**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Golden Glow - Darwin |
| Commission ID: | 600284 |
| Address: | 6 Moo Street, BERRIMAH, Northern Territory, 0828 |
| Activity type: | Quality Audit |
| Activity date: | 2 February 2024 to 5 February 2024 |
| Performance report date: | 1 March 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 2404 Golden Glow Corporation (NT) Pty Ltd  
Service: 22958 Golden Glow Home Care Programme-Darwin

**This performance report**

This performance report for Golden Glow - Darwin (**the service**) has been prepared by M Murray, 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.

# Material relied on

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

* the Assessment Team’s report for 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.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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 | **Not Applicable** |
| **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

|  |  |  |
| --- | --- | --- |
| 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

The Assessment Team reported that consumers are treated with dignity and respect and can maintain their identity, make informed choices and live the life they choose.

The Assessment Team provided evidence, summarised below, relevant to my finding.

The service demonstrated each consumer is treated with dignity and respect, with their identity and culture valued. Consumers described staff as respectful. Staff described how they ensure each consumer's identity and culture is valued.

Staff demonstrated an understanding of each consumer’s cultural background and described how they ensure services reflect consumers’ cultural needs and diversity. Consumers said services are culturally safe. Staff have attended training on cultural awareness.

Consumers said they are supported to make choices and have been asked who else they might want to involve in considering their options or making decisions about their care. Representatives said they have been involved in decision making with consumers when requested. Staff described how they support consumers to remain connected to those people they want to share experiences with.

Management described balancing risk, applying the concept of dignity of risk and supporting consumers to live their best life. A risk management policy guides staff in navigating conversations about risk and well-being.

Consumers are satisfied the service keeps them up to date, and that the information provided can be relied upon. In particular consumers said statements are easy to understand and this helps them to make informed decisions about how to spend their funds.

The Assessment Team observed information systems to be secure. There are protocols for sharing of information, including gaining the consumer’s consent prior to any external transfer of information.

Consumers are satisfied that staff respect their privacy.

I am satisfied based on the evidence summarised above, that the organisation has a culture of inclusion and respect, supports consumers to make choices and respects consumers’ privacy.

I find the provider, in relation to the organisation, compliant with all applicable Requirements of Standard 1.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 Assessment Team reported that consumers partner with the organisation in planning care and services to support their health and wellbeing.

The Assessment Team provided evidence, summarised below, relevant to my finding.

Consumers said staff undertook care planning with them and they were satisfied that they had input into the planning of services. Staff described how they assess consumers’ risks at the commencement of services, using validated risk assessment tools. Care planning documentation evidenced that assessment and planning includes consideration of risk. Strategies to mitigate risks, as agreed with consumers, are documented in care plans.

Management described how conversations with consumers about what is important to them informs how care and services are delivered. Care planning documents evidenced that consumers’ needs, goals and preferences had been discussed with consumers and documented.

Advanced care planning and end of life planning is facilitated if the consumer wishes.

Staff described using a coordinated approach to planning care and gave examples of considering information from others involved in the consumer’s care, such as hospital discharge planners, guardians and nominated representatives. Using information gathered a tailored care plan for the consumer is developed.

A copy of the care plan is provided to the consumer and available to relevant staff.

The Assessment Team were satisfied care plans were sufficiently detailed, contained current information and were regularly reviewed, including following any incident or change in a consumer’s circumstance. Care plans accurately described the consumer’s current personal and clinical care needs and were sufficiently detailed to guide staff in delivering safe care and services.

I am satisfied based on the evidence summarised above, that the organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. I am also satisfied that assessment and planning has a focus on optimising health and wellbeing in accordance with the consumer’s needs, goals and preferences.

I find the provider, in relation to the organisation, compliant with all applicable Requirements of Standard 2.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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. | 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

The Assessment Team reported that consumers receive safe and effective care.

The Assessment Team provided evidence, summarised below, relevant to my finding.

Consumers said they get care and services that are effective and tailored, including wound care, personal care, medication support and allied health services.

A registered nurse oversees all aspects of clinical care.

Staff spoke about consumers at risk of falls and managing their own diabetes and how frequent welfare checks and medication prompts are used to monitor the health status of the consumers. Management described tailored strategies to manage consumers’ risks in relation to behaviours of concern and weight loss. For example staff discretely monitoring and encouraging the intake of consumers’ meals and monitoring for any change of mood and reporting any concerns promptly for clinical follow up.

Clinical staff monitor progress notes which are ‘tagged’ and triaged to ensure that changes in care management occur when necessary.

The service has established relationships with general practitioners, hospitals and other community services to support a consumer’s end of life wishes. An online Palliative & End of Life Care training module and resource tool is available for staff.

All consumers and/or representatives described how they are confident staff would identify a change in the consumer’s health or condition and would have the skills and knowledge to provide immediate first aid if necessary and get further assistance. Referrals to general practitioners had been made following consumers’ deterioration being identified by staff.

Oversight of clinical care including the resolution of wounds was evident and representatives were satisfied with the delivery of consumers’ wound care.

Information was consistent and current across all documentation, including were information is being transferred between health professionals.

Timely referrals were evident, including to dieticians and back to My Aged Care when the consumer’s needs increased.

I am satisfied based on the evidence summarised above, that the organisation delivers safe and effective personal and clinical care in accordance with the consumer’s needs, goals and preferences to optimise the consumer’s health and well-being.

I find the provider, in relation to the organisation, compliant with all applicable Requirements of Standard 3.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

The Assessment Team reported that consumers get the services and supports for daily living that are important to their health and well-being and allow the consumer to do the things they want to do.

The Assessment Team provided evidence, summarised below, relevant to my finding.

Consumers were satisfied that the services provided support their independence, wellbeing, and quality of life and spoke about how the services support them to remain independent at home. Representatives discussed how supporting consumers to be active in their community supports the consumer’s overall wellbeing.

The service has a Non-Response to Scheduled Visit Policy which guides staff in what to do if the consumer does not answer the door at the time of the planned service.

Staff demonstrated an in-depth knowledge of each consumer and could speak to individual consumers’ emotional, spiritual, and psychological wellbeing. Consumers spoke positively about going shopping, visiting family and attending group activities.

Information was consistent and current across all documentation, including were information is shared. Consumers said staff know how they want things done and they do not need to repeat information about their needs and preferences. Staff said information at the point of care is current and up to date and enables them to support consumers’ needs effectively.

Timely referrals were evident, including back to My Aged Care when the consumer’s needs had increased.

Consumers said they are involved in the choice of meals being provided, and meals meet their nutrition and hydration needs and preferences. Management said their contracted meal provider also provides textually modified meals as required.

All equipment provided is preceded by a review by an occupational therapist to ensure it is suitable for the consumer’s needs and fit for purpose.

I am satisfied based on the evidence summarised above, that the organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

I find the provider, in relation to the organisation, compliant with all applicable Requirements of Standard 4.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 Applicable |
| 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 Applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable |

Findings

All care and services are delivered in the consumer’s home. Standard 5 is not applicable.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

The Assessment Team reported that consumers feel safe to complain and are encouraged and supported to give feedback. Consumers are engaged in processes to address any feedback or complaint they make and are satisfied appropriate action is taken.

The Assessment Team provided evidence, summarised below, relevant to my finding.

All consumers said they know how to contact the service to provide feedback or raise concerns. Consumers expressed various preferences for raising concerns which included an initial discussion with the support worker and escalating the issue if the support worker could not help. Consumers said they felt confident that the service would address any concerns promptly and update them on the progress of their concern.

Management provided examples of supporting consumers to access advocacy groups including Darwin community legal services and the seniors and disability rights service advocate program.

The Assessment Team viewed the consumer welcome pack which provided information regarding internal and external mechanisms for raising and resolving complaints, including to the Aged Care Quality and Safety Commission. The pack also included contacts for interpreter and translation services.

The service has an open disclosure policy to guide staff in dealing with complaints. Management gave examples of where they have used an open disclosure approach. At the end of a complaint resolution process the service checks on the consumer’s level of satisfaction with the process and the outcome.

A review of the service’s complaints system evidenced complaints are recorded, managed and resolved in a timely manner. Complaints are reviewed to address any systemic issues and through a review of this process the Assessment Team were satisfied that improvements had been introduced.

I am satisfied based on the evidence summarised above, that the organisation regularly seeks input and feedback from consumers, the workforce and others and uses this input and feedback to inform continuous improvements for individual consumers and the whole organisation.

I find the provider, in relation to the organisation, compliant with all applicable Requirements of Standard 6.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 Assessment Team reported that consumers get quality care and services from people who are knowledgeable, capable and caring.

The Assessment Team provided evidence, summarised below, relevant to my finding.

The service has a workforce management system that ensures adequate staff are available to deliver planned services. The system allows management to ensure there are sufficient care staff and other personnel to manage instances of unplanned leave. Any shift changes are discussed with the consumer.

All consumers said the staff are kind and have a caring approach. The service undertakes audits with consumers and results show a high level of agreement that staff treat consumers with dignity and respect.

Management described the service’s processes to ensure the workforce has the required qualifications, skills and mandatory clearances to perform their roles. Documentation reviewed by the Assessment Team demonstrated effective monitoring processes in place to ensure the currency of qualifications and maintenance of skills.

Consumers sampled, described in various ways that staff are competent at their job.

The service has human resources and related policies to guide management in recruitment, selection, and the onboarding process. An annual mandatory schedule of training aligned to job descriptions is in place and follow up occurs where staff do not complete the required training.

Staff said they have regular informal performance discussions with their manager. Management described their process for the regular assessment and monitoring of workforce performance. Staff said the service is supportive of individuals undertaking additional training when required or requested.

I am satisfied based on the evidence summarised above, that the organisation has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services.

I have also considered evidence from Standard 1 in my finding of compliance with this Requirement, which includes coordination staff are thoughtful and considerate and spend time talking to consumers about their lives. This satisfies me that the service seeks to understand and consider consumer’s identity, culture and diversity in delivering care and services.

I find the provider, in relation to the organisation, compliant with all applicable Requirements of Standard 7.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

The Assessment Team reported that consumers are confident the organisation is well run and they can partner in improving the delivery of care and services.

The Assessment Team provided evidence, summarised below, relevant to my finding.

The service engages with consumers through ongoing satisfaction surveys and feedback mechanisms. The Assessment Team’s review of survey results demonstrated that consumers are engaged in the development, delivery and evaluation of care and services.

Improvements initiated by consumers include for staff to wear name badges.

The governing body is undergoing renewal, however, maintains its stewardship in delivering quality care and services and ensuring an inclusive culture.

Policies and procedures guide staff practices, and members of the governing body receive exception reports on critical incidents. Directors provide relevant reports to the governing body on business as usual operational matters.

There are effective governance systems in place relating to information management; continuous improvement; financial governance; workforce governance; regulatory compliance and feedback and complaints.

Staff said they can access the information they need to undertake their roles. Consumers expenditure of funds is monitored and audits occur. The governing body demonstrated that it is responsive to changes in aged care legislation and the reform agenda more broadly.

There are effective systems and practices in relation to managing high-impact or high-prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system.

The Assessment Team’s review of meeting minutes demonstrated lines of accountability for the oversight and management of risk related matters. Staff have been provided with education on elder abuse to support the workforce to identify, assess and manage this risk to consumers. A policy guides staff actions when consumer abuse or neglect is identified.

Staff demonstrated a culture of reporting incidents and management described the escalation, reporting and closure process for incidents. Statistics on incidents are collated and used to inform priorities for the governing body.

An effective clinical governance framework is in place and includes antimicrobial stewardship; minimising the use of restraint and open disclosure.

I am satisfied based on the evidence summarised above, that the organisation has a governing body that is accountable for the delivery of safe and quality care and services.

I find the provider, in relation to the organisation, compliant with all applicable Requirements of Standard 8.

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)