Ngaanyatjarra Health Service

Performance Report

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**Commission ID:** 500224

**Provider name:** Ngaanyatjarra Health Service (Aboriginal Corporation)

**Assessment Contact - Desk date:** 11 August 2020

**Date of Performance Report:** 20 October 2020

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | Non-compliant |

# Detailed assessment

This performance report details the Commission’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 review of documents and interviews with management.

# STANDARD 8 NON-COMPLIANT Organisational 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

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

The purpose of the Assessment Contact was to assess the service in relation to Standard 8 Requirement (3)(c) which was found Non-compliant following an Assessment Contact on 25 October 2019 as the service did not demonstrate it understood or met its legislative requirements in relation to ensuring all key personnel having a current police certificate.

The Assessment Team have recommended the service has not taken appropriate action to resolve the deficit as six board members and four alternate board members do not have current police certificates. I agree with the Assessment Team’s recommendation and find the service Non-compliant in relation to Requirement (3)(c), specifically in relation to sub section (v) regulatory compliance.

All other requirements in relation to Standard 8 Organisational governance were not assessed as part of the Assessment Contact and an overall assessment of the Standard was not completed.

## 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 service has taken actions to implement a system to record and monitor police certificates are obtained and current for key personnel and staff. The service has demonstrated they understand their legislative obligations and responsibility to obtain police certificates. However, the service has not obtained current police certificates for six current board members and four alternate board members. The service provided evidence they have undertaken steps to complete documentation and are moving forward to obtaining the police certificates. However, due to current restrictions and the remote location of the board members the service has been unable to complete the applications for police certificates. The manager has made a commitment to complete the process when restrictions are lifted, and the paperwork can be completed with the board members.

For the reasons summarised above I find the service Non-compliant with this Requirement as they were unable to demonstrate they met their legislative responsibilities under the following legislation:

* *Section 63-1A of the Aged Care Act 1997*
* *Sections 53A and 53B of the Accountability Principles 2014*

# 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.

Standard 8 Requirement (3)(c)

Ensure the service obtains a police certificate for all key personnel where required under legislation including:

* *Section 63-1A of the Aged Care Act 1997*
* *Sections 53A and 53B of the Accountability Principles 2014*