**Performance**

**Report**

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| Name: | Institute for Urban Indigenous Health Ltd Growth |
| Commission ID: | 700051 |
| Address: | 22 Cox Road, WINDSOR, Queensland, 4030 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 9 May 2024 |
| Performance report date: | 3 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

Home Care Packages (**HCP**) included:  
Provider: 6903 Institute for Urban Indigenous Health Ltd  
Service: 23391 IUIH Home Support  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7479 Institute for Urban Indigenous Health Ltd  
Service: 24701 Institute for Urban Indigenous Health Ltd - Care Relationships and Carer Support  
Service: 24700 Institute for Urban Indigenous Health Ltd - Community and Home Support

**This performance report**

This performance report for Institute for Urban Indigenous Health Ltd Growth (**the service**) has been prepared by P. Sherin, 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 review of documents and interviews with staff, consumers, and others.
* the assessment team’s report for the quality audit conducted 15 to 19 June 2023 and performance report dated 25 August 2023.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **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 1

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Not assessed |

Findings

The service has taken action to remediate deficits leading to non-compliance in this Requirement as identified under the quality audit conducted 15-19 June 2023.

Sampled consumers said they are supported by the service if they choose to engage in activities of risk, and staff discuss the risks with them and strategies to ensure their safety.

Staff demonstrated knowledge of consumers who choose to take risks and advised they have received training on dignity of risk and are aware of their responsibilities.

Review of documentation identified risk acknowledgement forms are completed for consumers who choose to take risks.

The service was found to non-compliant in the previous quality audit due to not demonstrating consumers specifically receiving HCP services were supported to take risks of their choosing to enable them to live the best life they can. Interviews with staff and review of documentation identified the service has implemented the following improvement actions to remediate these deficits:

* Risk acknowledgement forms introduced for completion by staff as part of the consumer intake and ongoing assessment and planning process.
* A dignity of risk section included under the service’s electronic care management system.
* Provision of face-to-face training to staff on dignity of risk.

Based on the information recorded above and the positive feedback received from consumers, it is now my decision this Requirement is compliant.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| 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 |

Findings

The service has taken action to remediate deficits leading to non-compliance in this Requirement as identified under the quality audit conducted 15-19 June 2023.

Sampled consumers said their recent complaints had been responded to appropriately, with staff apologising and taking action to address their concerns.

Staff demonstrated knowledge of the service’s feedback and complaints handling processes and described the principles of open disclosure.

Review of documentation identified feedback and complaints are documented and managed in a timely and appropriate manner.

The service was found to non-compliant in the previous quality audit due to not demonstrating appropriate action is taken in response to complaints from consumers receiving both HCP and CHSP services and that an open disclosure process is applied when things go wrong. Interviews with staff and review of documentation identified the service has implemented the following improvement actions to remediate these deficits:

* The feedback and complaints handling process has been enhanced to include various levels of escalation, provision of an apology, and utilisation of a checklist to ensure thorough resolution.
* Introduction and implementation of a new feedback and complaints handling approach called ‘HEART’ (Hear, Empathise, Apologise, Record, and Take Action) to guide staff practice.
* Provision of face-to-face staff training and discussions via staff meetings on feedback and complaints handling and open disclosure.
* Ensuring all complaints are reviewed and approved by the next level of management prior to finalisation.
* Monthly quality audits to ensure all complaints are reviewed and managed appropriately, including the use of open disclosure.

Based on the information recorded above and the positive feedback received from consumers, it is now my decision this Requirement is compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)