**Performance**

**Report**

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| Name of service: | Dementia Australia - NT |
| Service address: | Terminal One Building, Tenancy 7, 396 Stuart Highway WINNELLIE NT 0820 |
| Commission ID: | 600307 |
| Home Service Provider: | Dementia Australia Limited |
| Activity type: | Quality Audit |
| Activity date: | 21 July 2023 to 26 July 2023 |
| Performance report date: | 9 October 2023 |

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 Dementia Australia - NT (**the service**) has been prepared by J ZHOU, 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.

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, 27262, Terminal One Building, Tenancy 7, 396 Stuart Highway, WINNELLIE NT 0820
* Community and Home Support, 27263, Terminal One Building, Tenancy 7, 396 Stuart Highway, WINNELLIE NT 0820

# 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 provider’s response to the assessment team’s report received 17 August 2023.

# 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 | **Not applicable as not all requirements have been assessed** |
| **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

Based on the evidence cited in the Assessment Team’s quality review, the service’s consumers and their staff are aligned in the way each consumer's identity and culture is valued, and they are treated with dignity and respect.

Consumers and care staff provided compelling evidence that that staff and support workers understand their needs and preferences and delivered services with this in mind. Staff demonstrated understanding of consumer’s cultural background and described how they ensured services reflect consumers’ cultural needs and diversity.

Consumers and staff provided evidence that confirmed the service involved them in making decisions about the services they received. Staff described how they support consumers and their representatives to exercise choice and make decisions about their services. Documentation reflected consumers choices about who should be involved when decisions are made about the services they receive.

Consumers and staff provided evidence in support of ways the service supported consumers to take risks, such as encouraging the use of mobility aids, to foster independence and to support consumers to live the best life they can. The services policies and procedure relating to supporting consumer choice including their Client Behaviour Support policy and Risk Management policy and procedure was sighted and aligned with the practices observed.

The service was able to demonstrate information provided to consumers is current, accurate and timely, and communicated clearly in a way that enables them to exercise choice. Consumers or their representatives confirmed they were provided with timely and relevant information when they first commenced with the service, and when something changes with the service. Staff and management described how they provide information to consumers in various ways, verbally and in writing.

There was corroborated evidence that information that is shared with similar network providers including Carers NT and Dementia Services Australia is only done so after consent is gained from consumers and/or their representatives. This was corroborated through consumer and/or representative interviews.

On this basis, I am satisfied the service is compliant with this Standard.

# 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

Evidence from consumers, staff and service documentation revealed assessment and planning informed safe and effective care at this service. For instance, a consumer who suffers from frequent headaches has a plan in place to mitigate these episodes. The consumer’s representative advised staff followed this plan that was developed in consultation with the family. That when the consumer was suffering from a headache, staff encouraged them to relax in the ‘quiet room’ if they wished and called his family to collect them should that be their preference.

Evidence from consumers, staff and service documentation revealed assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care and end of life planning. For instance, the Assessment Team noted a consumer’s care planning documentation identified their anxiety regarding home safety and required reassurance around security. Documented instructions for staff included providing reassurance, checking there is nobody there if consumer requests them to do so, listening to their worries, as well as ensuring they have their keys and has locked the door.

There was evidence of coordinated care for sampled consumers. This service regularly partners with the consumer’s representatives and external care providers from different services to coordinate respite or other activity and transport for the betterment of the consumer’s daily living.

Care planning documents viewed for sampled consumers showed that outcomes of consumer’s assessment and planning, including risks to the consumers’ health and wellbeing, were documented in care plans and contained within folders specific to the consumers social group and accessed by attending staff. Representatives interviewed in relation to this requirement, confirmed that they either have or were offered a copy of their care plan. The remaining consumers and/or representatives could not recall if they had a care plan at home, however, felt confident the service would provide one if they requested it.

The service was able to demonstrate care and services are reviewed regularly for effectiveness, including when circumstances changed or following incidents. For instance, a sampled consumer is currently in hospital due to a fractured hip from a fall sustained at home. The service’s staff have contacted them every week to follow up on their progress and have assured them that they will conduct a review of their needs upon their return from rehabilitation to enable them to return to his social group as soon as possible. Staff initiate discussions with family when they observe a change in a consumer’s condition which prompts a review of care needs. For instance, staff advised family that a consumer would benefit from the use of a walking aid while at respite due to noted changes to this consumer’s mobility. Options were discussed with family who made the decision to privately purchase a walking frame to enable this consumer to safely mobilise at social group.

On this basis, I am satisfied the service is complaint with this Standard.

# 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. | Not applicable |

Findings

There was evidence from consumers and staff that demonstrated the consumers of this service feels they are supported to be independent when attending the services and outings. Furthermore, the Assessment Team observed staff assisting a group of three consumers during a social group. Staff demonstrated an in-depth knowledge of each consumer and the level of assistance they required including assisting one consumer with the use of a walking frame, encouraging one consumer as they assisted with morning tea preparation and offering consumers the choice to either have lunch at the centre or out at a café due to a small number of consumers on this day.

There was evidence from consumers and staff that demonstrated the staff knew the consumers well and would recognise if they were feeling low and would respond appropriately. One representative interviewed advised that staff knew his loved one better than some family members do and would recognise if he was feeling low.

Consumers advised the service offers multiple activities they can participate in, and how the service enables them to take part in their community and do things of interest to them. For instance, the representative for a consumer advised this consumer and a specific staff member spent one-on-one time together weekly ten-pin bowling and were evenly matched. It was a mutually beneficial relationship which he really responded to. They have a great relationship and the consumer looks forward to it all week.

The service was able to demonstrate information about consumers’ needs, preferences and conditions is communicated within the organisation, and with other organisations where responsibility for care is shared. For instance, one representative described a time when staff had observed a consumer’s leg appeared swollen. Staff reported this back immediately to management who contacted the representative and encouraged review from a doctor. The consumer was found to have a deep vein thrombosis, requiring hospitalisation and treatment. The consumer has since recovered.

The service has an effective internal and external referral system in place to ensure the consumers received timely and appropriate referrals to other organisations or providers to meet the services and support needs of each consumer. Documentation viewed for sampled consumers showed that they had been referred to MAC and other services as required including one consumer who was assisted by staff in a referral to Council of The Aging (COTA).

On this basis, I am satisfied the service is complaint with this Standard.

# 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

Sampled consumers felt they found the service environments to be clean, safe, welcoming, and easy to navigate. A representative spoke of the service’s bus always being clean and tidy, and the volunteers do a ‘wonderful job’ of making consumers feel welcome and comfortable. The Assessment Team observed a clean and tidy respite area and various rooms for consumers to socialise, including an arts and craft room, a kitchen and a smaller quiet room where lighting could be adjusted if consumers needed some quieter time to themself.

Consumers and/or representatives interviewed confirmed they feel safe and comfortable when attending the venues for social groups and described the service environment as safe, clean, and easy to move around freely indoors. Staff advised consumers are free to access all areas within the day respite area.

Consumers confirmed furniture and equipment are safe and suitable for their needs. Management advised, and documentation confirmed, that each service environment undergoes an annual safety inspection by a Work Health and Safety (WHS) representative to ensure the furniture, fittings and equipment are safe, clean, and well maintained.

On this basis, I am satisfied the service is complaint with this Standard.

# 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

The Assessment Team observed documents provided to the consumer and displayed in the service environment that encourage consumers to provide feedback or make a complaint. Evidence from consumers and staff confirmed consumers are encouraged to speak to staff or management if they have any concerns, and sampled consumers advised the Assessment Team they feel comfortable to do so.

The Assessment Team viewed the service's Client Introduction pack which included information regarding internal and external mechanisms for raising and resolving complaints. All sampled consumers and/or representatives advised they had not required assistance with advocacy or interpreters, however, stated they were confident the service would connect them if required.

The Assessment Team sighted the Continuous Improvement register which contains several improvement items identified from consumer feedback from various states and territories, and feedback from consumer survey results. Management described, and documents confirmed, feedback and complaints are reviewed at a national and local level to identify whether issues are local or systemic.

On this basis, I am satisfied the service is complaint with this Standard.

# 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

Most consumers and/or representatives stated they were happy with the support provided by, and the number of staff delivering services. Management discussed challenges and processes to ensure there are sufficient staff to deliver the services. Staff and management described how relief staff are introduced to consumers prior to staff going on leave to build a connection and make the consumer feel comfortable.

Staff demonstrated kind caring and respectful interactions with their consumers. For instance, one representative advised the staff are respectful of their loved one and have learned phrases in Italian and use cue cards to help with communication as this consumer’s communication deteriorates. Staff and management spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services.

Consumers and/or representatives sampled advised, in various ways, they have confidence in the knowledge and skills of staff, and said they knew what they were doing. Staff described they received regular and ongoing training, including 2 professional development days each year, and have access to specialist staff and policies and procedures if required.

Staff described completing relevant training and being supported in their role through regular meetings and access to specialist staff and management for any consumer-related queries and reporting requirements. Management described processes of initial selection and onboarding processes, a mandatory schedule of training, and regular communication with staff, including meetings to provide information and support.

All sampled staff members described recent formal and informal performance discussions with their supervisor, which included how they feel about their job, their strengths and areas for improvement, and they received feedback from their manager and the consumers they provide services for.

On this basis, I am satisfied the service is complaint with this Standard.

# 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. | Not applicable |

Findings

Evidence from consumers, staff and service records demonstrated the service has good governance structures and frameworks in place that accords with the requirements of this Standard. In summary:

* Management advised the service has a consumer advocate program in each region to better understand the issues affecting consumers, and to partner with consumers to find solutions. The service’s continuous improvement register showed several service improvements implemented from feedback from consumers.
* The Board receive regular updates from all areas of the organisation, including Aged Care services, to enable the Board to analyse risks, identify areas for service improvements or staff training, and identify policies and processes to be updated. The Assessment Team viewed minutes from the organisation's feedback and incident report, which showed reporting of feedback and complaints, incidents, policy review and staffing to the Board. This information was assessed at both a local and national level.
* All consumer information was stored securely, in line with legislative requirements and electronic data is password protected and accessed with relevance to staff position and role. Policies, procedures and other documentation are available on the electronic systems, and the Assessment Team observed all policies are in-date.
* The organisation’s Continuous Improvement plan included improvements informed by staff and consumer feedback, learnings from natural disasters around Australia, system improvements, policy and procedure review, and learnings from other states and territories.
* The organisation has an established financial management team, which outlines board and management responsibilities at both a state/territory level, and at a national level.
* There are effective systems and processes to ensure the workforce is competent and has the knowledge to effectively perform their roles and are trained and supported to deliver the outcomes required by the Aged Care Quality Standards, including the assignment of clear responsibilities and accountabilities.
* The service has effective systems to track COVID-19 vaccinations, qualifications, drivers' licences, first-aid and cardiopulmonary resuscitation certification and training completions for all staff.
* The service has effective and proactive feedback and complaints processes, to encourage and support consumers to provide feedback and make complaints. Staff and management are supported through feedback and complaints policies and procedures, including in relation to open disclosure.
* The Assessment Team viewed, and management described effective incident management processes, including the reporting, escalation and analysis of incidents to manage and prevent incidents. Management demonstrated an understanding of SIRS, and documents confirmed staff are trained in incidents and how to react.

On this basis, I am satisfied the service is complaint with this Standard.

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