**Performance**

**Report**

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| Name: | Broome Regional Aboriginal Home Services |
| Commission ID: | 500326 |
| Address: | 2 Dora Street, BROOME, Western Australia, 6725 |
| Activity type: | Quality Audit |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9908 Broome Regional Aboriginal Medical Service  
Service: 28165 Broome Regional Aboriginal Medical Service

**This performance report**

This performance report for Broome Regional Aboriginal Home Services (**the service**) has been prepared by G Tonarelli, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

# Material relied on

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

* the assessment team’s report for the quality audit report; the report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* The provider did not submit a response to the assessment team’s response.

# Assessment summary for Home Care Packages (HCP)

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

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.

# Other relevant matters:

* At the time of the quality audit, the service was in the process of commencing services to Home Care Package (HCP) recipients. Consumer assessment and planning was established for existing consumers; however, the provision of care and services commenced for two consumers only.
* Standard 3 was assessed as part of the quality audit; however, the decision-maker determined the overall assessment of the Quality Standard is not applicable. At the time of the quality audit, the service had not assessed any consumers requiring clinical and personal care services and had not delivered the provision of personal and/or clinical care services. The evidence presented by the assessment team in Standard 3, was assessed in decision maker’s finding for Standard 8, Requirement 8(3)(e) Clinical governance
* Requirement (3)(f) in Standard 4 was not assessed as part of the quality audit as the service does not provide or broker the provision of meals.
* Standard 5 for HCP was not assessed as part of the quality audit; the service does not provide social support group activities within a service environment.

# Standard 1

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| Consumer dignity and choice | | HCP |
| 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 representatives said staff treat consumers with dignity and respect and value their identity, culture, and diversity. Staff were described as compassionate and demonstrated an understanding of each consumer’s background, needs, and preferences. Care documentation captures consumers’ cultural information, background history, and matters of importance to them, including their preferred names and connection to ‘mob’ and country. This information was observed being used by staff in the delivery of care. Consumers said staff are respectful of their privacy, and personal information is kept confidential. The service identified the privacy implications associated with delivering services in a small community but demonstrated a considered approach to ensuring consumers’ personal information is confidential. Strategies include recording staff conflicts of interest, established policies and procedures to guide staff on privacy and confidentiality, avoiding discussions about care/service delivery in the community, and ensuring information systems are password protected.

Consumers receiving care said staff interactions are in line with their cultural preferences, particularly adhering to privacy provisions. Staff demonstrated knowledge of consumers’ history and culture and confirmed the service supports them to deliver culturally sensitive person-centred care through training, policies, and care documentation.

Consumers are involved in the decision-making about care and services received/to be received and are supported to exercise choice and independence. Consumer files detailed consumers’ decisions about care, as well as who the decisions are shared with. Staff articulated strategies to include representatives in care planning. Staff are aware of the risks taken by the existing consumers and explained the risks associated with their choice. Management said the service supports consumers to maintain independence and make decisions that involve an element of risk, citing the Dignity of Risk policy and training.

Information and resources provided to consumers is current, timely, and articulated in a way that enables them to exercise choice. Staff were observed communicating with consumers in their local language and described methods to keep consumers up to date on matters relating to care, noting geographical circumstances prevent or limit the use of postal, electronic, or telephone communication. Consumers receiving HCP services described how their plan works and their expectations of the service.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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

The service’s assessment and planning process gathers information, including consideration of risk to the consumer’s health and well-being, for the purposes of delivering safe and effective care. Consumers confirmed their care and services needs were discussed and planned during their initial assessments. Staff confirmed initial assessments for all consumers were completed, in preparation for the provision of services. Care documentation showed comprehensive assessment and planning, including completion of risk assessments for consumers on commenced services. Staff described a process for review when/if incidents occur.

Staff confirmed consumers’ needs, goals, and preferences, including advance care directives, are captured upon commencement of services and through future reviews. Care documentation supports ongoing collaboration and liaison between local health networks, health professionals, representatives, and consumers. Records confirm care plans are individualised and provided to the consumer in line with their agreed schedule. Consumers said they understood their care plans and the process for ongoing assessment. Staff knew where to access consumer records and described how care documentation supports them to understand individual care needs and preferences. Management demonstrated an electronic system to monitor and record periodic review dates and described a process to alert staff when a consumer’s circumstances change. Noting the service has recently commenced services, management confirmed care/support plans and agreements will be reviewed annually or more regularly following incidents or when circumstances change.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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. | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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. | Not applicable |

Findings

At the time of the quality audit, the service had not yet commenced providing clinical and personal care services to HCP consumers, and these services were not required by the existing consumers based on their initial assessments. During the assessment of this Standard, management demonstrated systems and processes to deliver safe and effective personal and clinical care. However, since the service has recently commenced services, it has not had the opportunity to demonstrate the provision of safe and effective personal and/or clinical care. While I recognise the efforts of the service to establish a clinical framework in anticipation of future needs, the provision of services is currently pre-emptive, and the quality of care cannot be tested against existing consumers.

Given this context, I do not consider it appropriate to make a finding of either ‘compliant’ or ‘non-compliant’ for Standard 3. Instead, find the overall assessment for Standard 3 Personal care and clinical care, not applicable. The recommendations from Standard 3 have been considered in the assessment of Standard 8, particularly requirement 8(3)(e).

# Standard 4

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| Services and supports for daily living | | HCP |
| 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

Existing consumers are satisfied the services being provided will support their independence and optimise their quality of life. Staff understood what is important to consumers and explained how they would adapt services according to consumer needs, goals, and preferences. Care documentation demonstrated consumer preferences in relation to daily living and social engagement.

Consumers are confident the service prioritises their emotional and spiritual well-being and gave an example of staff offering emotional support during the assessment processes. Staff described how services offered will enable consumers to remain active and engaged in their community and to maintain relationships of importance to them. Daily living support services include transporting Elders to church, local community centres, and social groups, sorry business, shopping, and cultural ceremonies. Management demonstrated a referral network, including external agencies and therapy services, for consumers requiring psychological, emotional, or spiritual support.

Consumers confirm their needs and preferences have been identified and are known by staff. Care files showed consumers’ current needs and preferences and are communicated clearly and are accessible to staff. Staff described information sharing processes, including referrals to allied health professionals and engagement in regular multidisciplinary meetings. Consumers are confident the service will support their care needs through timely and appropriate referrals to external care and services. Organisational policy sets out the process for connecting consumers with various external mental health, social support, and legal/advocacy services.

Equipment and vehicles provided for the transport of consumers are safe, suitable, clean, and well-maintained. Staff described how fleet vehicles are fitted with safety grip bars, first aid kits, and infection prevention supplies to ensure the ongoing safety of consumers. Documentation confirmed completion of regular audits, inspections, and detailing, and assessment team observations confirmed fleet vehicles are suitable for use, have ease of access, and are well-maintained.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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. | Not assessed |
| 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. | Not assessed |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not assessed |

Findings

Not assessed

# Standard 6

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| Feedback and complaints | | HCP |
| 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 said they are provided with the necessary tools to make complaints and give feedback, and they feel encouraged and comfortable using them. Documentation confirmed that an information sheet, which outlines the various ways to submit feedback, contact details for internal and external services and mechanisms, as well as a copy of the Charter of Aged Care Rights, is included in the welcome packs and given to consumers when services commence.

Consumers confirmed their awareness of available advocacy and language services and cited an example of a staff member engaging with them in their local language. While the service has not received any complaints from HCP consumers, both management and staff demonstrated a clear understanding of open disclosure and referenced relevant policies and procedures to guide staff in the event something goes wrong.

A system is in place to review feedback and complaints to improve the quality of care and services. Management described various methods for collecting feedback and complaint data, including consumer surveys, a complaint register, and an electronic tool to record verbal feedback. Documentation confirmed a process for management to collate complaint information and present it to the board as a standalone item.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# Standard 7

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| Human resources | | HCP |
| 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

The service demonstrated a planned workforce reflective of the care needs for each consumer. Consumers said there are adequate staff available to ensure they are well cared for, and staff agreed there is an appropriate mix and number to deliver best practice care. Management demonstrated a systematic approach to rostering, focusing on minutes of care required for each consumer, and documentation confirmed staffing levels and absences are regularly monitored.

Consumers said staff are caring and respectful. Staff spoke about consumers and their wishes respectfully and compassionately. Management confirmed staff adhere to an organisational code of conduct and values and deliver culturally appropriate, person-centred care. Consumers said staff are competent and adequately skilled to deliver the care and services they need. The service ensures internal staff have the qualifications and knowledge to effectively perform their recruited roles and captures this data through onboarding. Systems and processes are in place to monitor mandatory competencies, registrations, skill uplift, and capture gaps in training needs. The service has a strategy to upskill new staff through buddy shifts and assigns registered nurses to support staff delivering care competency checks and training.

The service undertakes annual performance appraisals and quarterly check-ins for the entire workforce. Staff interviewed described the appraisal process, their outcomes, and learning needs. Management demonstrated various mechanisms to capture performance indicators, including surveys, consumer feedback and review of incident data, which informs ongoing training needs outside of annual performance appraisals. Staff said they receive regular training and support to perform their roles and confirmed training requests for upskilling and professional development can be lodged at any time. Documentation confirmed processes and policies are in place to monitor probation and underperformance.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | | HCP |
| 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 described their involvement in the development, delivery, and evaluation of care and services through care plan reviews, conversations with staff during visits, and surveys. Documentation confirmed a consumer advisory committee is being developed to support continuous improvement. The organisation has systems in place to capture consumer feedback and has initiated monthly self-audits to address high-impact, high-relevance risks to consumers.

The governing body, comprising a board, has approved a suite of policies, training, and strategic plans to guide staff in providing safe, inclusive, quality care. There are mechanisms to ensure the board is informed of and accountable for care delivery, and board members interviewed could articulate the service’s priorities, the information they receive, and its timing.

The organisation has governance frameworks to support all aspects, including information systems, continuous improvement, financial and workforce governance, and complaints and feedback. Management demonstrated that processes are in place to ensure these areas are monitored and regularly reviewed. Electronic information is securely stored, and platforms exist to record and report on all aspects of organisational governance. The organisation has effective risk management systems and practices to handle high-impact or high-prevalence risks, respond to abuse and neglect, support consumers in living their best lives, and manage and prevent incidents using an incident management system that includes an incident register. Staff and management described procedures and strategies to mitigate incidents and high-impact, high-prevalence risks to consumers.

While the service has not yet commenced providing personal and clinical care, it has established a clinical governance framework guiding all staff in delivering safe and quality clinical care. Currently, clinical care is delivered under the Transitional Care Program (TCP), demonstrating how the implemented systems and processes will be used to deliver planned, safe, and effective care to HCP consumers when required. Therefore, the assessment team’s findings in Standard 3 have been considered in the assessment of Standard 8, particularly requirement 8(3)(e) regarding the organisation’s clinical and governance framework.

The organisation has a planned approach for consumers needing clinical care in the future, utilising experienced clinical personnel to consult, monitor, and oversee care delivery. Policies and procedures guide clinical staff in best practice. The service’s involvement in the TCP and its connection with the local Aboriginal health service, has enabled the organisation to establish a system to effectively manage high-impact and high-prevalence risks. Management articulated strategies for ensuring safe care and services for wound care, mobility, falls, medication prescriptions, unplanned weight loss, and behaviours of concern. Documentation confirmed the use of validated assessment tools to identify immediate and future risks, and staff described various methods to stay informed about consumers’ risks and ongoing needs.

The framework includes end-of-life policies to support consumers in a palliative state. The organisation ensures policies remain current and that staff are equipped to support consumers nearing the end of life. Staff described the process for reporting and responding to deterioration or decline, with policies supporting clinical staff in developing personalised strategies and decision-making in response. The organisation has a process to support timely referrals to other care providers, backed by relevant policies. Staff described the process for transferring information within the organisation and with others in line with privacy principles. Policies and procedures are available to staff on infection control, best practices in antimicrobial stewardship, minimising restrictive practices, and open disclosure. Staff and management demonstrated knowledge of these areas and described strategies to minimise harm.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant.

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