**Performance**

**Report**

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| Name: | IPC Health |
| Commission ID: | 300125 |
| Address: | 1 Andrea Street, ST ALBANS, Victoria, 3021 |
| Activity type: | Quality Audit |
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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: 2488 IPC Health Ltd  
Service: 18822 IPC HEALTH LTD  
Service: 19306 IPC HEALTH LTD

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8601 IPC Health Ltd  
Service: 25596 Isis Primary Care Ltd - Community and Home Support

**This performance report**

This performance report for IPC Health (**the service**) has been prepared by Nicola Eastwood, 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 Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed that care is culturally safe and they are treated with dignity and respect. Staff provided examples of how they demonstrate dignity, respect and meet consumer cultural needs and preferences. Feedback regarding cultural safety training was provided by management and staff. Care documentation included consumer cultural background and current situation. The service has policies to guide staff in equity, diversity and consumer rights.

Staff described how they promote consumer choice and independence and assist consumers to understand their health care rights. A review of care documentation demonstrated that consumers are asked about their needs, preferences, relationships of significance and who they wish to be involved in their care. The Charter of Aged Care Rights is included in consumer admission information and the service has policies to support a consumer-directed care approach.

Case managers and allied health professionals described the process of assessing and managing consumer risk in accordance with consumer choice and the urgency of review. This was consistent with consumer and representative reports who expressed satisfaction with how the service supports consumers to live their best lives. Care documentation demonstrated risks are identified with strategies to mitigate individual risk developed.

Consumers and representatives confirmed they receive timely and clear information from the service including copies of care plans and monthly statements. Case managers discussed the frequency of contacting consumers to understand their care needs. Allied health professionals described providing education to support consumer understanding. The service has policies and procedures regarding consumer consent with completed consent forms observed by the Assessment Team.

Case managers discussed how they protect consumer privacy and information with a brokered organisation describing only receiving the required information on referrals to provide care. Consumers and representatives expressed confidence that the privacy and confidentiality of their information is maintained by the service.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| 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 |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives expressed satisfaction that care planning considers risk and informs the delivery of care and services. Case managers and management described the process of completing and recording consumer assessments and care planning. A review of consumer documentation demonstrated the use of environmental risk assessments, validated risk assessment tools and care planning documentation that considers risk in consultation with health professionals.

Case managers described discussing advance care planning with consumers during initial and ongoing assessments and reviews. The process of documenting this information was also discussed by case managers. The service has policies and procedures for advance care planning. Consumers and representatives reported assessment and care planning addresses their current care needs.

Consumers and representatives reported they are involved in care planning with HCP consumers describing meeting regularly with their case manager to discuss and review their care plan. Management, case managers and allied health professionals described the process of gaining consumer consent to share information between the service, medical and allied health professionals. Consumer documentation reflected those involved in the care planning process including consumers’ chosen representatives.

Case managers explained they provide consumers a copy of their care plan at the time of the review. This was confirmed by consumers and representatives who also reported they understand their care and services. Case managers described only sharing relevant consumer information with brokered services involved in their care. This was consistent with feedback received from CHSP brokered service staff.

Consumers and representatives reported their care and services are regularly reviewed in addition to having regular communication their case managers. Case managers and CHSP allied health professionals explained the frequency of reviewing consumer care and services.

# 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. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives were satisfied that personal and clinical care is tailored to their needs and optimises their health and well-being. Case managers explained that all clinical and personal care including assessments are completed by district nursing staff and external allied health professionals. CHSP allied health professionals described tailoring care and services in accordance with consumer goals to optimise their health and well-being.

Environmental risk checks are completed by brokered service staff and health intake officers as part of the initial assessment process and are used to inform the management of risk. Case managers of HCP consumers maintain risk and vulnerable consumer registers which are reported to executive management monthly. A review of care documentation demonstrated referrals to clinical and allied health professionals to assess, manage and minimise identified risks.

Case managers explained that external palliative care services are engaged when a consumer is identified as needing end of life care. Consumers and representatives indicated that staff know them and were confident that staff would be able to identify a change in their condition. Case managers described the process of responding to deterioration including communicating changes with brokered care staff and consumer representatives. A review of allied health meeting minutes reflects that consumer deterioration is discussed including strategies to identify early signs of deterioration.

Case managers discussed documenting consumer condition, needs and preferences including how information is communicated with others providing care or services. CHSP allied health professionals confirmed access to information about consumer care and services. A review of care documentation demonstrated regular communication with staff within the organisation and external and brokered service staff.

The service has identified established brokered service providers to ensure the provision of diverse and skilled allied health and clinical care in accordance with consumer needs, goals and preferences. Consumers and representatives were satisfied that the service initiates appropriate referrals to other providers of care and services, as required. Case managers described referral processes and demonstrated an understanding of other organisations and providers of care and services.

Management explained how the service minimises infection related risks through the use of personal protective equipment, cleaning kits for home visits, training, staff monitoring signs and symptoms of illness and completing rapid antigen testing as required. Allied health professionals provided examples of how they minimise infection related risks. The service has policies and procedures to guide staff in the disinfection of equipment and infection control.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers were satisfied with the care and services they receive and reported their case managers discuss their needs and preferences. They also reported support received is in accordance with their goals. This was consistent with feedback by case managers and a review of consumer care plans.

Staff demonstrated an understanding of the process to refer consumers for counselling services if a consumer is identified as requiring emotional or psychological support. Care documentation reflected information about consumer needs, preferences and interests.

Most consumers expressed satisfaction that they receive sufficient supports for daily living. Case managers described offering consumers social support and encouraging participation in community groups to support their well-being and sense of belonging. Care planning documentation reviewed detailed consumer interests and relationships of significance.

Case managers and management described the process of engaging with others where the responsibility of consumer care is shared. A review of care documentation demonstrated communication within the organisation and with others where responsibility for care is shared. This was consistent with feedback from allied health professionals and consumers.

Consumers and representatives reported referrals to other organisations and providers of care and services are completed, when required. This was consistent with a review of care documentation which demonstrated referrals to a range of services and supports for daily living. Case managers discussed the process of engaging with representatives prior to completing a referral for consumers, where required.

The service does not directly provide meals to consumers under its program; however, case managers support consumers to access meal delivery services through their HCP. The Assessment Team noted that nutritional risks are documented within consumer care plans and are monitored as demonstrated in meeting minutes.

The service has a process for purchasing equipment with equipment recommended following a review from an appropriate allied health professional. Case managers described monitoring consumer equipment. A review of care documentation indicated that equipment is provided to consumers to address identified safety risks.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard for CHSP consumers.

Consumers were satisfied the service environment for allied health, individual and group services funded through CHSP funding was easy access and navigate. The IPC Altona Meadows and Deer Park campuses were observed to be welcoming, with visible signage and navigational aids. Ramps are fitted at main entries to allow easy access for all consumers with varying levels of mobility.

Cleaning staff are provided with daily and periodic cleaning schedules, which differ slightly depending on the site. The service has cleaning quality assurance processes in place which include regular cleaning audits at each site, ad-hoc spot checks and inspections. is an electronic maintenance management system that is used for all preventative and reactive maintenance. The property team meets weekly to discuss any overdue maintenance activities, and report monthly to executive management on performance against time standards of maintenance activities.

All CHSP consumers participating in a falls and balance class said they are satisfied with the furniture, fittings and equipment provided while undertaking the class. Allied health staff confirmed the equipment used well-maintained and described how they clean items between use. Preventative maintenance schedules demonstrate regular servicing and review of furniture, fittings, and equipment.

# Standard 6

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| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| 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 |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Most consumers and representatives confirmed the service encourages them to provide feedback and raise complaints. Consumers also explained when issues have been raised, the service had been prompt to address these. Case management staff said that consumers provided feedback during their reviews and phone calls regarding the day-to-day management of their care. Management advised the multiple avenues consumers can provide feedback; by phoning and emailing staff, completing surveys, or participating in the consumer advisory body meetings.

Staff described referring consumers to the advocacy information included in the consumer handbook and said they have access to other resources required such as interpreter services via the services information system. The home care agreement includes the aged care rights, responsibilities held under the Serious Incident Response Scheme (SIRS), complaints procedure and advocacy resource contact information.

Consumers and representatives were satisfied with how complaints are managed at the service. Staff provided examples of open disclosure, lodging complaints in the information incident system or progress notes and following up by emailing consumer feedback to brokered management. A review of documentation reflected the service is taking appropriate action in response to complaints and has an open disclosure process.

Management explained they register and review consumer complaints and make continuous improvements in response to feedback. The service has quality partner’s to review and monitor data and to ensure timely quality improvement actions are implemented.

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| 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. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The organisation employs permanent case managers and allied health staff, brokered services are engaged to provide other areas of care. CHSP services are brokered from the service portal and the brokered organisation allocates the appropriate worker to the consumer. Management explained they receive the times and dates of services, rescheduling information and ‘ad hoc’ feedback from the brokered organisations.

Management described providing a choice match for consumers through a range of brokered services to the appropriate staff member. The service has a suite of policies and procedures to support consumer diversity and inclusion.

Consumers and representatives were satisfied staff are competent and skilled to effectively perform their roles. Compliance information including certifications, qualifications, and police checks are monitored and documentation reviewed included position descriptions for roles within the service, inclusive of minimum qualification requirements and role tasks. Brokered services confirmed information is submitted annually with updated staff information reflecting the necessary qualifications, registrations, and police checks.

The service subscribes to an online training provider with systems in place to ensure all required training and competencies are completed within required time frames. There is an annual appraisal process in place as well as monthly supervision catch-ups with team leaders to discuss emerging issues as identified.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| 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 |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service conducts surveys and regularly seeks feedback from consumers less formally. Management described the importance of including consumer engagement and representation in the consumer advisory body and quality improvement group and considering consumer feedback to inform improvements to care provisions and access to services.

The service reviews feedback, incidents, and quality improvement audit results at quality and clinical governance meetings with an executive summary of quarterly trends and key performance indicators provided to the board for review.

Information management systems for HCP consumers were being upgraded to improve access to consumer care information following feedback and issues identified with the previous system. Staff using the system utilised for CHSP consumers confirmed they are able to access consumer service information and tools such as online training and policies and procedures.

HCP budgets are discussed with consumers to support their understanding, as well as updates related to unspent funds and co-contributions at regular reviews of care and services.

Opportunities for continuous improvement are identified through review of incidents, feedback and complaints, and legislative changes. The service’s Plan for Continuous Improvement (PCI) demonstrated such improvement actions.

The service maintains information regarding the currency of staff and brokered provider certifications. The Assessment Team reviewed position descriptions which contained clear information regarding necessary qualifications and required tasks. Regulatory and legislative changes are monitored through engagement with quality partners and compliance subscriptions. There was evidence of consideration to feedback and complaints in ongoing quality improvement activities and the services PCI.

There are effective risk management systems and practices, as evidenced by assessment of the clinical care provided, staff interviews, and documentation review. The service assesses and manages consumer risks, trains its staff in relation to abuse and neglect, and maintains an effective incident management system. The service has an incident management system and an overarching risk policy with supporting risk assessment tools for consistency across the service.

The service has a clinical governance policy which outlines antimicrobial stewardship, restraint, and open disclosure. The service has a clinical governance framework which outlines antimicrobial stewardship, restraint, and open disclosure. Staff demonstrated an understanding of restrictive practices and were aware of the services related policies.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)