Tangentyere Aged and Community Services

Performance Report

4 Elder Street   
ALICE SPRINGS NT 0870  
Phone number: 08 8951 4222

**Commission ID:** 600253

**Provider name:** Tangentyere Council Incorporated

**Assessment Contact - Site date:** 20 October 2020 to 22 October 2020

**Date of Performance Report:** 15 January 2021

# 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 1 Consumer dignity and choice** |  |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, staff and others
* the provider’s response to the Assessment Contact - Site report received 18 November 2020.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect and can maintain my identity. I can make informed choices about my care and services and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team assessed Requirements (3)(a), (3)(b), (3)(d) and (3)(e) in relation to Standard 1. All Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a), (3)(b), (3)(d) and (3)(e) in this Standard. These Requirements were found Not Met following a Quality Review conducted 20 August 2019 to 22 August 2019 as the Assessment Team found the service was unable to demonstrate application and understanding of these Requirements.

The Assessment Team’s report for the Assessment Contact provided evidence of actions taken to address deficiencies identified at the Quality Review in relation to Requirements (3)(a), (3)(b), (3)(d) and (3)(e) and have recommended these Requirements as met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response to come to a view of compliance with Standard 1 Requirements (3)(a), (3)(b), (3)(d) and (3)(e) and find the service Compliant with these Requirements. I have provided reasons for my findings in the specific Requirements below.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Developed policies and processes to guide staff in relation to providing culturally appropriate care and services.
* Where possible and in line with consumer preference, support workers who understand the cultural traditions, practices and share language/s are matched with consumers.
* Developed new assessment and planning processes to document discussions with consumers relating to their backgrounds, religion and language/s.
* All 18 consumers interviewed confirmed they feel respected by staff and staff have good knowledge about them.
* Seven files viewed for both home care package (HCP) and Commonwealth Home Support Program (CHSP) consumers included assessments identifying each consumer’s likes and dislikes, what is important to them, achievements and supports. Cultural support plans reflected assessment information and identified each consumer’s home country, religion, language/s spoken and skin name.
* Support staff interviewed discussed the consumers they were allocated to and did so with respect and kindness; they were aware of consumers’ language/s, their culture and homelands.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(a) in Standard 1.

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Developed policies and processes in relation to providing culturally appropriate care and services.
* Developed an additional Standard for Tangentyere consumers (Standard 9) which addresses what cultural safety means to them. Standard 9 incorporates values of country, land, language, spirituality, traditions, environment, knowledge sharing, safety, and respect for stories.
* Information relating to the Quality Standards has been included in videos in language and made available for consumers to listen to/watch. Consumers were observed to be engaging in the videos throughout the Assessment Contact.
* Introduced a Men’s Group and Women’s Group providing consumers the opportunity to discuss their culture and tell their stories to younger males/females in a safe environment.
* All 18 consumers interviewed confirmed they feel respected, staff have good knowledge about them and communicate with them in a way that made them feel safe.
* Care files demonstrated consumers are involved in decisions about gender/Aboriginality of support workers; are provided information about language/s and this information had been considered when allocating support workers.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(b) in Standard 1.

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Assessments to identify risks are completed and management strategies are included in care plans.
* Referrals to allied health specialists are initiated in relation to identified risks.
* Strategies to mitigate or manage risks are developed in consultation with consumers.
* Consumers interviewed confirmed the service helps them continue to access care and services safely.
* Care files demonstrated assessments are completed where consumers wish to undertake activities which include an element of risk. Documentation demonstrated referrals to allied health services are initiated for further assessment.
* One care file described an example of a case conference held with a consumer, senior staff and a support worker in relation to the consumer’s decision relating to services and accommodation.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(d) in Standard 1.

### Requirement 1(3)(e) Compliant

*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.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* A list of consumers is available and includes languages spoken by consumers. Information relating to language was noted in consumer files and care plans.
* Developed short videos in relation to the Quality Standards and COVID-19 in language.
* Pictorial documents are being implemented to aid communication and enhance consumer choice in relation to care and services. The documents include pictures to prompt information from consumers relating to personal and clinical issues. A pictorial care plan and budget have also been implemented.
* Developed an information handbook which includes information about the Quality Standards and stories to explain each Standard.
* Consumers interviewed confirmed they are provided information in a way they can understand. Consumers stated they knew about respect, choices, rights, feedback and COVID-19 because it was all explained to them in the videos they were watching/listening to.
* The Assessment Team observed consumers listening, engaging with the videos and discussing the information amongst themselves.
* Care files for sampled consumers included care plans and agreements and budget statements for HCP consumers.
* Most support staff interviewed indicated they spoke the same language/s as the consumers they cared for and were aware of the pictorial care plans which they use with the consumers to inform care and services provided.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(e) in Standard 1.

# STANDARD 2 NON-COMPLIANT Ongoing 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

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

The purpose of the Assessment Contact was to assess all five Requirements in this Standard. At the Quality Review conducted 20 August 2019 to 22 August 2019, the Assessment Team found the service was unable to demonstrate application and understanding of Standard 2 Requirements.

The Assessment Team’s report for the Assessment Contact provided evidence of actions taken to address deficiencies identified at the Quality Review in relation to Requirements (3)(a), (3)(c), (3)(d) and (3)(e) and have recommended these Requirements as met.

However, the Assessment Team were not satisfied improvements implemented in relation to Requirement (3)(b) have sufficiently addressed the issues identified at the Quality Review and have recommended this Requirement not met. The Assessment Team found advance care planning and end of life discussions have not taken place for most consumers.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response to come to a view of compliance with Standard 2 Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e) and find the service Compliant with Requirements (3)(a), (3)(c), (3)(d) and (3)(e) and Non-compliant with Requirement (3)(b). I have provided reasons for my findings in the specific Requirement below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Developed and implemented policies and processes to guide assessment and planning and have considered this in relation to the availability of clinical staff.
* More complex HCP consumers receive some form of clinical support through other services, and service staff have close working relationships with these organisations.
* Employed a student nurse to collect, collate and document consumer information from various sources. This information is used for consumer assessments and to develop care and service plans.
* Pictorial documents which are being used to aid communication with consumers about their care and services and includes aids to prompt information relating to care and service needs and preferences.
* Consumers identified as being vulnerable in relation to weight loss and/or dehydration are having their weights monitored.
* Consumers interviewed confirmed they were happy with their services, they get the services they need, and staff talk to them about what they need and how they want services provided.
* Consumer files demonstrated consumers identified as vulnerable are being identified and referrals to Medical officers and/or allied health referrals have been initiated. Risks being managed for consumers include nutrition and hydration, skin integrity, continence, pain and mobility.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(a) in Standard 2.

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

*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.*

This Requirement was found not met following a Quality Review 20 August 2019 to 22 August 2019. Issues identified included goals and preferences not included in care files, staff were not aware of consumers’ current goals and had not discussed these with consumers, consumers said they had not been involved in assessments and goals, preferences, end of life wishes and advance care planning had not been discussed with them.

Whilst the service have implemented a number of actions to address the issues identified at the Quality Review, the Assessment Team found the service did not adequately demonstrate advance care planning and end of life planning had been discussed with consumers or consumers’ wishes documented. This was evidenced by the following:

* Three sampled CHSP files viewed did not include advance care planning information.
* Three care files viewed for HCP consumers included comments, such as:
  + would like to have the advance care planning discussion and the Registered nurse will start the process with an interpreter.
  + does not wish to have an advanced care directive.
  + no longer able to participate in end of life discussions.
* Staff confirmed most consumer files do not indicate if the advanced care planning or end of life planning has been raised with consumers.
* Managers said they plan to raise advance care planning and end of life planning discussions as consumer reviews are being undertaken.
* Managers said initiating end of life discussions is a very difficult and culturally sensitive topic. It takes time to initiate and progress the conversations, it is not always culturally appropriate to have such conversations, particularly without a high level of rapport and trust being developed and end of life discussions have not been raised with most consumers.

The provider’s response indicated they acknowledge and accept the Asessment Team’s findings. Additionally, the provider’s response included further clarification of processes that were in place and initiatives identified and commenced since the Assessment Contact to address the issues identified, including:

* Revised the Outcomes form to include a note requesting the Medical officer to raise advance care directives with consumers and document conversations.
* Obtained resources relating to advance care planning and end of life planning. Training and information sessions relating to how to apply the approaches to be arranged.
* Planning to develop a culturally safe advance care directive tool.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review Audit conducted 20 August 2019 to 22 August 2019, including:

* A policy relating to ‘Supporting Clients at the End of Their Life’ is in place and includes liaising with the Medical officer about advance care directives and having the conversations.
* Introduced ‘My Way Cards’ which provide prompts for staff to use when initiating conversations with consumers to encourage them to consider their needs and preferences in relation to advance care planning and end of life care.
* The new Client assessment considers advanced care directives.

I acknowledge the provider’s commitment to address the issues identified in the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, assessment and planning processes did not sufficiently identify or address consumers’ advance care planning and end of life planning. Care files viewed by the Assessment Team either did not contain or had limited information relating to advance care planning and end of life planning preferences. I acknowledge advanced care planning and end of life planning discussions can be difficult and is a culturally sensitive topic for the consumer cohort. However, I find it reasonable that consumer care files should include information relating to each consumer’s wishes as they relate to advance care planning and end of life planning to ensure consumers’ preferences and wishes are known to staff and implemented where required. Additionally, where consumers have expressed a wish not to discuss advance care planning and end of life planning, this information should also be reflected in the consumers’ file with a process to revisit this topic with the consumer on a regular basis.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Non-compliant with Requirement (3)(b) in Standard 2.

### Requirement 2(3)(c) Compliant

*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.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Developed procedural guidance in relation to intake and assessment which prompts staff to use the holistic approach and collect information relevant to the care and services to be provided to the consumer.
* A preferred providers’ sheet outlines other providers consumers have recently been associated with.
* A third-year student nurse has been involved in managing the information in consumer files and following up consumer referrals to ensure the service has received relevant discharge/outcomes information.
* Consumers interviewed confirmed staff talk to them often about their care and services.
* Staff were observed to be interacting with consumers and discussing their care needs, service changes and appointments with them.
* Consumer files demonstrated, and feedback from staff showed consumers are consistently taking Outcomes forms to all appointments. The forms include information from the service about the consumer’s current issues/concerns. The provider the consumer is visiting completes the Outcomes form in relation to their findings and further directions for the consumer/service.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(c) in Standard 2.

### Requirement 2(3)(d) Compliant

*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.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Developed guidance for staff in relation to developing care and service plans with the involvement of consumers and families.
* A reassessment process and a reassessment schedule demonstrates all consumers available have been reassessed.
* Consumer assessments included information relating to needs and preferences. Information gathered through assessment processes has been used to inform care plan documents.
* Consumers interviewed confirmed they are involved in discussions about their care and services; they are receiving the care and services they need, and support staff understood and knew how to assist them. Consumers confirmed their support plan reflects information they had discussed.
* Support workers confirmed they can access care plans and described care they provide to individual consumers in line with the consumers’ documented care plans.
* The Assessment Team observed support workers and consumers interacting with familiarity, respect and understanding, interpreting and explaining information to them.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(d) in Standard 2.

### Requirement 2(3)(e) Compliant

*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.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Developed guidance in relation to undertaking both regular and as required reassessments of consumers.
* Outcomes form information returned to the service following consumer reviews, including by allied health specialists and Medical officers is being used to update and inform support and service plans.
* All sampled HCP and CHSP consumer files viewed included a reassessment undertaken within the past 12 months, and notations throughout the files confirmed ongoing reviews and updating of plans.
* All consumers interviewed confirmed they are involved in ongoing discussions about their care and services.
* Staff were observed interacting with consumers and talking about their care and services throughout the visit.
* Documentation viewed, including the reassessment schedule demonstrated consumers’ care and service needs and preferences are regularly reviewed.
* Consumers’ files viewed confirmed reassessments occur and care plans are updated when consumers’ circumstances change.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(e) in Standard 2.

# STANDARD 3 COMPLIANT Personal 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

The Quality Standard is assessed as Compliant as all seven Requirements have been assessed as Compliant.

The purpose of the Assessment Contact was to assess all seven Requirements in relation to Standard 3. These Requirements were found Not Met following a Quality Review conducted 20 August 2019 to 22 August 2019. At the Quality Review the Assessment Team found the service was unable to demonstrate application and understanding of Standard 3 Requirements.

The Assessment Team’s report for the Assessment Contact provided evidence of actions taken to address deficiencies identified at the Quality Review in relation to Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) and have recommended these Requirements as met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response to come to a view of compliance with Standard 3 Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) and find the service Compliant with these Requirements. I have provided reasons for my findings in the specific Requirements below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Developed policies and procedures to guide staff in the delivery of care and services based on a consumer centred approach, choice and reablement. These documents include instructions relating to intake/assessment and reassessment, and procedural guidance for support staff in relation to personal care provision.
* A service model includes coordination with clinical and other specialist services that understand consumers’ clinical issues and cultural backgrounds. Sampled consumer files showed ongoing involvement and liaison with specialist service organisations.
* A sample of consumer files demonstrated consumers are assessed in relation to needs, goals and preferences, and care plans reflect assessment information.
* All consumers interviewed confirmed they receive the care and services they need and stated they are assisted with specific areas of care, including continence needs.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(a) in Standard 3.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Developed policies to guide staff in relation to managing consumers’ risk-taking behaviours, consumers not able to be located for medications, responding to abuse and neglect, and consumers not responding to a scheduled visit.
* Three care files for consumers identified as being vulnerable in relation to weight loss and/or dehydration demonstrated weight is being monitored, Dietitian assessments have been initiated and recommendations implemented.
* The majority of consumers interviewed about pain management, confirmed pain is not currently an issue for them.
* Consumer files sampled demonstrated high impact or high prevalence risks are identified and management strategies implemented. Areas of risk noted by the Assessment Team included pain, nutrition and hydration, medications, choking, skin integrity, homelessness and non-response to a scheduled visit.
* Where risks to care had been identified, documentation demonstrated referrals to Medical officers and/or allied health specialists had been initiated and recommendations incorporated into care.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(b) in Standard 3.

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* A policy is in place and includes guidance for staff in relation to supporting consumers at end of life.
* A Client assessment template considers information relating to advance care planning.
* Various resources have been sourced and are available to staff to assist and prompt end of life discussions with consumers.
* Registered staff described processes they undertake where consumers are identified as deteriorating and possibly approaching end of life. Steps included working with consumers to assist them to recognise their needs, goals and preferences and accessing alternate services in line with consumer preferences.
* Registered staff provided examples of consumers being assisted where their condition had deteriorated to ensure they were cared for in a dignified manner and with the necessary supports and decision-making processes in place. This included organising Public Advocates, and relocation of consumers to residential care services.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(c) in Standard 3.

### Requirement 3(3)(d) Compliant

*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.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Ten consumers confirmed pain had not been an issue for them.
* Policies and procedures are available to guide staff in identifying and reporting consumer deterioration.
* Support workers interviewed confirmed they had received training in relation to recognising deterioration in consumers stating they would report changes to their manager.
* Staff lanyards include prompts to remind them to identify consumers who have increased pain, are unwell or to report a deterioration in the consumers’ health.
* Staff interviews and three consumer files viewed demonstrated deterioration in a consumer’s condition is identified, reported and appropriate actions are taken. Actions included referrals to Medical officers, allied health specialists and other service providers.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(d) in Standard 3.

### Requirement 3(3)(e) Compliant

*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.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* All consumers interviewed confirmed staff had discussed their care and services with them.
* Support staff confirmed they have access to care plans and described care provided to sampled consumers in line with documented plans of care.
* A third-year student nurse has been involved in managing information in consumer files and following up consumer referrals to ensure relevant hospital discharge and Outcomes information has been received.
* An Outcomes form has been implemented and provides the service with updated information in relation to any changes to consumers’ care and service needs as a result of the hospital stay.
* Outcomes forms and other correspondence demonstrated information from Medical and allied health referrals is documented and changes to care and service strategies are implemented in response.
* A preferred providers’ sheet is included in each consumer’s care file detailing other providers the consumer has recently been associated with.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(e) in Standard 3.

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Clinical staff were able to describe the service’s processes for referring consumers to the Medical officer and allied health specialists.
* A register of consumers requiring continence aids is maintained and includes the type of aid, the supplier and continence advisors who they would refer to should the need arise.
* Staff described and sampled care files viewed demonstrated consumers are referred to Medical officers and/or allied health staff where changes to consumers’ health and well-being are identified.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(f) in Standard 3.

### Requirement 3(3)(g) Compliant

*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.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Developed policies and procedures in relation to Infection control, Influenza, COVID-19 and a Statement of standard quality use of medications.
  + The environment was observed to be clean, equipment was clean and in good condition and sanitiser and disinfectant wipes located in various locations around the service.
  + Training records confirmed most staff have received training in relation to Infection prevention and control. All staff have undertaken training in relation to COVID-19.
* Senior staff described how the service works with the medical clinic to manage and monitor infections and antibiotic use.
* A care file viewed demonstrated follow up management of an identified infection was initiated in line with hospital directives.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(g) in Standard 3.

# STANDARD 4 Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Assessment Team assessed Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(e) and (3)(g) in relation to Standard 4. All Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(e) and (3)(g) in this Standard. These Requirement were found Not Met following a Quality Review conducted 20 August 2019 to 22 August 2019. The Assessment Team found the service was unable to demonstrate application and understanding of these Requirements.

The Assessment Team’s report for the Assessment Contact provided evidence of actions taken to address deficiencies identified at the Quality Review in relation to Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(e) and (3)(g) and have recommended these Requirements as met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response to come to a view of compliance with Standard 4 Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(e) and (3)(g) and find the service Compliant with these Requirements. I have provided reasons for my findings in the specific Requirements below.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Developed new assessment and care planning documents which assist in identifying needs, goals and preferences.
* All four consumer care plans viewed included individualised goals and management strategies to optimise consumers’ independence, health, well-being and quality of life.
* Consumers interviewed confirmed discussions with staff about care needs had occurred. Two consumers indicated they are really happy to have staff support them with activities they wish to undertake.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(a) in Standard 4.

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since Quality Review. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Developed an additional Standard for Tangentyere consumers, Standard 9 which relates to their values of country, land, culture, language, spirituality, traditions, environment, knowledge sharing, safety, and respect for stories.
* Introduced a Men’s Group and a Women’s Group which provides consumers the opportunity to discuss their culture and tell their stories to younger members of their culture in a safe environment.
* Consumer files included an assessment tool and cultural support plan which captures information about consumers’ life, what is important to them, likes/dislikes and family connections. Information gathered is used to develop individualised.
* Consumers interviewed confirmed staff have good knowledge and understand them.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(b) in Standard 4.

### Requirement 4(3)(c) Compliant

*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.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Consumers interviewed said they talked about the things that were important to them with staff.
* Consumers provided examples of being supported by staff, including being assisted to attend Sorry business on homelands; involvement with family and other community members where they live; and attending the art centre.
* A cultural support plan and assessment process has been implemented. Care plans and files viewed contained cultural support plans which are based on assessed needs.
* Introduced a Men’s Group and Women’s Group to enable Elders to speak about their stories to the younger generation in a safe environment.
* All HCP consumers and 60% of CHSP consumers have cultural support plans completed. These are planned to be completed by the end of 2020.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(c) in Standard 4.

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Staff interviewed said they receive enough information to effectively perform their duties, including daily run sheets and pictorial care plans.
* Pictorial care plans for each consumer are available and accessible to staff.
* Consumer files sampled included pictorial care plans, and staff stated they are able to follow them and have access to them.
* Each position is provided with Flow charts instructing staff on all aspects of their daily duties.
* Run sheets instructing staff of their duties for the day, including any ‘one off’ consumer appointments are provided to staff daily.
* A run sheet is provided to hospitality staff to inform them of consumers’ dietary requirements.
* Sampled files contained consent forms signed by consumers to allow the service to access personal and medical information from other health providers, and to collect Outcomes information from medical and allied health services. Completed Outcome forms were viewed in consumer files.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(d) in Standard 4.

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Consumers interviewed said they were helped to obtain services from other organisations. One consumer described being assisted by allied health services to manage their diabetes.
* The service’s referral processes involves the Medical officer, with service staff making appointments and transporting consumers to the appointment/s or refer directly.
* Senior staff and management provided examples of a number of consumers who had been referred other organisations and providers of care.
* Staff provided examples of two consumers who had been referred to external advocacy services.
* Care files sampled included assessments in relation to each consumer’s cultural needs and demonstrated consumers have been referred to a range of allied health and other providers of care.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(e) in Standard 4.

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Consumers interviewed were able to confirm they were happy with the equipment used for their personal care and they felt safe when using the equipment.
* One consumer said when there is something wrong with equipment the service fixes it. The consumer also provided an example of where the service had loaned them a piece of equipment.
* Staff interviewed described how they report maintenance issues relating to equipment.
* An equipment audit has been conducted for in-house equipment demonstrating all equipment has been maintained.
* Preventative and ad hoc maintenance processes are in place. A reactive and proactive maintenance register includes items maintained by external providers.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(g) in Standard 4.

# STANDARD 6 COMPLIANT 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

The Quality Standard is assessed as Compliant as all four Requirements have been assessed as Compliant.

The purpose of the Assessment Contact was to assess all four Requirements in this Standard. These Requirements were found Not Met following a Quality Review conducted 20 August 2019 to 22 August 2019. At the Quality Review the Assessment Team found the service was unable to demonstrate application and understanding of Standard 6 Requirements.

The Assessment Team’s report for the Assessment Contact provided evidence of actions taken to address deficiencies identified at the Quality Review in relation to Requirements (3)(a), (3)(b), (3)(c) and (3)(d) and have recommended these Requirements as met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response to come to a view of compliance with Standard 6 Requirements (3)(a), (3)(b), (3)(c) and (3)(d) and find the service Compliant with these Requirements. I have provided reasons for my findings in the specific Requirements below.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review, including:

* Completed a review and rebranding of all information, including the complaints policy and procedure.
* Developed new Client feedback forms, including a pictorial satisfaction rating and pictorial symbols depicting different aspects of services, for example, staff satisfaction, information, help with care and other services.
* A survey conducted between October 2019 and February 2020 relating to the feedback form indicated 85% were very happy, 12% mostly happy and 1% a little happy with the service.
* Complaint boxes have been placed at various points throughout the service.
* Developed a video presentation explaining feedback and how important it is to the service. This is part of a video presentation developed to explain the Aged Care Quality Standards to consumers, staff, the Board and other stakeholders.
* Consumers interviewed confirmed they understood they could make a complaint. One consumer said they just tell the staff what they don’t like, and they fix it.
* Information relating to complaints processes is provided to consumers on entry and is displayed at the service.
* Consumers are made aware of complaints processes on an ongoing basis through an audio visual presentation about making complaints which plays on the television at the service.
* Staff interviewed said they had received training about asking consumers if everything is okay and if they had any complaints and were aware of the new feedback forms.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(a) in Standard 6.

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review and provided the following evidence and information for sampled consumers to support my finding:

* Consumers interviewed confirmed the service helped them to sort out problems.
* Staff are able to speak to the consumers they look after in their own language. Most staff speak at least two traditional languages. Staff and management advocate on behalf of consumers where required.
* Information relating to external complaints mechanisms is displayed.
* Complaints and advocacy are discussed with consumers at meeting forums.
* A consumer file demonstrated staff had referred a consumer to an Advocacy service.
* Staff interviewed provided examples of how they assist consumers who are having problems, including referring them to external advocacy services.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(b) in Standard 6.

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

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

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since Quality Review and provided the following evidence and information for sampled consumers to support my finding:

* Consumers interviewed were satisfied with action taken by staff and management in relation to complaints and feedback.
* Management and staff described principles of open disclosure and provided examples of when open disclosure is used.
* The new Complaints policy and procedure, including open disclosure has been discussed with staff at meeting forums.
* An open disclosure policy has been developed.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(c) in Standard 6.

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review and provided the following evidence and information for sampled consumers to support my finding:

* Consumers interviewed were able to confirm they provided feedback using the new tick sheets and said staff now asked them if everything is ok and did they any problems they wanted them to fix.
* Complaints are logged electronically and are discussed at meeting forums, including consumer meetings.
* Complaints, compliments and feedback are reported to the Board.
* Complaints processes have been reviewed. Information relating to internal and external complaints processes is now provided to consumers on entry.
* Management provided an example of an improvement resulting from the consumer survey conducted between October 2019 and February 2020. This included extra training for staff in relation to cleaning processes and development of a new floor cleaning instruction sheet.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(d) in Standard 6.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirements (3)(a), (3)(c), (3)(d) and (3)(e) in relation to Standard 7. All Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a), (3)(c), (3)(d) and (3)(e) in this Standard. These Requirement were found Not Met following a Quality Review conducted 20 August 2019 to 22 August 2019. At the Quality Review the Assessment Team found the service was unable to demonstrate application and understanding of these Requirements.

The Assessment Team’s report for the Assessment Contact provided evidence of actions taken to address deficiencies identified at the Quality Review in relation to Requirements (3)(a), (3)(c), (3)(d) and (3)(e) and have recommended these Requirements as met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response to come to a view of compliance with Standard 7 Requirements (3)(a), (3)(c), (3)(d) and (3)(e) and find the service Compliant with these Requirements. I have provided reasons for my findings in the specific Requirements below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review and provided the following evidence and information for sampled consumers to support my finding:

* Consumers interviewed confirmed staff are usually on time and they have a regular carer that speaks their language.
* The Registered nurse coordinator position is currently filled by an experienced Registered nurse who divides their time between the service and their home in another state. While not on site they have remote access.
* Employed a student nurse to assist with management and maintaining the consumer files.
* Developed a staff skills matrix to ensure all staff are skilled and understand their roles.
* Bi-weekly supervision meetings occur with clinical staff. Minutes of these meetings demonstrate consumers and issues are discussed.
* Reviewed staffing mix and assigned an experienced carer into a leadership position. There is now a male and female Team leader for the carers to report to and for support.
* Staff interviewed said there were enough staff, they feel supported by senior staff and felt comfortable to go to management if they had an issue.
* The Assessment Team observed enough staff at the service to provide personal care and meals to the consumers and consumers did not have to wait around when they wanted to leave the service.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(a) in Standard 7.

### Requirement 7(3)(c) Compliant

*The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since Quality Review and provided the following evidence and information for sampled consumers to support my finding:

* All consumers interviewed confirmed staff treat them with respect, staff know what they are doing and know how they like their services provided.
* Staff said they get lots of training, including online and have completed training relating to the Aged Care Quality Standards.
* A new staff member described induction and orientation processes, including completion of online training.
* All staff have job specifications and duty statements which include qualifications and knowledge required. All positions include a Cultural Awareness component.
* Training is provided during fortnightly one-to-one meetings with staff and at staff meetings.
* An electronic system tracks currency of current police checks and driver licences.
* A skills matrix assesses each staff member’s skill level on performance. The matrix indicates the Kitchen hand has been assessed regarding Safe food handling.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(c) in Standard 7.

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review and provided the following evidence and information for sampled consumers to support my finding:

* Consumers interviewed confirmed staff treat them with respect, staff know what they are doing and know how they like their services.
* The consumer survey includes a question relating to staff satisfaction. Consumers completing the survey indicate satisfaction with staff.
* Staff interviewed said they have received lots of training since the service started using the online modules.
* Online training modules commenced in January 2020 and a staff training schedule has been developed to monitor completion of modules. Online training is followed up with face-to-face and one-to-one sessions at staff meetings by the Registered Nurse.
* A mandatory training log indicates all aged care staff have completed all required online training modules. Staff having also completed training related to COVID-19, dementia and elder abuse.
* A newly structured training matrix and calendar have been implemented ensuring ongoing education and a training schedule is in place. New staff do not go out until they have completed the induction training and a buddy system is in place.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(d) in Standard 7.

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review and provided the following evidence and information for sampled consumers to support my finding:

* Staff interviewed said they have fortnightly meetings with clinical staff. Discussions include identification of any extra support they may wish or need. Staff said they catch up with senior management monthly and training is discussed or identified.
* Management confirmed staff supervision occurs through monthly meetings with each staff member. Supervision record action sheets are completed, and professional development and training is discussed at fortnightly meetings with the clinical staff.
* An annual appraisal process for staff is not in place, however, a process of reviewing each support worker’s position descriptions has commenced.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(e) in Standard 7.

# STANDARD 8 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 Compliant as all five Requirements have been assessed as Compliant.

The purpose of the Assessment Contact was to assess all five Requirements in relation to Standard 8. These Requirements were found Not Met following a Quality Review conducted 20 August 2019 to 22 August 2019. At the Quality Review the Assessment Team found the service was unable to demonstrate application and understanding of Standard 8 Requirements.

The Assessment Team’s report for the Assessment Contact provided evidence of actions taken to address deficiencies identified at the Quality Review in relation to Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e) and have recommended these Requirements as met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response to come to a view of compliance with Standard 8 Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e) and find the service Compliant with these Requirements. I have provided reasons for my findings in the specific Requirements below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review, including:

* Consumers are actively encouraged to provide feedback about the delivery of care and services. This feedback is taken into consideration by the organisation in the development of services.
* A consumer survey conducted between October 2019 and completed February 2020 provided opportunity for consumers to provide feedback regarding the different services and feedback to staff after service delivery to identify improvements.
* Consumers interviewed said they have been asked about what they like and what they don’t like about the services they receive. They have also been asked to provide an overall rating regarding service satisfaction. All consumers interviewed said they trust the service and felt safe.
* Staff interviewed said they have received training about the importance of asking consumers for feedback and input in the way they like their services delivered.
* Staff could explain the Aged Care Quality Standards and said everyone, including the consumers and Board has received information about how they related to the service and what they meant to them.
* An extraordinary Board meeting reviewed the aged care services. The Board was provided information relating to the Aged Care Quality Standards and what this means for them as an organisation.
* New reporting structures have been endorsed by the Board and include committees to ensure the Board is kept informed of the service’s activities.
* A Clinical Governance Committee, a sub-committee of the Board reports directly to the Board ensuring the Board is more informed about issues raised by consumers and the actions undertaken in response.
* Developed a Board booklet explaining the Aged Care Quality Standards, using simple language and examples of how this has been applied to individual consumers. The Board now receives formal Aged Care information to inform their decision making processes.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(a) in Standard 8.

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review, including:

* All incidents and complaints are reported to the Clinical governance meeting and are included in the three-month report to the Board.
* Staff and Board member police checks are in place and current. There is an alert system to monitor currency.
* A Board member interviewed stated Board members are now fully aware of the service, how it is funded to provide service and the Aged Care Quality Standards and what those Standards mean to Tangentyere as an organisation. The Board member confirmed the Board now receives ongoing reports on the activities of service.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(b) in Standard 8.

### Requirement 8(3)(c) 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’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review, including:

In relation to information management:

* Conducted an audit and review of consumer files in response to the last Quality Review. All policies, procedures, guidelines and manuals have been reviewed and rebranded.
* Run sheets are provided daily to care and hospitality staff outlining duties for the day or specific dietary requirements for consumers.
* Staff interviewed said they receive enough information to effectively perform their duties, including pictorial care plans and policies and procedures.

In relation to continuous improvement:

* The service has a system to capture and use feedback, incidents and suggestions and a continuous improvement plan is in place.
* All improvements, complaints and feedback is monitored by the Clinical Governance Committee.
* A formal schedule is in place to ensure the Quality system identifies improvement opportunities.
* Management provided examples of improvements implemented since the last Quality Review.

In relation to financial governance:

* The organisation demonstrated organisation wide governance system relating to financial governance.
* A new Finance and quality committee has been formed to provide a whole of organisation perspective and report to the Board.

In relation to workforce governance:

* The organisation demonstrated how they support the workforce to deliver safe and quality care and services across the eight Quality Standards.

In relation to regulatory compliance:

* There are processes to identify legislative changes and to implement required changes to service delivery resulting from changes to regulations and legislation.
* Staff described how legislative changes are communicated to them and consumers, including through meeting forums.
* Staff have had instruction and training on how to recognise and report elder abuse.
* An electronic incident log is maintained which includes incident reporting, investigation results and actions taken pertaining to reportable assaults.

In relation to feedback and complaints:

* A Feedback and complaints log is maintained. Feedback is logged and follow up actions are documented.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(c) in Standard 8.

### Requirement 8(3)(d) Compliant

*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.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review, including:

* The training log demonstrated all staff have completed Elder Abuse training.
* A procedure in relation to identifying and reporting elder abuse is in place and available to staff.
* Procedures relating to consumer risk are in place and a risk register is maintained and includes risks for individual consumers.
* Reviewed all consumer care plans to identify risks associated with care.
* Cultural support plans and about me assessments have been completed for all HCP consumers and 60% of CHSP consumers. These are planned to be completed by the end of 2020.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(d) in Standard 8.

### Requirement 8(3)(e) Compliant

*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.*
4. the service does not monitor and analyse the use of antibiotics for consumers and the RN is not aware of this requirement.
5. the service does not maintain a record of chemical restraint other than what is prescribed on the back of the dosing aid.
6. the service does not have a system to analyse and understand incidents, such as falls or medication incidents for consumer at the service.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review and have recommended this Requirement as met. The Assessment Team’s reports outlined the actions and improvements implemented since the Quality Review, including:

* Staff interviewed said they have advised about the use of antibiotics.
* Registered staff are aware of antimicrobial stewardship and Medical officers and Pharmacists are communicated with if antibiotics are prescribed.
* Registered staff demonstrated an awareness of the requirements to maintain a record of chemical restraint.
* Staff said they have received training in relation to open disclosure and this is discussed during staff meetings.
* The Clinical Governance Committee have oversight of the application of the Quality Standards, including antimicrobial stewardship and antibiotic resistance is monitored.
* An open disclosure policy has been developed.

For the reasons detailed above, I find the provider, in relation to Tangentyere Aged and Community Services Compliant with Requirement (3)(e) in Standard 8.

# 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 2 Requirement (3)(b)**

The provider’s response included actions which directly address the issues identified in the Assessment Team’s report.

The service should seek to ensure:

* Assessment and planning identifies and addresses consumers’ advance care planning and end of life planning preferences.
* Consumers’ advance care planning and end of life planning preferences are documented and available and known to staff providing care and services.
* Where consumers do not wish to discuss advance care planning and end of life planning, this is documented and there is a process to review this information with consumers on a regular basis.