**Performance**

**Report**

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| Name: | integratedliving - TAS |
| Commission ID: | 300486 |
| Address: | Launceston Office and Wellness Centre, 264 Invermay Road, MOWBRAY, Tasmania, 7248 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 30 April 2024 to 1 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: 1589 Integratedliving Australia Ltd  
Service: 22806 integratedliving Northern Tas  
  
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 - TAS (**the service**) has been prepared by M.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 22 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 personal and 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 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.*

*Ensure regular and timely performance appraisals for all staff.*

***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 are provided with personal and clinical care that is best practice, tailored to their needs and which optimises their health and well-being. While consumers and representatives expressed satisfaction with the care and services provided, the Assessment Team highlighted that input by staff with clinical expertise is not always obtained and the outcomes of clinical review is not routinely included in consumer care documentation. The Assessment Team’s review of consumer care plans did not demonstrate appropriate oversight of personal care, clinical care, and identification/response to changes in consumer condition. 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. Consumer documentation highlighted limited communication between nursing staff and managers responsible for coordination of consumer care. In their response to the Assessment Contact Report, the Provider highlighted that primary care managers arrange referral to registered nursing staff upon consumer admission or upon a change in consumer condition and this is done with consumer consent. If a clinical care plan is required the nurse will add the additional care plan as an attachment that will work alongside the overall care plan. The Provider noted that the organisation’s new Clinical Governance Framework has two supporting frameworks. Firstly, the Person-Centred Care Framework and secondly, the Personal and Clinical Care Framework. The provider highlighted that assessment and planning is a key element of both frameworks and drive registered nursing accountability within scope of practice, to ensure that support workers are providing services under the direct or indirect supervision of a clinician. Consumers with complex clinical needs are included on the Client High Risk Register enabling multidisciplinary input into care and ongoing evaluation of care outcomes. To ensure appropriate clinical support for CHSP consumers, the organisation established the Clinical Helpdesk. In response to monitoring consumer condition, the Provider highlighted that the service uses action plan templates in their incident management system to drive appropriate actions to best support consumers and support workers are trained in reporting critical incidents and/or escalating concerns relating to consumers. The organisation uses a health & wellbeing alert system to report consumer risks that aren’t specifically reportable clinical incidents but need to be communicated to workers. I acknowledge the actions taken and already 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 that high-impact or high-prevalence risks associated with the care of each consumer is effectively managed. The service was unable to demonstrate that clinical risks are thoroughly assessed and that plans to manage risks are developed and implemented for each consumer. Consumer documentation did not demonstrate thorough investigation and follow-up, including reassessment, following consumer incidents. This impacts on the service’s ability to develop measures to prevent future incidents. Incidents which have clinical implications are investigated and signed off by staff who do not have clinical expertise. The Assessment Team reported that the organisation’s processes for referral to the clinical team in relation to clinical risks are not routinely implemented and where referrals have occurred the service was unable to demonstrate timely or effective response by the clinical team. In their response to the Assessment Contact Report, the Provider highlighted that the organisation utilises a risk matrix tool to identify and categorise consumer high risk factors. The organisation has undertaken continuous improvement action to ensure staff training and to include additional fields in their high risk register to align with high impact and high prevalence risk categories. In addition, the organisation is focusing their high risk register processes on identifying, monitoring and supporting consumers who are identified as meeting a set of criteria including being social, medical/health, physical, psychological, and complex/vulnerability. The organisation has a Clinical Helpdesk that is staffed by registered nursing staff and is accessed by clinical and non-clinical staff when seeking advice and/or clinical expertise in investigation and actioning reported incidents or consumer risk. The Provider also highlighted that the organisation is recruiting registered nurse resource for the Clinical Governance team who will, in addition to other responsibilities, support clinical oversight and monitoring of consumer incidents and risks. 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 systems and processes to minimise infection related risks to consumers. The service administers relevant policies and procedures for infection control practices, anti-microbial stewardship and for management of outbreaks. Consumers and representatives advised that staff routinely follow appropriate infection control practices and staff demonstrated appropriate measures they implement to prevent infection. The service’s procedures include responsibilities for management and staff and the organisation provides relevant infection control handbooks for both consumers and staff. Staff advised they have access to personal protective equipment (PPE) and nursing staff advised that they liaise with medical professionals regarding antibiotic usage to ensure the correct antibiotic is prescribed, as well as to support education for consumers on correct use of antibiotics. The service’s induction and education programs include modules related to infection control and outbreak management. As such, 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 with relevant qualifications and knowledge to effectively perform their roles. Consumers provided positive feedback in relation to staff competency, and support workers advised that they maintain appropriate knowledge to effectively perform their roles. Support workers highlighted that management support is available if required. The service demonstrated effective processes to undertake staff compliance checks for support workers including subcontracted staff. The checks ensure they have the appropriate skills and qualifications for the role. Online competencies are routinely undertaken and practical competencies are required for staff who provide medication support to consumers. The service’s policies and procedures provide relevant guidance for staff and management regarding best practice support. As such, I find the service compliant in Requirement 7(3)(c).

The service demonstrated that the workforce is recruited, trained and supported to deliver safe, quality care and services to consumers. Consumers provided positive feedback about staff interactions and support workers advised they are provided with sufficient education, training and support to perform their roles effectively. Staff advised the service offers a comprehensive recruitment and onboarding process, and the Assessment Team observed and reported on an extensive learning and development program available for staff. This includes a role specific compliance framework and involves external providers to deliver upon the service’s continuous improvement program. The organisation’s recruitment and onboarding program includes mandatory education modules and is followed by an annual education program. As such, I find the service compliant in Requirement 7(3)(d).

The service was unable to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce. Some workers advised that they had not received formal feedback and review of their performance and the Assessment Team observed that some support workers had not received timely annual appraisals. Consumers expressed their dissatisfaction regarding the lack of follow up from the service after they had reported dissatisfaction in a worker’s performance. Subcontractor performance is not routinely monitored by the service, and the service was unable to demonstrate performance management activity or communication about consumer dissatisfaction in relation to subcontracted staff. In their response to the Assessment Contact Report, the Provider highlighted that the organisation’s performance and development framework is being redesigned and scheduled for implementation in the 2024/25 financial year. The Provider noted that the development of this framework may result in a new system with enhanced reporting. The organisation’s employee performance monitoring systems are across multiple systems and the Provider highlighted that expanding the organisation’s proactive visibility of staff performance gaps would drive continuous improvement and better outcomes for consumers. The organisation’s formal performance monitoring processes are outlined in their Performance Improvement and Management Policy/Procedure/Guide, Employee Exclusion Requests Procedure, HCP Monthly Monitoring Call Procedure, and their Probation Review Procedure. The Provider also highlighted that routine monitoring of employee performance occurs through Team Leader check ins and formal surveys, routine staff meetings and 1:1s, staff probation reviews, consumer feedback, consumer incidents and employee exclusion reports, surveys and routine monitoring calls with consumers, open disclosure conversations with consumers following serious incidents, and via internal audits. To ensure oversight of subcontracted staff, the organisation has developed a revised comprehensive audit program that will provide an additional method of performance monitoring. The enhanced supplier audit program has been developed using a risk-based approach, to review elements of supplier performance from compliance at onboarding, supervision, procedures for raising incidents and risks, performance management and management of feedback and complaints. The Provider also highlighted that the organisation’s Performance Management Framework is scheduled to undergo review as part of the organisation’s strategic initiative plan. This will include review of all aspects of performance management including elements such as timeliness and management of repeat issues. 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 in relation to assessment, monitoring and review of staff performance. 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 relevant policies and procedures for risk management however, the organisation was unable to demonstrate effective identification, action and management of delivery of safe and effective care associated with consumers who have high-impact or high-prevalence risks. Management of consumer incidents are not thoroughly investigated and followed-up to prevent future incidents. Consumer incidents are not trended at a regional or local level and consumer risk and incident management systems are not effectively monitored and implemented. Consumer clinical incidents, including medication management, are completed by personnel who do not have clinical expertise and incidents are not escalated to the clinical teams. Support staff document consumer care issues as exception reporting, and organisational procedures do not provide guidance to workers about what constitutes an exception. In their response to the Assessment Contact Report, the Provider highlighted that the organisation produces consumer feedback reports that include feedback and complaints by region, and these reports and the annual provider operations report are monitored by the consumer services operational governance committee. The organisation has developed a resource guide to support staff on what information to include in their incident management system. The guidance resource also provides guidance for senior managers responsible for signing off action plan templates and the organisation has ensured that support workers are trained in reporting critical incidents and escalating consumer concerns. The organisation is trialling a process where support workers add a service note after 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 relevant policies and procedures related to antimicrobial stewardship, minimising the use of restraint and open disclosure. The organisation has developed and commenced implementation of a comprehensive clinical governance framework, and the organisation effectively undertakes analysis at a national level in relation to their clinical governance responsibilities. The organisation’s clinical governance unit is working on a deterioration framework to further improve clinical governance, and as consumer medication management is identified as an area requiring improvement, the organisation as reviewed their medication management systems, including development of a client authorised medication support plan and a client-led screening tool for medication support. The organisation demonstrated that open disclosure is routinely practiced and the service’s incident management tool prompts staff to practice open disclosure. Staff demonstrated appropriate knowledge of the organisation’s requirements in relation to infection control and nursing staff were familiar with concepts of antimicrobial stewardship. As such, 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)