**Performance**

**Report**

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| Name of service: | Aboriginal Medical Service Co-operative Ltd |
| Service address: | 36 Turner Street REDFERN NSW 2016 |
| Commission ID: | 200625 |
| Home Service Provider: | Aboriginal Medical Service Co-operative Ltd |
| Activity type: | Quality Audit and Assessment Contact |
| Activity date: | 19 June 2023 to 21 June 2023, and 15 December 2023 to 18 December 2023 |
| Performance report date: | 18 January 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Aboriginal Medical Service Co-operative Ltd (**the service**) has been prepared by G. McNamara of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Services included in this assessment

**CHSP:**

* Care Relationships and Carer Support, 23869, 36 Turner Street, REDFERN NSW 2016
* Community and Home Support, 23870, 36 Turner Street, REDFERN NSW 2016

# Material relied on

The following information has been considered in preparing the performance report:

* The assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* The assessment team’s report an Assessment Contact undertaken from 15 to 18 December 2023, the Assessment Contact report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

Consumers and/or representatives said they felt respected and valued by the workforce at the service. Consumers described their interactions with the workforce were respectful and stated their cultural values were understood and respected during service delivery.

Staff advised their aged care consumers (Elders) are the reason for their own existence and described the importance of supporting and respecting their elders to maintain their dignity individually and within the Aboriginal Australian culture.

All staff explained the importance of serving their elders and actioning their requests on the spot. The service demonstrated they knew all consumers with an individualised-centred approach. The workforce was observed to speak with consumers in a respectful manner and knew what was important to them.

Management advised they provide extra staff when delivering social support services. This ensures their elder's needs and what is important to them are met the management said there is a staff member rostered during the social support for serving drinks and make sure they are comfortable by actioning all their requests.

Assessment and care planning documentation included reference to consumer’s individual circumstances and goals.

Consumers and representatives described how staff valued their culture, values, and diversity and advised that they were happy with the service. Consumers said the workforce knows and understands their culture and background, preferences and what is important to them, which makes them feel respected, valued and culturally safe. For example, one consumer advised they are asked for their opinion and to provide feedback formally. However, they said the Elders will provide their views and opinions verbally on the spot and the young ones respect and action their requests, feedback, and preferences right away.

All staff interviewed were able to describe what culturally safe care was and how they tailor services for consumers. For example, staff advised during the delivery of services, consumers advise the workforce on what activity they want for the next scheduled service, and each consumer usually requests different activities. Staff described how the service meets the individualised preference of each consumer, and that the elders invite other consumers, their families, and other community members they wish to attend.

The service demonstrated that all staff are trained to deliver culturally safe care. A GP explained that an annual health assessment outlines consumer goals in relation to social and functional independence and activities which enhanced their well-being.

Consumers and/or representatives said the service supports them in making decisions about their services, including involving those they wish to be involved in their care and preferred ways of communication.

Staff advised that they contact consumers regularly and explain that they have the right to call and change their preferences whenever they want. Coordinators described how they support consumers in making decisions about their care and services and advise that where consumers have cognitive decline or special needs requirements, the family is involved.

Staff advised that they encourage consumers to access other services or social support activities available to help consumers make connections with others. All staff are aware of consumers’ rights and support them with choice and independence. Consumers are matched with the social groups they are comfortable in to ensure their cultural preferences are respected.

Assessment and care planning policies include the involvement of nominated representatives and consumers in making decisions regarding their services.

Consumers and representatives confirmed that the service supports the consumers to live their best lives and encourages them to stay independent and active. For example, one consumer said they are unsteady on their feet and is supported when needed by the health care workers to get in and out of the transport and also when the paths get uneven.

Staff explained that when potential individual risks to consumers are identified they provide strategies and educate the consumers and their families on how to minimise harm. Staff advised that they support consumers' choice with assistance measures, which include referrals to allied health for nutritionists and exercise physiology interventions. The service demonstrated that consumers are encouraged to do things independently and are supported to take and understand risks.

Care planning documentation outlines preferred care and services and any goals the consumer has identified. Individual strategies to support consumers to maintain their independence and mitigate identified risks are outlined by the GP in their referral forms to allied health for example medical condition which would influence the exercise plan.

The Assessment Team sighted the organisation's policies and procedures, which were seen to describe how the service maximises independence and supports consumers to take risks.

Consumers and representatives interviewed confirmed that they are provided with clear, easy-to-understand information that enables them to make choices.

Management and staff described how they adapt their communication with consumers to help them understand concepts they may not be familiar with. Staff described how they may communicate differently with those who show symptoms of dementia and language barriers and said consumer families are normally the ways of communicating with their elders.

Staff advised the service sends consumers monthly newsletters of group activities and social outing plans and said consumers are contacted individually with updates and information about new and upcoming activities.

The workforce demonstrated appropriate ways of information is provided to consumers that support their level of needs and ability to communicate and understand. For example, one staff member advised some consumers might not want to receive updates by post or online, and said if they see a consumer outside on the street, they will head out to have a yarn with the consumer to notify them about any activities, news, services available to them that is in line with the consumer's preferences.

Consumers and representatives said staff respect the consumer’s privacy when delivering services and are confident the consumer’s personal information is kept confidential.

Staff described practical ways they protect consumer information, such as only discussing consumer information with relevant office staff and not disclosing consumer’s personal information to anyone outside of the service. Where consumer information is shared with other services involved in delivering care and services, the service obtains consent from the consumer and/or representatives.

Management and staff were observed to be strict and protective of consumer information. Management expressed the importance of protecting their Elder care and services information and requested the Assessment Team not to identify or write consumer details in the assessment report without obtaining consent from the consumer to do so. The Assessment Team agreed with the request from management and reviewed consumer information respecting confidentiality out of respect for the consumers, their families, and the organisation.

The organisation’s privacy policy outlines the protocol to protect personal information, such as only collecting necessary information, how information is used, and how consumer information is protected. Appropriate information management systems are in place to control and provide privacy and confidentiality of information.

# Standard 2

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

Findings

Consumers discussed how the service identifies their care needs and any risks. They said they are happy and getting all the care and services they need.

Practice managers outlined the assessment process they follow. They said GP’s onboard new consumers with focus on the primary heath for Aboriginal and Torres Islander people where they use holistic approach to serve the consumer. A GP said they complete assessments such as medical, risk and other required assessment to trigger conversation with the consumer in relation to medical history, physical health, mental health, and activities of daily living to assess the emotional well-being of the consumer. The GP is the primary point of contact and this team focus on ensuring consumer are supported through the development and maintenance of goal-oriented care plans, assessment, and referrals.

During assessment risks are identified and discussed with the consumer and/or their representative. Mitigating strategies are agreed upon and documented, and the individual medical management plan in place. Consumer documentation included the identification of risks such as mobility issues, falls history, cognitive impairment, hearing impairment, vision impairment, medical issues, allergies, and risk of isolation. For example, the care plan and risk management in place for one consumer identifies falls risks, diabetic and insulin dependence, and risk to skin integrity. Mitigation strategies included referral to the high-risk foot clinic. The service’s emergency response plan included information in relation to non-response procedures relating to consumers.

Consumers interviewed said service meet their care needs. The Practice manager said they are provided information by the GP in relation to the care needs of consumers and are provided with access to the care plan that includes clear instructions. They access electronic clinical notes and are updated in relation to changes and discuss at regular staff meetings.

Care planning documentation indicated that extensive information is collected from consumers that identifies their current needs, goals and preferences. For example, care planning documentation sighted included specific tasks for a staff member/driver who provides flexible respite care to a consumer in accordance with the consumers goals. For example, the care plan of that consumer notes their goal to manage blood pressure and weight. Instructions include for the driver to deliver fresh vegetable and fruit boxes, and take the consumer to their specialist appointments.

Documentation indicated that discussions are held with consumers about end of life and advance care planning. Consumers are helped with advance care planning, however the GP said discussion in relation to end of life planning is not always appropriate.

Consumers stated that services and care providers, and those they wish to be involved in their care, were included and consulted in the assessment and planning for the consumer overall health and wellbeing. For example, one consumer stated that their child and other members of her family are involved in their care planning, in addition to ensuring other organisations involved in the delivery of services to them were also included in the planning of services

Policies and processes are in place that describe how assessment and care planning development are undertaken, in consultation with consumers and/or their representatives. ·

Consumers said they know what services they are getting. The GP said they use assessment and care planning documents and review these on every 3 months. Clinical notes sighted evidence of liaison with other agencies as required such as a geriatrician, a high risk foot clinic, a podiatrist, and a mental health team. Sampled consumer documentation reviewed provided evidence of the assessments undertaken with the consumer and/or their representatives. Sampled consumer documentation also provided evidence of the recommendation undertaken from the specialist to develop a care plan.

A medical assessment is conducted and further referral to the specialist and allied health to conduct an assessment for consumers. Care plans are then developed in partnership with consumers and representatives based on the information gathered via the assessment. Once developed a copy is provided to the consumer/representative. Care plans were sighted in all sampled consumer files. Updated care plans were also sighted based on reviews and changes in consumers’ care needs.

The Practice manager interviewed said they have access to consumers’ care plans through the clinical notes system. They felt they get enough information on the needs of the consumers and how to deliver care.

Sampled care plans sighted were current, with reviews, conducted at least 3 months, and as circumstances changed. A consumer confirmed they were in regular contact with the service and that their assessment was fully reviewed at least every 12 months. Policies and procedures guide staff in relation to review and reassessment.

The GP said they review the individual care plan with each consumer every 3 month and/or as needed. The Practice Manager said they have the same consumers for a long period and can identify deterioration in their physical and mental wellbeing, and then relay this to the GP, who follow-ups and keep them informed of any changes. Detailed GP’s clinical notes were also sighted in the database that reflected changes in needs based on reviews, upgrading to a home care package and discussions with the Practice Manager

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | **Compliant** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Compliant** |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | **Compliant** |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | **Compliant** |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | **Compliant** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | **Compliant** |

Findings

Consumers and/or representatives stated, in their own way, that they receive services that are tailored to their needs, best practice and optimise their health and wellbeing.

Documentation reviewed by the Assessment Team confirmed that policies and procedures were in place to ensure that staff remained up to date with best practices for the delivery of clinical and personal care services and that service delivery was informed by best practice.

Interviews with the provider’s dental coordinator confirmed that after receiving a referral from the GP along with all relevant assessment information, the Dentist carries out a further needs assessment with the consumer to identify need and goals and ensure services provided are tailored to the consumer’s needs.

The Assessment Team evidenced consumers health summaries and initial and ongoing assessments, and file notes evidenced consumers receive safe and effective care with a holistic approach to utilise services. For example, consumer files evidenced assessment of clinical needs, and actions taken to address those needs.

GPs advised the initial assessment process, detailed in Standard 2, ensures that referrals are based on their assessments and recommendations. For example, one consumers file showed that a referral, report and recommendations from a podiatrist in August 2023, with the consumers preferred external podiatry service used.

The Assessment Team noted that consumers sampled utilise transport services to attend allied health and specialist appointments at the service or external referred by GP’s.

The Practice Manager advised of ongoing clinical governance meetings to ensure best practice and the services holistic approach is utilised to meet the consumers health needs.

Consumers and/or representatives interviewed stated they were satisfied with the care and services they receive.

GP’s review health records of consumers quarterly and attend monthly meetings with all medical practicing staff to discuss high risk consumers. For example, the file for a consumer who had recently suffered a stroke evidenced case coordination meetings with a chronic care nurses to optimise the management of consumers health. The file of another consumer evidenced a diagnosis of diabetes and requires regular access to food, and that the consumer had access to a food service to ensure fresh fruit and vegetables are provided to the consumer to optimise health.

The Practice manager advised of clinical governance meetings to discuss consumers who are high risk. Shared drive to assist in monitoring and managing high risk/high prevalence consumers. Care planning documentation showed alerts of high-risk consumers, specialist reports and assessments, file notes, clinical governance agenda and a high-risk register.

The service has a set of policies and procedures governing all aspects of assessment, planning and service delivery. These included dedicated policies for the consideration of risk and the support of higher needs and higher risk consumers.

Consumers indicated that their care and service needs were assessed, and this was reflected in care documentation, see Standard 2 for additional details.

The service has a set of policies and procedures governing all aspects of assessment, planning and service delivery. These included dedicated polices for the consideration of end-of-life care. The Assessment Team observed a dedicated policy for the treatment and care provided to end of life consumers receiving care from the service.

GPs advised of procedures for end-of-life direction for consumers and the specific cultural awareness process for supporting consumers during this time. Health records are reviewed every quarter and case conferences can be held with community palliative care to ensure comfort is maximised and consumers dignity is preserved throughout the process, for example, the file of a consumer who had been diagnosed with bladder cancer evidenced a goal to stay at home as long as possible.

The Assessment Team reviewed care planning documentation that evidenced advance care planning documentation. No consumers were end of life at the time of the assessment.

Consumers and/or representatives interviewed stated the service was responsive to their needs, with one consumer stating their care was reviewed at least annually or as required.

The service delivery model requires 3 monthly check-ups or welfare checks at which time consumers were assessed for decline both physical and cognitive. GPs advised they check for cognitive and physical decline when consumers attend the service, and that monthly meetings can identify deterioration. For example, one consumer was not picking up their medication from the chemist. The Pharmacist called and notified the service. The GP conducted a review which identified a cognitive decline, and the consumer is now supported to their collect medication.

Reviews were sighted for consumers that detailed chronic pain management plan, summary of chronic conditions, medications, social history and goals to be connected to social support groups.

Policies and procedures observed demonstrated a commitment by the service to the ongoing assessment and monitoring of consumers’ mental and physical function, capacity and condition. Procedures sighted by the Assessment team also demonstrated a commitment to the responses to changes when identified that ensured changes to service provision would be made when necessary.

The provider’s information management system contained comprehensive notes and reports on all consumers. This included care notes from each visit, reports and communication from allied health and specialist reports, GP notes, reports and assessments, and hospital discharge notes. This information is in addition to the ongoing assessment plans contained information about each consumers needs goals and preferences. The Assessment Team observed the CRM and its use.

Interviews with staff confirmed all relevant staff had access to care plan information for each consumer, dependant on role and responsibilities. The information system used was viewed and seen to evidence medical information regarding consumers health and services was secure and accessible by relevant staff.

Consumers stated they were regularly reviewed and were satisfied that referrals for assistance were made. Consumer files demonstrated that referrals to internal and external services are guided by the needs and preferences of the consumers. The services staff’s include allied health staff and specialists, but the service but also offers the option for the consumer to choose another provider of services. The file of a consumer showed that the consumer chose an external podiatrist to deliver grooming services, which was facilitated.

GPs make referrals to internal and external services according to funding. A Nurse coordinates referrals to individuals, other organisations, and providers of other care service. Files reviewed evidenced referrals to internal and external occupational therapists, podiatrists, a dietician and food services.

Policies and procedures observed by the Assessment Team during the site visit confirmed that the service provider has robust and well considered polices in place to ensure the minimisation of infection risks. Staff advised PPE is available, ongoing training in infection control and vaccinations to be current.

Evidence was viewed which indicated that GPs ensure a holistic approach to reduce the risk of increasing resistance to antibiotics by case conferences with hospital doctors, family members and quarterly reviews.

# Standard 4

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

Findings

Consumers provided positive feedback about how the services support them. For example, one consumer confirmed they had been accessing the providers services for over 50 years, and advised that their whole life has been enhanced by the services they had accessed, and that they were more independent and have a better quality of life as a result of the support the provider offers them.

The AMS offers a full range of GP and related health services additional to those offered under the CHSP funding. All consumers using CHSP funding must be registered as a patient of the providers GP services. This was seen to result in high level and detailed assessment and planning carried out by the GP’s and RN’s attached to the service. This was also seen to ensure that the allied health services offered under the CHSP funding agreements are both safe and effective and are tailored to meet the consumer’s goals, needs and preferences.

The Practice Manager stated that the service has a holistic approach to primary health care for Aboriginal and Torres Strait Islander people and this guides their care provision which is based on supporting the consumers whole of health care needs, quality of life, wellbeing and independence.

The consumer’s that access the services have to identify as Aboriginal and Torres Strait Islander people. Most staff recruited also identify as Aboriginal and Torres Strait Islander people to create that relationship with the consumers. The service specifically targets and coordinates the health care services to the Aboriginal communities who do not use the mainstream health care services because their cultural identities and customs are not recognised, and care tailored accordingly. The service ensures members from their community have a safe and supportive environment to access health services and advice that supports their emotional, spiritual, and psychological wellbeing.

The service’s CEO stated that the focus of the service was to offer a safe and supportive environment from which high quality medical services could be accessed by members of the Aboriginal community in a culturally inclusive way that ensured service delivery was inviting and inclusive to members of the community. She confirmed that this approach had resulted in a significantly greater up-take of services than would be the case and so improved health outcomes for members of their community.

Two consumers who lived significant distances from the service were interviewed. Both could have access to general health services closer to their homes, but stated they come to AMS because of their cultural affiliations and beliefs. Another consumer lived over 30km from the service, but considered the service as their main provider of health services due to the emotionally safe approach the service took that ensured their psychological wellbeing was supported, as well as their physical health.

Interactions between care staff and consumers observed by the Assessment Team confirmed that consumers were supported to maintain community participation and that care workers sort to ensure consumers had access to community groups where possible.

Care plans and policies and procedures observed demonstrated that ensuring consumers maintained an ongoing community links and personal relationships was an integral part of the services care planning.

One consumer stated they were looking forward to returning to the aqua aerobics run by the provider now it was re-starting. That consumer also uses the providers transport services to support them to become more active in their community and do the things that interest them. Another consumer stated they had learnt a lot from the care workers and enjoyed having a ‘yarn’ with their people and old friends, and looked forward to coming so they could catch up with them.

The AMS offers a full range of GP and related health services additional to those offered under the CHSP funding. This was observed to ensure that all medical and care services offered to the consumer are included on the notes and assessment files held by the provider.

The GP stated that the services took a holistic approach to consumer health and that all services and care staff involved with the consumer’s care were included and consulted in assessment and planning.

All staff engaged by the AMS have relevant access to information held for each consumer. The service offers a holistic approach to health care so ensures that all service delivery staff share and access to information require to provide the best care.

The initial assessment and full documented information are held by the GPs on the service’s system, and this allows for the easy sharing of relevant information with other medical providers and hospitals outside the service where necessary with consumer consent.

A consumer had recently sustained an injury and was wheelchair bound. The hospital that was treating them had access to the service’s comprehensive notes and so were able to provide better informed care as a result. The consumer was looking forward to their recovery and being able to return to the water aerobics offered by the service.

The AMS offers a full range of GP and related health services additional to those offered under the CHSP funding. This was seen to ensure that all medical and care services offered to the consumer are contained mainly within the providers own location. This allows for instant referrals and exchange of assessment information within the origination.

Referrals to external services within the local area health, specialist medical professionals, allied health are made by the GPs through their referral process.

Consumers were happy with the supports provided. For example, one consumer has been attending the service for many years since 1980. Prior to Covid-19 they had been attending the walking group social programme. When the service restarted the walking group post Covid, they were referred back in a timely manner so they could join on commencement of the program.

The provider does not provide regular food services and does not have a significant food preparation facility. However occasional sandwich and tea type food is offered to the walking groups and education classes.

The Co-ordinator of Public Health stated they oversee the provision of food when needed and ensures that food is always plentiful and nutritious and are made to the requests of the consumers at the time. Three consumers all praised the food provided and confirmed that they were given a say in what was made and that the food was always plentiful and tasty.

All areas of the service were found to be clean, safe, and well maintained and in all cases the equipment was found to be suitable for consumer use. A consumer who had been receiving the service’s support for many years stated the equipment and environment has always been clean well maintained.

# Standard 5

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

Findings

The premises from which services are run was found to be very welcoming and offered a safe and open place for members of the local Aboriginal community to feel comfortable to seek medical services. Throughout the premises information and leaflets offering advice and information to consumers were located.

Interviews with 12 consumers all indicated an extremely positive association with the service due to its supportive and welcoming environment, and many consumers confirmed to the Assessment Team that they have maintained an ongoing relationship with the service for most of their lives.

All furniture, fittings and equipment were observed to be clean, safe, and well maintained, and a was seen to be a comfortable environment for consumers to seek advice. All areas of the service were served through wide openings and doorways and wide corridors, making access by wheelchair and other mobility aided equipment appropriate and supported, both indoors and outside. A large and shaded courtyard area was available to consumers.

The gym equipment was mainly new and serviced via the manufacturer’s maintenance plan. The exercise physiologist confirmed they did regular visual inspections of equipment from a functional and maintenance perspective. Vehicles used for transport services were found to be clean and maintained to the manufacturers recommendations with modification including hoists and ramps to allow easy access.

All areas and equipment were found to be clean, safe and well maintained, and in all cases found equipment to be suitable for consumer use. One consumer of long standing stated the service equipment and environment has always been clean well maintained and extremely inviting and welcoming safe place for members of the Aboriginal community to seek medical advice and support from

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers interviewed said that they are supported to provide feedback and make complaints. Consumers said if they had a concern they raised it directly with the workforce, and the staff attended to it very quickly. One consumer advised that although they had not had reason to make a complaint, they would feel comfortable raising a complaint and providing feedback if needed.

All consumers and/or representatives confirmed they are very happy with the service and rarely have any complaints, and if they do, they know they can call the office to speak to staff and/or management.

Staff said they support and encourage consumers to provide feedback and advised that a feedback and complaints box is located at every group activity. Staff demonstrated they were aware of and understood the organisation's expectations for handling complaints.

The organisation demonstrated that consumers are provided with information that supports consumers to provide feedback outlining how complaints are managed, and what is available to consumers and their representatives. Consumers were knowledgeable of the organisation processes, and the Assessment Team formed the view that consumers and their representatives know how to make a complaint and provide feedback.

A review of the complaints policy showed staff are provided with guidance in complaints and feedback mechanisms at the service, including relevant timeframes, which staff referenced during interviews with The Assessment Team,

The service demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

All consumers and representatives interviewed by the Assessment Team said they felt comfortable raising any complaints or providing feedback on the service, as they found all staff are approachable.

Consumers and representatives confirmed being provided with information such as the Charter of Aged Care Rights and details from peak bodies in the delivery of primary care of Aboriginal and Torres Strait Islander people.

Staff discussed how consumers can be supported to understand the role of advocates. Management-advised processes are in place to ensure consumers have access to advocates and language services if required, and consumers are made aware of other methods for raising and resolving complaints.

The Assessment Team observed the organisation culturally advocating for their Elders through referrals with community connections and delivering appropriate and safe care and service.

Consumers and/or representatives advised they have not had to raise issues but felt staff would take any concerns seriously and address their complaints.

Staff interviewed demonstrated awareness of open disclosure and advised they would always apologise to consumers who were not happy with anything regarding their services. Staff advised they ensure any issues are addressed promptly and keep consumers informed regarding any actions or outcomes of their feedback, which is usually actioned on the spot.

Management advised there are several complaints recorded on the register. However, there are no complaints from CHSP consumers. The Assessment Team and management had an open discussion regarding the lack of CHSP consumer complaints recorded, which identified staff at the services are actioning consumer feedback on the spot. Management said elders can request and say what they like, within reason, and the staff action what is requested of them as it is culturally embedded to respect their Aunties and Uncles.

Management said the entire workforce at the service respects their Aunties and Uncles, and said the Elders are not likely to complain but to voice and have their concerns or feedback addressed themselves without a formalised process. This also contributes to upholding their cultural identity as Indigenous elders.

Although a specific CHSP consumer complaint example could not be demonstrated during the assessment, the Assessment Team formed the view of the service having appropriate processes in place, promptly addressing, and recording outcomes of complaints made to the practice and would follow the same process for CHSP consumers.

Consumers interviewed advised although they had not felt the need to provide formal feedback, they were confident that the service would make appropriate changes if requested. Consumers confirmed regularly participating in annual satisfaction surveys.

Staff explained consumers attending social support provide feedback and suggestions and have a say about the activities and delivery of services. Staff said they record the feedback and provide it to Management for action. Management advised consumers are provided with an opportunity of their preferred activity for social support which is feedback collected from consumers during service delivery or having a yarn.

Management confirmed trends are identified through various information sources such as feedback received through consumer surveys, verbal yarns with consumers and representatives, information from the incidents and hazard reports, and suggestions that are collated, reviewed, and reported to improve the quality of care and services. The practice manager and public health manager review and present the information to the CEO and Clinical Governance Committee, who oversee the continuous improvement plan.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Management advised the service has a holistic approach to health care and CHSP is one component of that. The service focuses not just on physical wellbeing of the individual but the social, emotional and cultural wellbeing of the community and this is a whole-of-life view. This was seen to be reflected in the organisation structure of the service with the focus being primary health through their GP services and linkages to allied health, specialist services including dental, psychiatry and aged care.

The service employs its own staff and is able to access specialists and/or Visiting Medical Officers through the ‘closing the gap’ strategy that aims to improve the life outcomes of the Aboriginal and Torres Strait Islander people with respect to their health and well-being. CHSP is one to the many programs the service provides as an extension of their GP services for Aboriginal and Torres Strait Islander people aged over 50 years.

All consumers interviewed said they were very happy and appreciative of the services provided at the AMS. The also said they found all staff to be competent in delivering culturally safe and quality service. For example, two said they are extremely happy with the service and the GP knew them and their issues. Another stated that the service is excellent, and that they came there because they can walk in and receive a culturally appropriate service for them and their families.

All consumers interviewed confirmed the GPs are not rushed once they get to see them. The GP takes the time to chat and listen to their stories about their health. The GPs explain any referrals they make to allied health and reasons why.

Management advised there is a set staffing establishment and staffing profile for each program. Rosters and workforce management is planned according to program need and the needs of the consumers being supported. The service aims for a diverse staffing mix of qualified multi-disciplinary health team predominantly from Aboriginal background and genders to meet their consumer base.

All consumers interviewed said they were very happy with the GP and the staff and found them to be kind, caring and respectful in delivering the services. One consumer said staff are kind, gentle and caring, greet them as they arrive at the centre and address the elders as ‘Aunty and Uncle.

Staff described how they provide care and services to consumers in a kind and respectful manner including how they respect their privacy, cultural values and decisions. The health care workers said they speak to their elders with respect.

Management advised staff are bound by the service’s code of conduct and policy on providing culturally appropriate care which guides staff interactions and behaviours with consumers and is included as part of mandatory training. All customer service staff complete information sessions on patient rights as part of their induction training which guides consumer interactions.

There was evidence in staff training information related to professional courtesy and respectful approach. Position descriptions and organisational policies and procedures like social inclusion, diversity, sexuality and relationship and code of conduct guide and reflect the service’s expectation that staff behave in respectful way.

Consumers and representatives provided positive feedback regarding the service and its GPs and health care workers. They advised they are satisfied with the knowledge and skills of the GPs, allied health and their health care workers. They said the staff follow COVID-safe practices to keep them safe while providing services.

Healthcare staff confirmed they underwent an induction program on joining the service and were required to complete mandatory training which was monitored. Most of the healthcare workers said they joined the service as a trainee before they were promoted to the role of a healthcare worker. They received on the job support from their coordinator of Public Health. Staff interviewed said they do internally run training for their professional development.

Consumers interviewed stated that staff possess the necessary skills to provide their services. Management advised the skills and knowledge required of each position are identified and documented together with the responsibilities, scope and limitations of each position. The position description outlines the qualification and professional registration required for the role. The service’s recruitment process is vigorous to ensure the successful applicants have the knowledge, skills, and qualification for the role for which they are recruited. They need to demonstrate a comprehensive understanding of the health issues impacting the lives of Aboriginal and Torres Strait Islander people and a strong commitment to improving health outcomes.

Records of worker pre-employment checks, qualifications and experience are maintained. Completion of training is recorded and monitored by the HR Consultant. The Assessment Team reviewed some positions descriptions and evidence of staff training records as confirmation of their competency and knowledge.

Management advised recruitment processes in place assess workforce credentials. Performance management processes are in place and offer staff an opportunity to identify their personal training and development needs. Training documentation was sighted, and management monitor and record training information sessions attended by staff. These include induction and ongoing training and specific professional development sessions, for example, training on first aid and WHS. Induction and ongoing training is provided, including specific modules identified by the health care workers that would assist their ongoing development. Examples of support provided to the health care workers includes:

* receiving information and support from the coordinator of Public Health, referral from GPs on consumer needs and on any changes to their requirements.
* attending team meetings which include educational topics on delivery of care in line with consumers goals.
* receiving handover information and support when assigned to new consumers.

There was evidence of team/staff meetings at various levels which demonstrated staff discussion on consumer and service-related issues within a learning context.

Consumers and representatives confirmed they are asked to provide feedback about their care and services and if there are any issues with staff or the way they provide services. All consumers advised they are currently satisfied with the services and with the staff providing and overseeing services. They said they would like to see the wait times to see a GP reduce.

Staff stated there is a performance appraisal system in place and confirmed they received ongoing feedback. They also confirmed having conversations on their support needs and opportunities for training with their reporting managers. HR also monitor regulatory compliance, for example, police check, vaccination, drivers’ licence, first aid training.

Management advised managers are required to provide timely supervision, support and resources to staff relevant to the scope and complexity of services delivered. Staff are provided with regular support and performance appraisals are conducted annually. The Assessment Team sighted a sample of staff performance appraisals.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives provided examples of where they have provided feedback to the service, including through consumer satisfaction surveys or informally by talking with the staff and health care workers. They expressed satisfaction with the quality of the service and said they can input how the services are delivered when they ‘yarn’ after the social activity at the service.

Staff said they believe the service is well run and management respond to consumer and representative requests and implement any changes quickly. For example, to reduce GP wait times, the nurses to do screening questionnaires and triage. The service only sees the new consumers once they provide consent to transfer their medical history over to the service and the history has been received.

The Practice manager and Public Health manager advised staff and consumers/ representatives provide suggestions for improvements at any time. They said they get a lot of consumer feedback through their survey and feed box at the service centres. The service advised consumer survey responses are collated, and data and trends analysed.

Management confirmed that data and trends from these feedback mechanisms is collected and discussed at their monthly leadership meetings. The information discussed feeds into the service’s action plan that progress issues and seeks continuous improvement in service operation for example:

* develop and continue working in partnership with the Sydney Local Health District regarding specialist medical staff and geriatric services for the elders.
* The CEO to attend the various sub-committee meetings to ensure oversight of any ongoing consumer feedback or identified trends.

Consumers and representatives were satisfied that service promotes a culture of safe, inclusive and quality care and is accountable for their delivery. Consumers interviewed outlined interactions with GPs, allied health and service staff and complimented their responsiveness, and indicated they were satisfied with the service they received.

The service demonstrated it has appropriate risk management conducted at service level with the implementation of health assessment and the provisions of personal protective equipment for staff including first aid kits and fire safety equipment located on buses and on site. If a consumer does not attend a public health program which they regularly attend, the coordinator and/or the health care worker will contact the consumer to check on the consumers health and wellbeing. Staff interviewed provided consistent information on their non-response process.

Management advises the service is supported by organisation wide governance systems and processes that underpin the services’ responsibilities for and commitment to promoting a culture of safe, inclusive and quality care and services across the organisation. For example:

* the leadership and governance group are responsible for monitoring risk and quality in relation to care and services delivered.
* Reporting occurs through the meeting structure to provide information and advice to the board.

Based on discussions with management and an analysis of the information provided by management, including minutes of meetings, copies of the subcommittee reports and continuous improvement initiatives it was identified that the Board receives information which puts them in a position to be accountable for and responsible for promoting a culture of safe, inclusive and quality aged care services.

Information Management

The service provider has information and record keeping systems, policies, and procedures to support all aspects of care and service delivery. Consumer information is secure in the services cloud-based system – Best Practice. Consumer assessment, diagnosis, plans, referral and progress are all managed through this system.

The service has a process to ensure that the consumer information is kept confidential and access to their information is limited to staff based on their role and authority.

Consumers have access to information about the service and important events in the aged care and Aboriginal and Torres Strait Islander cultural calendar through the service’s newsletters, face to face communication, social media and website.

Continuous improvement

Management discussed their continuous improvement processes that includes staff suggestions, consumer and representatives’ feedback, suggestions and complaints, incidents, and survey results. The service receives feedback from a variety of sources and the CEO informs she analyses this information and identifies key areas of improvement with her management team. The service has strategic planning, business continuity plan and continuous improvement processes in place, and demonstrated changes made to improve the service.

Financial governance

Financial governance systems and processes are in place to manage the finances and resources that the organisation needs to deliver safe and quality care and services. The CEO has oversight of the service’s income and expenditure, and this is reviewed regularly and discussed with the Board. Financial audits are conducted yearly by an external auditor and is publicly available.

Workforce governance

The Assessment Team sighted the service’s organisation chart, and the position descriptions for each role outlined with the duties and responsibilities. Please refer to Quality Standard 7 for further details.

Regulatory compliance

Management advised there have not been any adverse findings by another regulatory agency or oversight body at the service in the last 12 months. The CEO receives regular updates from government bodies on regulatory information. Information is fed down to the practice manager and public health manager who disseminate the information to staff through the emails and or regular meetings.

The HR consultant maintains record of all staff having the required credentials in place and this is monitored, for example driving licence status, police checks and Covid 19 vaccinations. The Assessment Team was provided with a sample of staff records as the service did not have a master list or excel spreadsheet with all staff records to provide to the Assessment Team.

Feedback and complaints

Processes are in place to address feedback and complaints. No issues were identified regarding feedback and complaints mechanisms. For further details please refer to Quality Standard 6.

The service was able to demonstrate the process followed when an incident or near miss occurs or is identified. All staff are familiar with the process and the relevant policies and procedures in place.

The Organisational Governance framework identifies category of incident and how it should be reported by the staff and registered in the incidents register. The Practice Manager said the first responder to critical incidents are the GPs.

Consumers who present as high impact or high prevalence risk are identified through the risk assessment completed as part of annual health assessment by the GP. The nurses, allied health workers and health care workers described the process they follow when reporting deterioration, changes in consumer condition and incidents to the GP and to the management.

Staff are aware of the aged care abuse line, advocacy agencies and demonstrated that they can source support for their consumers if required.

Consumers sampled said that their regular allied health workers and health care workers have built rapport with them and know what is important to them. Consumers said staff allow them to guide the service in developing social programs which best meets their needs and preferences. This supports them to be independent and to live the best life they can.

Management advised that all incidents reported are recorded in the incident management register. All incidents and near misses are investigated and actions taken. The Practice Manager said that all incidents reported are discussed at monthly clinical governance meetings for the previous period and preventative actions are discussed and communicated to staff.

The clinical governance framework defines responsibilities and how the service is to manage the provision and oversight of clinical care to consumers. Clinical governance committee have oversight of clinical care and ensure best practice and regulatory compliance. The service delivery model provides allied health and therapy services, flexible respite and social support, however, as the service currently ensure access to these services for consumers is via the medical pathway referral, the clinical governance framework brings together the holistic approach of the service.

Antimicrobial stewardship

The service demonstrated an understanding of antimicrobial stewardship and monitoring processes for consumers. The service recognises the need for antimicrobial stewardship governed by a policy, and the organisation updates its Infection prevention and control policy. The service delivery model provides allied health and therapy services, flexible respite and social support, however, as the service currently ensure access to other health care services for consumers via the medical pathway referral, the antimicrobial stewardship framework brings together the holistic approach of the service.

Minimising the use of restraint

Doctors advised there are no consumers who require the use of restraint. The organisations restrictive practice minimisation framework along with the training to educate staff in identifying and responding to allegations of abuse which describes different forms of abuse the procedure and roles and responsibilities of staff/board. The complaints and feedback policy include advocacy information to support good outcomes for consumers.

Practicing open disclosure

Staff and management interviews and a review of consumer documentation and feedback and complaints actions demonstrate a good understanding of the principles of open disclosure that is in line with the complaint’s resolution and handling process.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)