**Performance**

**Report**

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| Name: | integratedliving - NSW/ACT |
| Commission ID: | 200940 |
| Address: | Muswellbrook Wellness Centre, 3 Wilkinson Avenue, MUSWELLBROOK, New South Wales, 2333 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 26 March 2024 to 28 March 2024 |
| Performance report date: | 6 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: 22796 integratedliving Home Care Packages NSW  
  
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 integratedliving - NSW/ACT (**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 23 April 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 applicable as not all Requirements were assessed |
| **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)(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. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not 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

The service demonstrated that consumers receive safe and effective personal and clinical care that is best practise and tailored to individual consumer needs, that optimises their health and wellbeing. Staff have access to the service’s clinical help desk which provides support from registered nursing staff. Case managers and other staff can reach out to the service’s help desk at any time. Consumers and staff can contact customer support officers by phone via the service’s call centre in NSW. Consumers provided positive feedback about the care and services they receive, and registered nursing staff, case managers and support staff effectively demonstrated how they provide care congruent with the needs, goals and preferences of each consumer. The care is consistently delivered within their scope of practice, and optimises individual consumer health and wellbeing. To ensure ongoing and consistent delivery of safe and effective personal and clinical care, the service committed to revise their management of consumer complex care management by ensuring regular digital wound photography, as well as ensuring consumer care plans are routinely updated to include catheter care changes. Further, the service will ensure consistent identification and escalation of consumer behavioural changes with greater consideration on the need for clinical assessment and specialist referral. With these considerations, I find the service compliant in Requirement 3(3)(a).

The service was unable to demonstrate routine effective management of high impact or high prevalence risks associated with care of each consumer receiving HCP services. The service’s national high-risk register does not effectively record high impact or high prevalence clinical risks for consumers, and consumer incident management is focused on completing tasks associated with managing the incident rather than identification, analysis and development of preventative measures. In relation to consumer medication management, the service was unable to demonstrate timely follow up of medication incidents and lacked investigation and consideration of the impact on the consumer. The service was unable to demonstrate appropriate assessment of the severity of a range of risks to consumers or demonstrate appropriate measures to ensure consumer safety commensurate with the risk(s). In their response to the Assessment Contact Report, the Provider highlighted that the organisation is taking continuous improvement action to add fields to their current high-risk register to align with high impact and high prevalence risk categories. The Provider also highlighted an initiative that will supersede the high risk register process for identifying, monitoring and supporting consumers who are identified as meeting a set of criteria including high impact or high prevalence risks and other vulnerabilities. The Provider evidenced an Initial Contact Risk Assessment and Vulnerability document along with related strategies, criteria and matrix documents. The Provider highlighted in their response that the senior management weekly communication supplies an update on outstanding consumer incidents and this is discussed at regular professional review and internal supervision meetings attended by case managers and senior management. The Provider confirmed that medication management errors are required to be reported as clinical incidents and the organisation has developed a consumer-led screening tool for medication support. The Provider advised that this tool “*will be implemented with supporting education on appropriate strategies to prevent errors, management of incidents as well as navigating and recording dignity of risk conversations relating to self-medication*”. Further, a medication safety framework has been developed as part of the organisation’s revised clinical governance framework and this includes relevant policies, procedures and medication training and competency assessment tools for staff. 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 relation to HCP service types in Requirement 3(3)(b).

The service demonstrated effective processes for minimising infection related risks. The service administers relevant and up to date policies and procedures related to infection control that include procedures to prevent and minimise the spread of infections and actions to reduce the risk of consumers increasing resistance to antibiotics. Staff demonstrated appropriate knowledge of the measures they implement to minimise infection related risks, and consumers and representatives advised that staff consistently implement appropriate infection control practices. Staff have access to the service’s infection control staff handbook, and the service’s defined procedures appropriately highlight the responsibilities of various levels of management and staff in relation to infection control. The service provides mandatory education on infection control upon induction and ongoing that includes staff competency assessments. Registered nursing staff demonstrated effective knowledge and education on antimicrobial stewardship. 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 that the workforce is competent and members have the qualifications and knowledge to effectively perform their roles. Consumers and representatives advised of their confidence in the workforce and highlighted that staff are appropriately trained and know what they are doing. Organisational policies, procedures and tools, including a role compliance framework, inform recruitment, induction and ongoing training processes. This provides operative assurance that the workforce maintain appropriate qualifications, skills and competency to perform their roles. Support worker and clinical staff competency assessments are undertaken when learning new skills, and the organisation provides up to date position descriptions of which staff demonstrated appropriate knowledge of the requirements aligned to their roles. Pre-employment workforce and subcontractor compliance checks include reference checks, police checks, Australian Health Practitioner Regulation Agency (AHPRA) registration where appropriate, Aged Care banning order checks, vaccination status, first aid and cardiopulmonary resuscitation training, and relevant driving/motor vehicle requirements. The organisation’s staff induction processes include mandatory online 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 organisation maintains robust training records. Support staff who deliver medication support to consumers undertake a suite of medication competency assessments by a registered nurse and if a consumer experiences a medication error incident, staff competency is re-assessed. 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 organisation undertakes a comprehensive recruitment process which ensures the workforce can deliver safe and effective care outcomes. New staff undertake an onboarding program that includes role orientation, mandatory online training, review of policies and procedures, completing competency assessments as required, and attending buddy shifts to support introduction and consistency for consumers. The organisation delivers a learning and development framework that is supported by an online learning management system. Staff advised that they are supported upon commencement within the organisation and ongoing, and advised that the induction process and ongoing training supports them in their roles. The organisation administers an annual education calendar where mandatory role-based training is assigned within the system, staff training completion and compliance is tracked, and additional training needs are identified through clinical governance processes, legislative changes, management feedback, team meetings and consumer service reports related to feedback and complaints. An employee handbook provides links to key policies and procedures, including guidelines for alerting changes in consumer health and wellbeing, SIRS reporting, incident escalation and using personal protective equipment (PPE). A subcontractor handbook is also issued to suppliers, outlining the organisation’s policies, incident reporting and conduct expectations. With these considerations, I find the service compliant in Requirement 7(3)(d).

The organisation demonstrated relevant policies, processes and guidance documents to ensure the service undertakes review of staff performance. Performance activities such as probation, supervision, performance appraisals and performance management are undertaken, however the organisation was unable to demonstrate effective management of staff performance issues associated with recurring complaints or incidents in a timely manner. Further, the service was unable to demonstrate appropriate systems to ensure subcontractor performance is effectively monitored and managed. In their response to the Assessment Contact Report, the Provider highlighted the organisation’s current performance improvement and management policy, procedures and guidance documents, as well as their processes to ensure routine monitoring of staff performance. This includes team leader check-ins, staff meetings, staff and management one on one meetings, routine review of consumer feedback and incidents, and review of employee exclusion reports. The Provider highlighted that the organisation proactively seeks consumer feedback about staff performance via monitoring calls undertaken by case managers, program specific surveys related to consumer experience and as part of the service’s routine internal auditing processes. As part of the service’s continuous improvement to expand proactive consumer input to enhance the organisation’s visibility of staff performance gaps, the organisation has made changes to how they monitor employee exclusions and to better categorise the cause of the exclusion. To improve monitoring of subcontracted workers, the organisation has developed an enhanced supplier audit program that uses a risk-based approach to review elements of supplier performance, including, compliance at onboarding, supervision, procedures for raising incidents and risks, performance management and management of feedback and complaints. In their response, the Provider also highlighted that the organisation’s performance management framework is scheduled for review and the organisation’s performance and development framework is approved for redesign as part of the organisation’s strategic initiative plan. I acknowledge the efforts made by the organisation to ensure compliance with the Aged Care Quality Standards, however note that time to embed and evaluate the organisational change related to monitoring and review of workforce performance is required. As such, at this time, 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 appropriate risk management systems and processes, including management of high impact or high prevalence consumer risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. The organisation demonstrated effective consumer incident trending at the national level where trends are discussed at national operational governance committee meetings and at clients, care and clinical governance board subcommittee meetings. The organisation administers an organisational risk framework however, the organisation was unable to demonstrate effective implementation of their risk and incident management systems resulting in consumer risk not consistently being captured, assessed, and responded to. Consumer incident action plans contained limited actions or were finalised as complete without relevant information to record the measures that were undertaken. In their response to the Assessment Contact Report, the Provider highlighted that the organisation is exploring ways to review and respond to consumer risks and hazards to allow for a timely response and adequate clinical input and review. The Provider highlighted that consumer data is gathered and systems allow for local area and state level trending of consumer incidents and complaints. The Provider advised that trending of incidents is predominantly monitored and reported at an organisation-wide level due to their systems and processes all being organisation-wide rather than area or state-specific. The organisation is testing a process of collating consumer data to provide the primary case manager a holistic view of what is happening for individual consumers to inform immediate actions, possible reassessments, referrals, or care plan changes. This data is then trended at a regional and state level by senior managers and will feed into the organisation’s national governance framework. The organisation is implementing an action plan for continuous improvement to develop a resource guide for staff to ensure appropriate recording, escalation and management of consumer risk or incidents. The Provider also noted that their various internal audits provide an opportunity to cross-check aspects which support personal care delivery. The organisation’s master internal audit checklist template includes checking complaints and incidents and evaluating follow up actions in consumer files, checking the files of a sample of staff who deliver care to those consumers identified through incidents and complaints, and checking whether previously identified audit findings have been closed and are effective. Clinical audits are also undertaken and key findings are discussed at regular registered nurse meetings, and senior management have commenced a program of random consumer file audits at regular staff support sessions to identify appropriate clinical care or any actions required to support improvement or staff education. I acknowledge the efforts made by the organisation to ensure compliance with the Aged Care Quality Standards, however, at this time, I provide greater weight to the Assessment Team’s findings. As such, I find the service non-compliant in Requirement 8(3)(d).

The organisation implements a clinical governance framework which covers both HCP and CHSP services. The organisation has established a clinical governance unit which supports delivery of a formal clinical governance framework. The organisation’s comprehensive clinical governance framework continues to be embedded throughout the organisation and reflects a person-centred approach to delivery of clinical care. The organisation’s action plan for ongoing implementation includes relevant actions to achieve the outcomes of the framework, monitoring clinical related systems and staff roles and responsibilities. The organisation’s clinical indicator reports and minutes of operational governance committee meetings, as well as their clients, care and clinical governance board sub-committee meetings, demonstrate that clinical indicators are appropriately analysed and discussed at these various meetings. The clinical governance unit is developing a deterioration framework to further improve clinical governance throughout the organisation. The organisation identifies medication management as an area requiring improvement and have developed better medication management systems which includes a ‘client authorised medication support plan’ and a ‘client-led screening tool for medication support’. The organisation administers relevant policies and procedures related to antimicrobial stewardship and clinical staff demonstrated appropriate knowledge and education on the topic. The organisation also administers an open disclosure policy that is appropriately reinforced through staff education and relevant prompts in consumer incident reports and staff checklists are routinely followed 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)