**Performance**

**Report**

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| Name: | integrated living - QLD/NT |
| Commission ID: | 700743 |
| Address: | Toowoomba Wellness Centre, Shop 16 Westridge Shopping Centre, 300 West Street, KEARNEYS SPRING, Queensland, 4350 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 10 April 2024 to 11 April 2024 |
| Performance report date: | 10 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: 1589 Integratedliving Australia Ltd  
Service: 19366 Integratedliving Home Care Packages QLD  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7297 integratedliving Australia Ltd  
Service: 25065 integratedliving Australia Ltd - Care Relationships and Carer Support  
Service: 25067 integratedliving Australia Ltd - Community and Home Support

**This performance report**

This performance report for integrated living - QLD/NT (**the service**) has been prepared by Michael Wyborn, 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) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others, and
* the provider’s response to the assessment team’s report received 1 May 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Requirement 3(3)(a)**

Implement effective systems to ensure consumers receive best practice clinical care tailored to their needs that optimises their health and well-being. In particular relating to consumer medication management, consumer falls management and consumer behaviour management.

**Requirement 3(3)(b)**

Implement effective systems to ensure identification, analysis and development of preventative measures related to high impact and high prevalence consumer risk(s).

Ensure timely follow up of consumer medication incidents and investigation and consideration of the impact on the consumer.

Ensure appropriate assessment of the severity of a range of risks to consumers and ensure appropriate measures are implemented to safeguard consumers commensurate with the risk.

**Requirement 7(3)(e)**

Ensure effective management, within a timely manner, of staff performance issues associated with recurring complaints or incidents.

**Requirement 8(3)(d)**

Ensure the organisation’s risk management and incident management systems are effectively implemented.

Ensure that consumer incident action plans contain relevant actions and are finalised with relevant information to record the measures that were undertaken.

# 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. | Not Compliant | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant | Not 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

The service was unable to demonstrate that consumers routinely receive safe and effective personal and clinical care that is best practice and tailored to individual consumer needs that optimises their health and wellbeing. Consumers and representative provided positive feedback about the care they receive however, the service’s electronic care system lacked comprehensive consumer assessment, planning, review and detail in relation to individual consumer care needs. The service’s oversight of wound management, clinical care, and identification and response to changes to consumer condition is not effectively recorded in the service’s electronic care system and staff lacked relevant information to best support each consumer. Consumer clinical care is delivered through the service’s health services program which includes registered and enrolled nursing staff who provide health and wellness monitoring, undertake regular review of consumers and provide direct nursing care as required. The service demonstrated limited documentation related to provision of nursing services and a lack of comprehensive consumer assessment. Nursing staff are responsible for consumer clinical assessments however do not contribute to consumers’ care plan, rather communicating relevant information to the case manager or concierge team (for CHSP consumers). Consumer documentation highlights limited communication between nursing staff and managers responsible for coordination of consumer care. The service was unable to demonstrate effective monitoring of consumer well-being as the service relies on consumers reporting concerns or staff undertaking exception reporting activities to document consumer concerns. The service’s lack of operational notes impacts on the service’s ability to monitor consumers and to implement appropriate personal and clinical care or identify consumer deterioration. In their response to the Assessment Contact Report, the Provider highlighted that the organisation’s clinical governance framework is supported by their person-centred care framework and their personal and clinical care framework. The Provider advised that consumers with complex clinical needs are included on the service’s client high risk register and oversight is enabled via regular clinical governance reporting, which include recommendations for mitigation strategies as required. Staff are tasked to upload consumer care planning documents or reports to the consumer’s file and to ensure a copy is located in the consumers’ home file. Management undertake routine supervision sessions with clinical staff as well as a program of random file audits. The Provider explained that consumer wound care assessments and wound care plans are merged into one tool and the organisation has developed a wound measurement and photography procedure to support staff to monitor and manage consumer wounds. In order to strengthen clinical oversight of consumer medication management, the organisation has updated their procedural documents to ensure that nursing staff are undertaking initial review, monthly and annual home visits to ensure appropriate medication monitoring which includes consumer medication consent, self-administration of medication assessment, and registered nursing medication review interview and summaries. The Provider also explained that the organisation is trialling an improvement initiative where all consumer in-home services are documented rather than reporting by exception, with the aim to strengthen consumer monitoring. I acknowledge the actions taken and underway to ensure compliance against the Aged Care Quality Standards, however at this time I provide greater weight to the Assessment Team’s findings in relation to consumer personal and clinical care. As such, I find the service non-compliant in Requirement 3(3)(a).

The service was unable to demonstrate effective management of high impact or high prevalence risks associated with each consumer’s care, including a lack of documentation to support clinical oversight and lack of guidance to staff when providing support to consumers in relation to medication management, falls management and behaviour management. Incidents are not effectively investigated to identify contributing factors, existing measures are not reviewed for effectiveness, and preventative measures are not routinely developed in response to consumer incidents. The service’s high-risk register does not record high impact and high prevalence clinical risks for consumers. In their response to the Assessment Contact Report, the Provider highlighted that the organisation’s high risk register process utilises a risk matrix tool to identify and categorise the risk factors and these were developed to align with the high impact and high prevalence risk criteria under the Aged Care Quality Standards. The organisation has actioned a plan for continuous improvement to undertake staff training and to include additional fields in their high risk register to align with high impact and high prevalence risk categories more clearly. In addition, the organisation are undertaking an initiative that will supersede their high risk register process for identifying, monitoring and supporting consumers who are identified as meeting a set of criteria including high impact high prevalence risks and other vulnerabilities. This will include five relevant domains being social, medical/health, physical, psychological, and complex/vulnerability. The Provider also highlighted that the organisation has developed a consumer-led screening tool for medication support that will be implemented along with staff education on appropriate strategies to prevent errors, management of incidents, as well as navigating and recording dignity of risk discussions relating to self-medication. The organisation’s medication safety framework has been developed as part of their revised clinical governance framework and includes the organisation’s medication safety policy, medication services assessment and procedure, medication reconciliation procedure, nurse medication review procedure, and medication training and competency assessment tools for support workers and registered and enrolled nursing staff. I acknowledge the actions underway to ensure compliance against the Aged Care Quality Standards, however at this time I provide greater weight to the Assessment Team’s findings in relation to management of high impact or high prevalence consumer risks. As such, I find the service non-compliant in Requirement 3(3)(b).

The service demonstrated effective processes for minimising infection-related risks. The service administers relevant policies and procedures for infection control which include procedures to prevent and minimise the spread of infections. They also included outbreak management processes and procedures for reducing consumer resistance to antibiotics. Staff demonstrated appropriate knowledge of the measures they take to minimise infection related risks, and consumers and representatives confirmed staff routinely implement appropriate infection control practices. The procedures comprehensively articulate the responsibilities of various levels of management and staff in infection control. The service provides an infection control staff handbook as well as a consumer infection control handbook to guide staff and consumers. Staff undertake mandatory education regarding infection control and competency assessments are undertaken and are up to date. With these considerations, I find the service compliant in Requirement 3(3)(g).

# Standard 7

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| Human resources | | HCP | CHSP |
| 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. | Not Compliant | Not Compliant |

Findings

The service demonstrated a workforce that is competent and has the skills, qualifications and knowledge to effectively perform their roles. Consumers and representatives advised that staff know what they are doing. The service implements relevant systems, processes and tools to ensure the workforce maintains appropriate qualifications, skills and competencies to perform their roles. In addition, the service administers a role compliance framework which informs recruitment, induction and ongoing staff training. Position descriptions provide a clear outline of accountabilities, qualifications, capabilities and credentials for each role, and annual support worker and clinical staff competency assessments are undertaken. Staff demonstrated appropriate knowledge of the requirements of their roles, and the service demonstrated appropriate pre-employment and annual workforce compliance checks including reference checks, police checks, aged care qualification statutory declarations, Australian Health Practitioner Regulation Agency (AHPRA) registration, aged care banning orders, vaccination status, first aid and cardiopulmonary resuscitation training, and driving/motor vehicle requirements. Subcontractor compliance also includes public liability and professional indemnity insurances. The service’s staff induction program includes mandatory education on manual handling, infection prevention control, code of conduct, incident reporting, serious incident response scheme (SIRS), open disclosure, and an introduction to the aged care quality standards. The service demonstrated that staff training is effectively monitored and compliance is up to date. The service provides support staff with a suite of medication competency assessments conducted by a registered nurse, and the service provides additional education to ensure support worker competency in providing care when consumer needs change. With these considerations, I find the service compliant in Requirement 7(3)(c).

The service demonstrated a workforce that is recruited, trained, equipped and supported to deliver outcomes in line with the quality standards. The service demonstrated a comprehensive recruitment and induction program to ensure the workforce can deliver quality, safe and effective care outcomes. New staff complete an onboarding program that includes role orientation, mandatory online training, review of organisational policies and procedures, completing competency assessments as required, and attending buddy shifts to support introduction to consumers. The service’s learning and development framework is supported by their online learning management system. Staff advised that the training is sufficient to support them to perform their roles and confirmed they are supported and equipped during their probation period and on an ongoing basis. The service provides an employee handbook which includes links to key policies and procedures, as well as guidelines for alerting changes in consumer health and wellbeing, SIRS reporting, incident escalation and using personal protective equipment (PPE). A subcontractor handbook is issued to new suppliers, outlining the organisation’s policies, incident reporting and expectations around conduct. With these considerations, I find the service compliant in Requirement 7(3)(d).

The organisation was unable to demonstrate regular monitoring and review of workforce performance. The organisation administers formal staff performance review systems, including probation, clinical supervision, performance management and appraisals however, the organisation does not have effective and consistent mechanisms for monitoring staff and subcontractor performance. This has resulted in staff performance concerns not consistently being identified and addressed. The organisation was unable to demonstrate follow up with consumers or other mechanisms to ensure that performance concerns are resolved. The service was unable to demonstrate robust processes to proactively seek consumer feedback about staff performance. The Assessment Team reported inconsistencies in relation to support workers completing operational notes which is the organisation’s process for recording consumer and support worker feedback. Staff performance development reviews are not being conducted for all staff within a satisfactory timeframe and this includes staff who are associated with worker exclusion requests. The organisation was unable to demonstrate effective processes to routinely monitor and review subcontractor performance. In their response to the Assessment Contact Report, the Provider referenced their policies and procedures that support staff performance monitoring, including their performance improvement and management policy and procedures and guidance documents, employee exclusion requests procedure, HCP monthly monitoring call procedure, and staff probation review procedure. The Provider highlighted that their health services team undertake regular clinical audits of nurse clinical documentation and highlighted the organisational approach to monitoring service delivery staff, including supporting new staff through a robust induction program and developing a competency assessment buddy checklist model. For existing staff the organisation ensures regular support worker meetings and a focus on ensuring service delivery team leaders provide consistent messaging, discussion, education and training to staff. As part of the organisation’s strategic initiative plan their performance management framework is undergoing review with a focus on redesign of the performance and development planning framework. The Provider highlighted that this includes focus on timeliness and management of repeat staff performance concerns as well as consideration around technologies to effectively support performance management processes. I acknowledge the efforts made by the organisation to ensure compliance with the Aged Care Quality Standards, however, at this time, I afford greater weight to the Assessment Team’s findings. As such, I find the service non-compliant in Requirement 7(3)(e).

# Standard 8

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| Organisational governance | | HCP | CHSP |
| 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. | Not Compliant | Not 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

The organisation demonstrated risk management systems and processes including management of high-impact or high-prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Consumer incidents are trended at the national level and the organisation administers a risk framework plan for organisational risks. The organisation was unable to demonstrate however effective analysis and trending at a regional or local level thus not supporting the organisation to compare with the overall organisational trends. The organisation administers relevant risk and incident management systems however these systems are not effectively monitored and implemented. Consumer incidents which include clinical implications are signed off by personnel who do not have clinical expertise and are not escalated for input by the clinical teams. Consumer critical incidents and serious incident response scheme (SIRS) incidents are appropriately investigated however, the Assessment Team reported that other incidents are often not thoroughly investigated and preventative measures are not developed. The organisation requires support staff to document consumer care issues in operational notes as exception reports, procedures for documentation do not provide guidance to workers about what constitutes an ‘exception’ that requires reporting, and review of operational notes highlight very limited use of operational notes by many support workers and this was confirmed by case managers. In their response to the Assessment Contact Report, the Provider highlighted that the organisation reports and monitors consumer feedback and complaints by region in regular consumer feedback reports as well as in the annual provider operations report and these reports are monitored by the consumer services operational governance committee. On their plan for continuous improvement, the organisation has noted their development of a resource guide for all employees who create or action incident system processes that will guide them on what information to include in each field, how to manage the incident and the level of detail to include in action responses. It will provide guidance for senior managers responsible for signing off action plan templates in what information is required before an incident can be closed. The Provider highlighted that support workers are trained in reporting critical incidents and escalating consumer concerns and the organisation is currently trialling a requirement for support workers to add a service note each service to support high risk consumers. I acknowledge the organisation’s continuous improvement actions to ensure compliance with the Aged Care Quality Standards, however, at this time, I afford greater weight to the Assessment Team’s findings. As such, I find the service non-compliant in Requirement 8(3)(d).

The organisation demonstrated implementation of a clinical governance framework and the organisation has introduced a clinical governance unit. The organisation demonstrated an effective action plan to embed the clinical governance framework throughout their services. The framework reflects a person-centred approach to delivery of clinical care and includes relevant actions to achieve the outcomes related to the framework, monitoring systems and clear roles and responsibilities. Clinical indicator data is appropriately discussed and analysed by the operational governance committee as well as the clients, care and clinical governance board sub-committee. The clinical governance unit is developing a deterioration framework to further improve clinical governance within the organisation. The organisation administers relevant policies and procedures related to antimicrobial stewardship and staff demonstrated effective knowledge of relevant infection control practices. The organisation administers an appropriate open disclosure policy that is reinforced to staff via ongoing education. The organisation’s incident report prompts staff to apply open disclosure, and staff access a relevant checklist when providing open disclosure. With these considerations, I find the service compliant in Requirement 8(3)(e).

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)