Gilgai Aboriginal Centre Inc

Performance Report

2 Bindaree Street
HEBERSHAM NSW 2770
Phone number: 02 9832 3825

**Commission ID:** 200207

**Provider name:** Gilgai Aboriginal Centre Inc

**Assessment Contact - Desk date:** 28 September 2021 to 7 October 2021

**Date of Performance Report:** 10 January 2022

# Performance report prepared by

Gerard McNamara, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

**Services included in this assessment**

**Home Care:**

* Gilgai Aboriginal Centre Inc, 17511, 2 Bindaree Street, HEBERSHAM NSW 2770

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | Non-compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by a review of documents and interviews with staff, consumers/representatives and others; and
* the provider’s response to the Assessment Contact - Desk report received 17 November 2021.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirement within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

The service did not demonstrate effective systems and processes to ensure assessment and planning includes considerations of risks to consumers’ health and well-being and informs the delivery and safe and effective care and services. Interviews with consumers, representatives, staff and others involved in the care of the consumer confirmed care plans are not readily accessible.

The Quality Standard is assessed as Non-compliant as the one requirement of this Standard that was assessed has been found to be Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*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.*

The Assessment team found that the service did not demonstrate assessment and planning considers risks to the consumer’s health and well-being, to inform the delivery of safe and effective care and services. Relevant risks to consumers’ safety, health and well-being are not consistently identified and strategies to minimise risk are not documented. Care plans do not guide staff in the delivery of safe and effective care and services. Concerns were identified in relation assessment and planning regarding falls, diabetes, oxygen therapy and respiratory diseases, pain, incontinence, mental state and cognition, wounds, and planning not consistently informing the expenditure of Home Care Package funds from consumers’ budgets.

In its written response to these and other issues identified by the Assessment Team the approved provider noted it was significantly impacted by COVID and staffing and recruitment difficulties, but it did not specifically address the issues identified. However, during the Assessment contact it was receptive to areas for improvement identified, and in its written response stated it was re-orientating its employment practices and seeking assistance from a specialist consultant and from other sources. It expressed a commitment to improvement.

I find this requirement Non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Most consumers and representatives interviewed considered that consumers receive care and services that are safe and right for them. However, some consumers interviewed said they do not always get the care and services they need through the service.

The service did not demonstrate systems and processes ensure each consumer receives safe and effective care and services that are best practice, tailored to their needs and optimises their health and well-being.

The Quality Standard is assessed as Non-compliant as the one requirement of this Standard that was assessed has been found to be Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

The Assessment team found that the service did not demonstrate each consumer receives personal care and clinical care that is safe and effective, best practice, tailored to their needs and optimises their health and well-being. Risk management processes are not effective and do not ensure the safe and effective personal and clinical care for all consumers.

While most consumers and representatives interviewed considered that consumers receive care and services that are safe and right for them, three consumers interviewed said they do not always receive the care and services they need through the service. For example:

* One consumer stated that the service has not yet organised the care and services they requested when they commenced their Home Care Package in August 2021
* Another stated they were concerned about the trip hazard in their bathroom and laundry where they had had two falls recently resulting in admission to hospital. They had asked for this to be looked at and was told that public housing would not undertake any modifications. For that consumer there was no evidence of falls risk assessment or effective falls prevention and management strategies implemented by the service to minimise their risk of injury.

For another consumer, with type two diabetes, wandering behaviours and resistive behaviours (with a report that consumer had not showered for seven days), there was no evidence of assessment and planning in relation to their behaviours and care staff are not provided with information on how best to manage their resistive behaviours. There was no evidence of assessment and planning in relation to that consumer’s pain and the impact of their pain on their behaviours, and the service could not demonstrate effective management of the risks associated with that consumer’s diabetes and history of hypoglycaemic attacks.

Staff and management interviewed could not describe how they get information on best practice in relation to personal and clinical care or how they use best practice guidelines, decision-making tools or protocols. A review of documentation identified ineffective communication processes in place with subcontracted service providers in relation to the care and services delivered by their staff to consumers with complex care needs at the service. The service does not consistently identify and monitor that all staff have the knowledge or competencies to deliver personal and clinical care. While the service provided evidence of staff qualifications, there was limited evidence of training provided to care staff of the service. Care staff confirmed they have not received training through the service. The service was unable to demonstrate how the service works with other providers of care (such as the local health district, hospital services, medical officer, specialists and allied health professionals) to ensure each consumer gets care and services that are tailored to their needs and how their condition and/or personal and clinical care needs impact on the care and services delivered by the service.

This information was given to the approved provider during the assessment contact, who acknowledged areas of improvement and advised they would review their systems and processes to ensure each consumer receives personal care and clinical care that is safe and effective, best practice, tailored to their needs and optimises their health and well-being.

As stated, in its written response to these issues the approved provider did specifically address the issues identified but advised of the steps it was taking, including sourcing outside assistance and other support.

I find this requirement Non-compliant.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirement within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The Assessment Team also examined the complaints register and tested staff understanding and application of the requirements under this Standard.

## Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints but had no significant complaints at this stage and were very happy with the services provided.

## Management was able to describe how they respond to any complaints, which are maintained on registers. Although the organisation does not have open disclosure as part of their documented complaints’ policy it was demonstrated that an open disclosure process is used and complaints are actioned appropriately and in a timely manner.

The one requirement of this Standard that was assessed has been found to be Compliant. As not all requirements were assessed an overall rating for the Quality Standard is not provided.

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

Based on the information reviewed I find this requirement Compliant.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirement within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

## The organisation did not demonstrate it has effective organisation wide governance systems in place for managing and governing aspects of care and services in relation to information management, continuous improvement, workforce governance and regulatory requirements.

The Quality Standard is assessed as Non-compliant as the one requirement of this Standard that was assessed has been found to be Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Non-compliant

*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.*

The Assessment Team found that, in relation to information management, a review of documentation identified ineffective communication processes in place with subcontracted service providers in relation to the care and services delivered by their staff to consumers with complex care needs at the service. Management confirmed they do not provide assessment and care planning information to subcontracted service providers. Assessment and planning did not always include considerations of risks to consumers’ health and well-being to inform the delivery and safe and effective care and services

The Assessment Team found that, in relation to continuous improvement, the organisation was able to provide continuous improvement plans and there were a range of continuous activities across the Standards including in relation to COVID-19 planning and management and to complaints received by the Commission. However, the organisation stated it planned to do a thorough review of all incidents as it has been identified staff had difficulty in identifying clinical incidents such as falls and reporting them. In this regard the service was unable to demonstrate the system helps the organisation to identify where quality and safety is at risk and improvements need to be made.

In relation to workforce governance, including the assignment of clear responsibilities and accountabilities, the Assessment Team found that a review of documentation identified ineffective communication processes in place with subcontracted service providers in relation to the care and services delivered by their staff to consumers with complex care needs at the service. The service does not consistently identify and monitor that all staff have the knowledge or competencies to deliver personal and clinical care.

The Assessment Team found that, in relation to regulatory compliance, compliance with the Aged Care Quality Standards was not demonstrated, consumers do not consistently receive regular monthly statements, care plans and individualised budgets are not reviewed when there is a change to care and services and a copy provided to the consumer, and assessments were not consistently conducted prior to the expenditure of home care package funds for care and services, including items purchased and were not linked with care goals for consumers sampled.

As stated, in its written response to these issues the approved provider did specifically address the issues identified but advised of the steps it was taking, including sourcing outside assistance and other support.

I find this requirement Non-compliant.

# 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 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.*

* Demonstrate that assessment and planning includes consideration of risks, including emerging or developing risks, to the consumer’s health and well-being to inform the delivery of safe and effective care and services, by ensuring effective and ongoing assessment and planning, and the provision of proper guidance to staff in the delivery of care and services related to the risks identified
* Ensure processes are maintained and/or developed to monitor the effectiveness and sustainability of improvement activities.

### Requirement 3(3)(a)

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

*(i) is best practice; and*

*(ii) is tailored to their needs; and*

*(iii) optimises their health and well-being.*

* Ensure that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care by, but not limited to, prompt commencement of care and services, thorough and ongoing review of consumers and provision of appropriate care and services, provision of appropriate information to care staff and workers and adequate, training and support, monitoring the knowledge and competencies of subcontracted staff and taking action where deficits are identified, and improving communication with other providers of care
* Ensure processes are maintained and/or developed to monitor the effectiveness and sustainability of improvement activities.

### 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.*
* Implement effective organisation wide governance systems in relation to:
* information management, particularly in relation to provision of information to subcontracted service providers and improved assessment and planning,
* continuous improvement, especially in relation to collecting and analysing clinical incidents to improve care and services,
* workforce governance,particularly in relation toimproving communication processes with subcontracted service providers and identifying and monitoring that all staff have the knowledge or competencies to deliver personal and clinical care; and
* regulatory compliance, especially in relation to ensuring compliance with the Aged Care Quality Standards, provision of regular monthly statements, review of care plans and individualised budgets when there is a change to care and services, and undertaking appropriate assessments prior to the expenditure of home care package funds for care and services, to ensure items purchased are linked to care goals for consumers.
* Ensure these systems are processes regularly reviewed to ensure they are achieving their purpose.