**Performance**

**Report**

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| Name: | Interchange Wingecarribee Inc |
| Commission ID: | 200027 |
| Address: | 3 Forest Lane, BOWRAL, New South Wales, 2576 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 6 September 2024 |
| Performance report date: | 7 October 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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1847 INTERCHANGE WINGECARRIBEE INC  
Service: 26508 Interchange Wingecarribee  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7957 Interchange Wingecarribee Inc  
Service: 24837 Interchange Wingecarribee Inc - Care Relationships and Carer Support  
Service: 25074 Interchange Wingecarribee Inc - Community and Home Support

**This performance report**

This performance report has been prepared T Bartlett, 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 services it operates, 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, which was informed by a review of documents and interviews with staff, consumers, representatives and others
* the Performance report dated 25 March 2024 in relation to the Assessment contact (performance assessment) – site undertaken 14 February 2024 to 15 February 2024.

The provider did not submit a response to the Assessment Team’s report for the Assessment contact (performance assessment) – non-site.

# 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 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |

Findings

Requirement 1(3)(b) was found non-compliant following an Assessment contact (performance assessment) – site undertaken from 14 February 2024 to 15 February 2024. This was a result of findings that staff did not have access to current and accurate documentation that reflected each consumer’s cultural needs and preferences nor were trained to deliver culturally safe care and services.

The Assessment Team was satisfied continuous improvement actions at the time of Assessment Contact – non-site undertaken 6 September 2024 enables the delivery of culturally safe care and services. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and their representatives confirmed staff were knowledgeable of consumer backgrounds and received respectful and culturally safe care.
* Staff described various ways in which individual consumer cultural preferences, such as preferred language and activities of choice are documented in care plans available to guide staff practice. This includes the use a specific first nations consumer care plan.
* Management confirmed a 97% completion rate for cultural awareness training modules for all staff. Management also confirmed the recent implementation of a new client management system and care planning process that includes the documentation of consumers’ cultural needs.
* Documentation reviewed demonstrate training and education materials are in place, including Aboriginal and Torres Strait Islander culture and cultural safety training.

In coming to my finding, I have considered the intent of the Requirement, which expects consumers’ unique cultural identities are recognised, respected and supported.

I find information in the Assessment Team report demonstrates improvements made, such as the documentation of identified consumer cultural preferences in care plans and cultural awareness and safety training completed by staff have ensured care and services delivered are respectfully and appropriately delivered. Furthermore, consumers and their representatives confirmed receipt, and satisfaction, with the provision of culturally safe care.

Based on the information summarised above, I find the provider, in relation to the service compliant with Requirement (3)(b) in Standard 1, Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 |

Findings

Requirement 2(3)(b) was found non-compliant following an Assessment contact (performance assessment) – site undertaken from 14 February 2024 to 15 February 2024. This included findings that staff did not have access to current information about consumer needs and preferences nor were advance care and end of life planning completed as part of the assessment and planning process.

At the time of Assessment Contact – non-site undertaken 6 September 2024, the Assessment Team was satisfied with improvements made to assessment and planning processes that ensured the identification of consumers’ current needs, goals and preferences, including advanced care and end of life planning. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and their representatives confirmed assistance to identify appropriate care and services based on consumer’s needs, goals and personal preferences. In addition, consumers and their representatives confirmed receipt of advance care planning information and discussions regarding end of life planning.
* Staff confirmed access to assessment and care planning documentation that identified consumer specific needs, goals and preferences to guide care delivered.
* Documentation confirmed consumer advance care directives and end of life discussions are occurring and are appropriately documented.

In coming to my finding, I have considered the intent of the Requirement which expects organisations to do everything they reasonably can to plan care and services that centre on each consumer’s needs, goals and personal preferences.

I find information in the Assessment Team report demonstrates consumer’s needs, goals and preferences (including advanced care and end of life planning) are identified, appropriately supported and documented to guide care delivery by staff.

Based on the information summarised above, I find the provider, in relation to the service compliant with Requirement (3)(b) in Standard 2, Ongoing assessment and planning with consumers.

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Requirement 7(3)(e) was found non-compliant following an Assessment contact (performance assessment) – site undertaken from 14 February 2024 to 15 February 2024, as the service did not demonstrate processes were in place to ensure the regular assessment, monitoring and review of the performance of each member of its workforce.

The Assessment Team’s report for the Assessment Contact – non-site undertaken 6 September 2024 included evidence of actions taken by the service in response to the non-compliance and are relevant to my finding in relation to this Requirement:

* Consumers and their representatives confirmed feedback on worker performance is actively sought and improvements on performance are made from feedback received.
* Staff confirmed commencement of yearly performance appraisals that include discussions on their performance and educational needs.
* Management discussed the various methods of assessing, monitoring and reviewing the performance of each member of the workforce, including monthly quality calls to consumers to assess satisfaction with care and services received.
* Documentation confirmed 80% of office-based staff have received their yearly appraisal with commencement of formal yearly appraisals for field-based staff set to occur in October 2024.

In coming to my finding, I have considered the intent of the Requirement which expects all members of the workforce to have an appropriate person regularly evaluate how they are performing their role and identify and support training and development needs.

I find whilst information in the Assessment Team report shows formal yearly appraisals for field-based staff have yet to occur I am satisfied worker performance is actively monitored and assessed via other processes in place, such as the monthly consumer quality calls conducted. Furthermore, I placed weight on the fact that consumers and their representatives confirm their feedback on staff performance is actively sought and appropriately actioned to improve staff performance.

However, I encourage the provider to ensure the commencement of formal yearly appraisals for field-based staff occurs in October 2024 as per documented continuous improvement plans in place.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 7, Human Resources.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| 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 |

Findings

Requirements 8(3)(c) and 8(3)(d) were found non-compliant following an Assessment contact (performance assessment) – site undertaken from 14 February 2024 to 15 February 2024, as the organisation did not demonstrate effective organisation wide governance systems relating to information management, financial governance, workforce governance and regulatory compliance nor did the provider have effective risk management systems and practices in place.

The Assessment Team’s report for Assessment Contact – non-site undertaken 6 September 2024 included the following evidence and information which are relevant to my findings in relation to these Requirements.

Requirement 8(3)(c)

The Assessment Team was satisfied there are effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Information management

* Staff confirmed access to a centralised client information system which is password protected and requires multi factor authentication.
* Management demonstrated how the system has time billing functionalities that support the accurate generation of consumer statements and invoices.

Continuous improvement

* Management advised, and documentation reviewed confirms, continuous improvement actions (such as the implementation of the new centralised client information system) are identified via outcomes of previous Quality Audits conducted, the risk management matrix, and analysis of data entered into incident and complaints management systems.

Financial governance

* The Board receives monthly financial reports that include performance, trends and forecasts. The chief executive officer report includes details of approval and delegations on expenditure. Annual audited financial reports are also submitted to the Australian charities and not for profit commission.

Workforce governance

* The Board receives a report from the chief executive officer that includes information on workforce performance, training and retention.
* A training skills matrix including a new online educational platform supplements face-to-face practical skill training in place. The Assessment Team confirmed training completion rates are recorded and monitored.
* Documentation reviewed confirms all staff have an updated position description which outline clear scopes of practice.

Regulatory compliance

* The Board receives a report from the chief executive officer that includes information on regulatory compliance across aged care and other programs.
* Management advised a monthly communique distributed across the organisation includes updates on regulatory compliance.

Feedback and complaints

* Training records and meeting minutes confirm training on feedback and complaints handling (including concepts of open disclosure) are in place.

In coming to my finding, I have considered the intent of the Requirement which expects organisations to have effective governance systems in place that apply and control authority below the level of the governing body.

I find information in the Assessment Team report demonstrates effective organisation wide governance systems in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 8, Organisational governance.

Requirement 8(3)(d)

The Assessment Team was satisfied the service has effective risk management systems and practices in place. The Assessment Team provided the following information and evidence, which are relevant to my finding in relation to this Requirement:

* Clinical staff confirmed the use of validated assessment tools to identify and manage high impact or high prevalence consumer risks.
* Staff demonstrated an understanding of high impact or high prevalence consumer risks with training provided to assess staff competency to manage risks.
* Management confirmed all staff receive abuse and neglect of consumers training and described a pillar approach to identify and respond to consumer abuse and neglect. These pillars include points of contact with various members of the workforce that assist to monitor and respond to consumer abuse and neglect.
* A report on incidents is provided to the Board monthly with analysis, trending and commentary.
* An incident management system in place is supported by policy, practice and procedures.

In coming to my finding, I have considered the intent of the Requirement which expects organisations to have systems and processes in place that help identify, assess and manage consumer risks. It also expects risk management systems in place that identify and evaluate incidents and near misses.

I find information in the Assessment Team report does demonstrate effective risk management systems and practices are in place.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 8, Organisational governance.

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)