided continued to meet the consumer’s needs.

# 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

This Quality Standard is compliant as all seven Requirements have been found to be compliant.

Consumers confirmed the care and services provided are safe and effective for them. Allied health professionals provide care to people and said they operate in accordance with professional standards and scope of best practice. While clinical care is not provided to consumers, there are processes and systems in place to ensure consumers who require clinical care are referred to the external providers as required.

Consumers said they were well cared for, and risks and interventions discussed with them to enable them to remain safe, independent, and well in their homes. Staff said they uses various sources to gather risks for consumers and they mitigate the risks through prevention strategies. Care plans and risk assessment documents show risks have been identified, and appropriate contact made with medical services and allied health for assessment and interventions where necessary.

Consumers receive an information booklet which provides information on advance care planning and said they talk to their families and general practitioners about it. Staff said they will refer consumers to their relatives and general practitioners if they raised advance care planning but do ally and concerns consumers have.

Consumers confirmed they are satisfied with the service’s response to change and provided examples of how they were also referred to other providers where they had advised staff of issues outside the services provided by service staff. Staff interviewed could describe how they would if they identify a consumer may be deteriorating and adhering to the organisation clinical deterioration policy. Documentation reviewed showed staff have identified risks to consumers, including the possibility for deterioration, and changes to consumers’ well-being, and responded appropriately and in a timely manner.

Documentation reviewed showed where an external provider has reviewed the consumer and/or contributed to their care, information is shared with the service and this information is used to update care and services, where required, and shared with relevant staff. Staff could describe consumers’ current care and services and confirmed any changes which occur are communicated to them prior to them visiting the consumer.

Consumers said staff will advise them of the services which can be provided by the organisation and for those services not provided, they are referred to alternate external providers. Staff said where they notice a consumer may need additional services which are not provided and or who may require further assessment for a higher-level home care package. Documentation reviewed showed timely involvement of other organisations and providers of care.

Staff interviewed could describe how they minimise infection related risks and provided practical examples. Review of documentation, including incidents and care notes showed appropriate strategies to minimise infection related risks. There is an infection control policy and staff have been provided training in infection control.

# 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. | 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. | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is compliant as all six Requirements have been found to be compliant.

Consumers confirmed they are satisfied with the services and equipment provided and it had helped them meet their goals and optimised their functioning, overall well-being, and independence. Staff described how the assessment and planning process enables them to understand the consumer and what is important to them to optimise their well-being and independence. Documentation showed the services provided are based on partnership with the consumer and it relates to their goals to maximise their well-being and independence.

Consumers and representatives said staff at the service are friendly and helpful and they feel comfortable talking to them. Staff were able to describe how they build trust with consumers that enables them to identify when they need support with their psychological well-being. Documentation evidenced that staff recognise, record, and respond to situations when consumers require additional support for emotional or psychological reasons.

Consumers confirmed they are supported to go out into the community and remain in their homes to spend quality time with family members. Staff explained how they assessed and provided supports for daily living which assists consumers to be able to maintain personal relationships and also participate in the community and do things of interest to them.

Consumers confirmed staff know their needs and preferences and they do not have to repeat themselves. Staff said consumer needs are recorded in the care plan and accessed via computer or phone. Care files showed information about consumers’ condition, needs and preferences is documented which appeared to be easily accessed by all staff.

Consumers confirmed they are satisfied the service makes prompt referrals to appropriate providers of other services when required. Staff could describe the process for identifying when and how to make referrals to other providers, and documentation showed referrals are initiated and followed up.

Consumers confirmed they had undergone assessments by allied health staff and were then referred for specialised equipment. Staff provided examples of the assessment for equipment and home modification process. Documents confirmed staff completed assessments, made equipment or home modification recommendations, and followed up with consumers to ensure the equipment had arrived and was suitable for the purpose intended.

# 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

This Quality Standard is compliant as all four Requirements have been found to be compliant.

Consumers confirmed they know how to provide feedback or make a complaint. Staff said they know how to support consumers in making a complaint and providing feedback. The organisation also provides consumers with customer handbook where they can find additional information about feedback and complaints handling and resolution process and external advocacy and complaints.

Consumers and representatives said they are satisfied with the way in which complaints are managed and confirmed that service uses open disclosure principles when things go wrong. Staff stated they follow the principles of open disclosure in everyday practice. Complaints, compliments and improvements suggestions are documented and actioned in line with policies and procedures.

Consumers and representatives said they are satisfied their feedback is used to improve care and services. There is a continuous improvement plan where actions are recorded. Complaints and feedback are analysed on a monthly basis and strategies are implemented to improve care and services.

# 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

This Quality Standard is compliant as all five Requirements have been found to be compliant.

Consumers confirmed they receive services in a timely manner and do not have to wait long. The service undertakes workforce planning by reviewing its staff structure and considering the changing needs of consumers, staff training needs, staff mix and any positions that need re-designing.

Consumers confirmed workforce interactions are consistently kind and caring saying staff respect them and their needs. There are processes in place to ensure any feedback is captured to ensure interactions are kind.

Consumers and representatives confirmed that staff are skilled in the work they do. Staff said they have the skill and knowledge to perform their role which is supported by the service. Documentation reviewed showed and management interviews confirmed a system is in place to monitor staff qualifications and knowledge. Staff confirmed they receive regular training that is delivered by the service which is recorded on a training plan. There is a corporate induction procedure for new staff which includes training in a variety of areas.

Staff confirmed they undertake regular performance development reviews and they find the process to be useful to support them in their roles. There are yearly reviews and ongoing monitoring conducted throughout the year.

# 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

This Quality Standard is compliant as all five Requirements have been found to be compliant.

Documentation evidenced that consumers are actively engaging with the service and making suggestions about services they receive. There is a consumer reference group meets monthly to discuss service provision and any improvements that can be made.

Consumers and representatives said the service is well run and management is responsive to issues. Sub committees report to the board to ensure the board is aware and can act on any risks in the service. The organisation provides policies and procedures to guide staff in the delivery of safe and effective care and services.

The service has effective organisational wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The processes and frameworks ensure the service meets its legislative requirements and delivers safe and effective care to consumers.

There are effective risk management systems and practices, including management of risks, identification and response to abuse and neglect, management and prevention of incidents and supporting consumer to live the best life they can. Incidents are documented in the electronic care management system which ensures appropriate follow up and risk mitigation strategies are implemented to prevent reoccurrence of incidents.

Services provided are governed by an overarching clinical governance framework, including, but not limited to, antimicrobial stewardship, minimising the use of restraint and the use of open disclosure. Staff demonstrated knowledge regarding antimicrobial stewardship and use of restraint and said they use open disclosure principles daily and could provide examples of where they have used it.

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