**Performance**

**Report**

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| Name: | Indigo North Health Inc - Community Services |
| Commission ID: | 300835 |
| Address: | 168 High Street, RUTHERGLEN, Victoria, 3685 |
| Activity type: | Quality Audit |
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| Performance report date: | 21 March 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: 3232 Indigo North Health Inc  
Service: 28065 Indigo North Health Inc  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8569 Indigo North Health Inc  
Service: 25338 Indigo North Health Inc - Community and Home Support

**This performance report**

This performance report for Indigo North Health Inc - Community Services (**the service**) has been prepared by Nicola Eastwood, 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 19 March 2024, with additional information related to named consumers and confirming an ongoing commitment to improvement.

# 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 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# 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 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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed consumers are treated with dignity, and respect is demonstrated for their identities and diversity. Staff described how they support consumers dignity by getting to know them and respecting their personal values and religious beliefs. Consumers with diverse life histories and religions reported feeling safe and respected in their interactions with the service.

Consumers and representatives confirmed consumers have choice and the opportunity to make decisions about their care. Consumers indicated they make and maintain connections with others through individual outings and social support groups. A review of files demonstrated available services are discussed with consumers and representatives to enable them to make choices.

Management demonstrated processes to support consumer independence and choice. The Assessment Team noted availability of a dignity of risk form, however limited evidence of its use. Notwithstanding this, consumers were supported to continue with activities involving an element of risk and to live the lives they choose. This was supported by a review of care documentation demonstrating multiple strategies employed to support a consumer’s wish to continue living at home despite identified risks.

Consumers and representatives confirmed receiving current and accurate information. Upon commencement, Home Care Package (HCP) consumers receive an inclusion and exclusion list, a sample HCP statement and a pricing schedule. Information provided to new HCP consumers was observed by the Assessment Team to be clear and included relevant information regarding available services.

Consumers and representatives were satisfied their privacy is respected by the service and its staff, and their personal information kept confidential. Staff described their commitment to safeguarding consumer privacy and the security measures implemented in the mobile phone application (app), emphasising the need of a PIN code for access. Clinical information stored within online systems was observed to be password-protected and signed consent forms for information sharing were observed within consumer files.

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. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives were satisfied with the outcomes of the service’s assessment and planning process. Management explained assessment and planning for HCP consumers includes input from consumers, representatives, nursing, and the Aged Care Assessment Service (ACAS), with a focus on detecting clinical risks. Assessment processes for Commonwealth Home Support Programme (CHSP) consumers are proportionate to the services provided, utilising validated tools. HCP consumers undergo clinical assessments by nursing staff, consulting with their general practitioners using appropriate screening tools.

Consumers and representatives were satisfied their needs are being met through their current care and services. Staff explained that discussions with consumers occur when HCP and CHSP consumers initially join the service. During these discussions, documentation in relation to advance care planning and advice on where assistance can be obtained are provided to consumers. Examples of these discussions were evident in a review of consumer files.

Consumers and representatives explained they are involved in assessment and care planning and are comfortable contacting the service if they require further assistance. Management and clinical staff described the coordination with other service providers when planning consumer care, with examples evident within consumer files.

All consumers were observed to have a care plan completed within the preceding 12 months, and the majority reported having received a copy, aligning with the service’s policy of providing consumers with a copy of their care plan.

The service’s policy requires annual formal reviews of HCP consumers, or earlier in case of change in health status or function. However, recent years have shown a deviation from this schedule. The service conducts informal reviews through telephone contacts, home visits, and in response to enquiries. Although these interactions were not consistently documented, assessments and updates reflecting clinical, annual, and consumer-requested reassessments were recorded. In response to feedback, the HCP coordinator acknowledged the lack of documentation for some visits and telephone calls and identified this as an area for improvement. The service demonstrated alerts for annual review within the new clinical online system, ensuring minimum annual formal reviews of care and services.

The Approved Provider submitted a response demonstrating corrective actions in response to Assessment Team feedback have been implemented.

# 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. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives were satisfied that the personal and clinical care received is safe and effective. Staff described how they ensure care is in accordance with best practice, and management outlined relevant mandatory training modules for HCW’s. The Assessment Team noted that wound charting photographs were not always consistently taken as required by the service Wound Care Policy.

A review of consumer files demonstrated high-impact, high-prevalence risks are identified, management strategies are implemented and collaboration with allied health practitioners where appropriate. Consumers, representatives, and staff described how risks such as isolation and other risks are managed. Management explained the services progress to improve management of falls risk for consumers, including introduction of a tailored exercise program.

Staff described how consumers who are palliative or nearing the end of life are supported and their comfort maximised. The service has planned palliative care training for nursing staff. Consumers reported instances where HCW’s detected deterioration in their physical or mental state and promptly escalated to management or emergency services. A review of consumer files confirmed timely and appropriate responses in such cases.

Consumers and representatives were satisfied with the communication within the service and the service’s collaboration with external providers who participate in their care. HCW’s confirmed they receive adequate information to inform care through the mobile telephone app used by the service, and updates emailed by management.

Referrals to allied health and nursing services are made internally as the service employs a range of health professionals. The service also makes referrals to physiotherapy, podiatry, and massage therapy.

Consumers and representatives were satisfied with the precautions taken by staff to prevent infection. HCW’s described current infection control practices, and clinical staff explained how the service promotes appropriate use of antibiotics.

# 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. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives were satisfied with the services and supports provided. Staff demonstrated a thorough understanding of consumer preferences and needs, and these were reflected within assessment and care planning documents.

Consumers and representatives reported staff provide emotional and psychological support and services provided enhance their psychological and spiritual wellbeing. Care plans reflected emotional vulnerabilities, and where relevant the provision of emotional support was evidenced within consumer files.

Where consumers chose not to participate in social activities, they were aware these were available if they wished to access them. The service runs a range of social support group programs and provides bus outings for consumers, who are encouraged to suggest locations to visit.

HCW’s confirmed they receive sufficient information regarding consumer needs and demonstrated a thorough understanding of them. A file review demonstrated information regarding consumer function and needs is shared with representatives and other relevant care providers. Management provided an overview of the various services they refer to including, Vision Australia and a strength training program provided by Indigo North Health Inc.

Consumers and representatives were satisfied with the meals purchased from an external provider funded through individual HCP. They indicated that the meals are varied and of reasonable quantity, and that they can choose from an online menu. The service ensures meal suitability by involving a dietician in menu reviews for delivered meals and planning to include a speech pathologist to review texture modified meals. Referrals for delivered meals include information about consumer preferences and allergies.

Consumers and representatives were satisfied with equipment purchased through their HCP’s. Management described regular maintenance of vehicles used to transport consumers, which was evidenced via service records.

# Standard 6

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| 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. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they are comfortable to provide feedback and make complaints directly with the service. The welcome and information pack contains flyers and a reply-paid envelope for consumers to provide feedback. Management explained they seek feedback from consumers and their representatives through surveys and making regular contact via phone and visits. The Assessment Team noted that the feedback and complaints register did not capture compliments received. In response to the Assessment Team feedback, management updated the register to also include positive feedback.

The Assessment Team reviewed the feedback and complaints policy, the home care agreement and the welcome pack featuring contact details for external advocacy services and information on how to make a complaint and contact the Aged Care Quality and Safety Commission. A copy of the Charter of Aged Care Rights was also included.

HCW’s explained their approach to handling potential complaints, by reporting to management, recording consumer records and on the mobile app. Management demonstrated their knowledge of open disclosure principles and described feedback process, advising addressing feedback in the quality meetings.

HCW’s have not received any complaints from consumers, however, they are committed to addressing any raised issues and informing the manager. Management described the challenges in identifying key areas for improvement due to the absence of complaints from consumers. A review of the Plan for Continuous Improvement (PCI) reflected the introduction of a consumer advisory committee as an additional mechanism for feedback.

# 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. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed HCW’s arrive on time and regular HCW’s are utilised, in instances where regular HCW’s are not available, the nursing service fills shifts. The Assessment Team confirmed that the rostering schedule reflected no unfilled shifts, with regular backup HCW’s to maintain continuity of care and support positive interactions with consumers.

HCW’s emphasised their approach to treat consumers with respect by addressing their individual needs, preferences, and cultural considerations. They strive to establish personal connections within appropriate boundaries to ensure consumer comfort, even in tasks such as personal care. Consumers are introduced to all HCW’s during onboarding, enabling flexible rotation to meet consumer preferences.

Consumers and representatives confirmed staff are competent and able to effectively perform their roles. The service determines workforce competency and capability by ensuring staff hold relevant qualifications, conducting interviews, reference checking, providing orientation and requesting police checks. For subcontractors, the service requires relevant qualifications, police checks and copies of insurances and public liability. Documentation reviewed reflected position descriptions for roles within the service, subcontractors and staff contracts, staff handbook and code of conduct.

The service has an effective system to train and support their workforce. HCW’s confirmed the service provides training as part of their induction, annual performance appraisals, and annual mandatory training. The service provides online and face-to-face training to all staff with training to address more complex needs being delivered by nursing staff. Mandatory training includes infection control, work health and safety, manual handling, Serious Incident Response Scheme (SIRS) reporting and privacy and confidentiality. The Assessment Team reviewed completed online training schedule and attendance registers for staff.

Performance appraisals are conducted annually, providing a platform for feedback delivery, and addressing any performance-related concerns. The Assessment Team reviewed staff records reflecting completed performance appraisals.

The Approved Provider submitted a response demonstrating corrective actions in response to Assessment Team feedback have been implemented.

# 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. | Compliant | 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 | 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 | 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. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers participate in their care and service development during onboarding. Each consumer undergoes an assessment process to align their budgets with their individual needs and goals. Feedback from consumers and representatives drives broader service improvements, facilitated by the Consumer Advisory Group and surveys. Quarterly meetings of the Quality Care Advisory Group assess consumer engagement and identify improvement opportunities. The Assessment Team reviewed consumer surveys and the Plan for Continuous Improvement using the data to inform service delivery practices.

The newly formed governing body oversees governance and monitors data. Monthly Board meetings ensure safe and effective care and services in line with best practices. Strategies are in place for oversight of vulnerable consumers. Risk assessments at various stages ensure service delivery accountability, covering initial visits, home screens, fall risks, clinical evaluations, and emergency management. The Assessment Team reviewed policies and procedures on clinical governance and quality reflecting procedures on safely delivery of care and services.

The service ensures consumers can access information about their care and services by providing a copy of their home care agreement, budget, and care plan when they are onboarded. A software package identifies the services provided to each consumer and generates individual invoices accordingly.

The service has a continuous improvement plan where opportunities are identified through verbal feedback from consumers, survey results from all staff and consumers, advisory groups, and meetings. Effective financial governance ensures quality care delivery, with oversight of income, expenditure, and unspent funds. Monthly statements and budget reviews aid in managing resources and facilitating discussions on additional service allocation.

The service maintains comprehensive records and conducts checks on staff competency, qualifications, and insurances for subcontractors. The service is transitioning staff records from paper to electronic to improve accuracy. On commencement staff receive essential documents including position descriptions, staff handbook, employment conditions, and a Code of Conduct.

Senior managers receive updates by email or alerts from regulatory bodies such as Vic Health Care Association, disseminating information to all HCW’s. The service maintains systems to ensure timely updates of policies and procedures in line with legislative changes. The service has comprehensive incident management policies covering serious incidents, abuse, neglect, and risk management for consumer care. These policies guide workers in identifying and responding to concerns raised regarding incidents and consumers welfare.

Strategies to manage consumer risks include clinical assessments, staff training, and meetings. Intake assessments are conducted to identify initial risks with subsequent reviews scheduled based on assessment outcomes. Incident reporting follows clear principles, with HCW’s using mobile app to log notes and mark incidents, which are then reviewed by senior management and the CEO before being entered into the reporting system.

The service utilises district nursing services for all clinical care and has a clinical governance framework incorporating clinical care, incident management and risk management. The service has policies and procedures that incorporate antimicrobial stewardship, minimising the use of restraints, and open disclosure. All staff demonstrated an understanding of antimicrobial stewardship and open disclosure.

The Approved Provider submitted a response demonstrating corrective actions in response to Assessment Team feedback have been implemented.

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)