**Performance**

**Report**

**1800 951 822**

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| Name of service: | Gilgai Aboriginal Centre Inc |
| Service address: | 2 Bindaree Street HEBERSHAM NSW 2770 |
| Commission ID: | 200207 |
| Home Service Provider: | Gilgai Aboriginal Centre |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 19 October 2022 |
| Performance report date: | 22 November 2022 |

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 Gilgai Aboriginal Centre Inc (**the service**) has been prepared by G. McNamara, 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

**Home Care:**

* Gilgai Aboriginal Centre Inc, 17511, 2 Bindaree Street, HEBERSHAM NSW 2770

**CHSP:**

* CHSP - Transport, 4-22CG4PC, 2 Bindaree Street, HEBERSHAM NSW 2770
* CRCS - Flexible Respite, 4-22CG4V9, 2 Bindaree Street, HEBERSHAM NSW 2770
* Allied Health and Therapy Services, 4-7WG3Z83, 2 Bindaree Street, HEBERSHAM NSW 2770
* CHSP - Social Support - Group, 4-22CG4QQ, 2 Bindaree Street, HEBERSHAM NSW 2770
* CHSP - Social Support - Individual, 4-2ZXW81T, 2 Bindaree Street, HEBERSHAM NSW 2770

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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:

On 10 January 2022, following from a desk assessment contact on 28 September 2021, a Delegate of the Commissioner found the approved provider, in respect of this service, Non-Compliant with Standard 2 requirement 2(3)(a), Standard 3 requirement 3(3)(a) and Standard 8 requirement 8(3)(c).

I have now found the approved provider, in respect of this service, to be Compliant with these requirements.

As not all requirements were assessed an overall rating for Standards 2, 3 and 8 has not provided.

# Standard 2

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

Findings

Management advised that the service has implemented a new assessment and care plan document. They have commenced using the new documentation at the initial assessment and at reviews.

The new assessment document viewed identified mobility, skin integrity and wound management, pain, behaviours, nutrition, medication management and palliative care if needed. The service refers consumers to the Aboriginal health centre and the Integrated trauma centre to ensure they support the consumer with chronic health issues.

The service undertakes or refers consumers for clinical assessments using validated assessment tools to assess falls risk, skin integrity, pain management and mobility that were viewed on documentation provided. Home visits and reviews are also undertaken if risks such as falls, deterioration, hospital discharge or changes in mobility and mental health issues are identified.

Support workers can access the most current care plans and are required to provide an update on consumers care at the end of the service. Information on issues or deterioration identified by support workers is loaded into progress notes monitored by the program coordinator through discussion with support workers.

Consumer documentation viewed provided validated assessments and recommendations to support consumers. This was evidenced in consumer files reviewed.

I find this requirement Compliant.

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | 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 | Compliant |

Findings

Consumers interviewed were happy with the personal and clinical care they receive. Support workers were knowledgeable about consumer’s needs and discussed how they support them during a personal care shift.

The service requests medical and hospital discharge reports so that the service can monitor changes in health and medication. The service is provided with reports from district nursing and occupational therapists as required. Information provided by the service was supported by a review of a consumers file, which indicated reports from the district nursing were on their file, and which evidenced that their pain was being effectively managed, and that other assessments identified the need for other supports which were being provided or being negotiated with the consumer.

The service liaises with the Aboriginal Health Hub and Integrated Trauma Centre to support consumers with chronic and complex care. Management advised that consumers prefer to get support from these organisations to manage their medical care and mainly get domestic assistance, shopping and transport services currently.

I find this requirement Compliant.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| 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 | Compliant |

Findings

It was previously identified that the organisation did not demonstrate that it had effective organisation wide governance systems for managing aspects of care and services in relation to information management, continuous improvement, workforce governance and regulatory requirements. This included the need for improvements in communication with subcontracted service providers, ensuring consumers received monthly statements, updating care plans and individualised budgets, and ensuring support workers are suitably trained to provide care and services.

Management advised that the service had updated it monthly statements in line with the Department of Health directions. Monthly statements viewed provided cumulative charges for services delivered. Evidence of service episodes, duration and cost were not itemised however could be provided to consumers if requested.

Consumers receive monthly statements and revised individualised budgets when they move between packages. The budget provides consumers with information on how much funding they have to access care and services.

Consumers are provided with a copy of the care plan along with a letter after every review of if the care needs have changed. This informs consumers of what new services are being implemented.

Management advised that new contracts had been provided to their subcontracted providers, however the contracts have not been signed and returned by the service providers. Management advised that going forward they will only be working with one subcontracted provider who has returned their signed contract. Monitoring of subcontracted services is undertaken through ongoing emails viewed in consumers documentation.

At interview a subcontracted provider stated that their scheduling staff confirmed receiving better communication and information from Gilgai with detailed requests for service.

Documentation provided showed that the service has a training register to ensure all internal staff are suitably trained to provide effective care and services. Support workers internal and external interviewed confirmed attending training such as first aid, manual handling and infection control. They confirmed they have Certificate III qualifications.

I find this requirement Compliant.

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