**Performance**

**Report**

**1800 951 822**

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| Name: | Laynhapuy Homelands Aged Care |
| Commission ID: | 600269 |
| Address: | 86 Nhulunbuy, 0881 Galpu Road, YIRRKALA, Northern Territory, 0880 |
| Activity type: | Quality Audit |
| Activity date: | 9 April 2024 to 10 April 2024 |
| Performance report date: | 8 May 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: 1543 Laynhapuy Homelands Aboriginal Corporation  
Service: 17934 Laynhapuy Homelands Aged Care

**This performance report**

This performance report for Laynhapuy Homelands Aged Care (**the service**) has been prepared by R Falco, 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, management, and others; and
* the provider’s response to the assessment team’s report received 30 April 2024.

# 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 | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

Standard 2 requirement (3)(a)

* Ensure identified risks to consumers’ health and well-being are assessed and appropriate management strategies developed and documented to enable staff to provide quality care and services.

Standard 8 requirement (3)(d)

* Establish and embed organisational risk management processes in relation to managing high impact or high prevalence risks and managing and preventing incidents.

# Other relevant matters:

* Quality Standard 3 and requirement (3)(e) in Quality Standard 8 was not assessed as part of the Quality Audit as the service does not provide personal and/or clinical care.
* Quality Standard 5 was not assessed as part of the Quality Audit as services are not provided in a service environment.
* Requirement (3)(f) in Quality Standard 4 was not assessed as part of the Quality Audit as the service does not provide meals to consumers.

# 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

Documentation showed consumers’ cultural identity, dignity, and respect are at the forefront of service delivery. Management and staff are aware of consumers’ cultural identity and observations showed management interacting with consumers respectfully. Consumers said staff value their culture and treat them with respect.

Staff support consumers’ choice and assist them to maintain relationships of importance. Consumers feel they are supported to maintain their independence, maintain relationships with family, and stay on their homelands.

Staff had a good understanding of consumers’ risks and documentation showed consumers are supported to live the best life they can. Consumers said staff support their choices and help them to participate in cultural activities.

Information is provided to consumers verbally as is culturally appropriate, and consumers can access their care plans and service agreement as they wish. Meetings are held with consumers and their families to discuss any issues and consumers felt they have the information they need. Privacy and confidentiality procedures ensure consumer information is kept secure. Staff described how they uphold consumer privacy and confidentiality as part of service delivery and consumers felt confident with how the organisation manages their personal information.

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. | Not 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 Quality Standard is non-compliant as one of the 5 requirements has been assessed as non-compliant. The assessment team recommended requirement (3)(a) not met.

**Requirement (3)(a)**

Assessment of consumers’ needs and risks are undertaken, however, the assessment team recommended requirement (3)(a) not met as strategies to mitigate certain risks were not clearly outlined to inform safe delivery of care and services. Two consumers with clinical risks did not have strategies documented to mitigate their risks, and 5 consumers did not have any mitigation strategies documented to safely support their chosen activities.

The provider’s response contained limited commentary relating to the issues identified in the assessment team’s report. However, steps were provided to address the deficits which included, but were not limited to, discussing risks with consumers and education for staff relating to mitigating risks for consumers’ chosen activities.

I acknowledge the provider’s response. In coming to my finding, I have considered that whilst consumers are assessed at commencement of services, and risk assessments are completed, strategies to mitigate risks were not documented to inform the delivery of safe and effective care. Two consumers had reports completed by external health providers that identified clinical risks, however, care planning documentation did not detail any strategies to mitigate these risks. I find assessment and planning processes relating to risks was not demonstrated to ensure staff can consistently deliver safe and effective care and services. I consider time is required to embed and monitor the improvements planned to ensure any deficiencies in the assessment and planning processes are effectively managed.

For the reasons detailed above, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**In relation to all other requirements in this Standard,** support workers said they regularly communicate with consumers and their families to ensure care and services are meeting consumers’ current needs. Documentation showed consumers’ identified needs, goals and preferences were recorded. Consumers said they can talk to staff and have their care and services adjusted as their needs or preferences change.

Consumers are involved in the planning of care and services and processes are in place to support consumers’ access to external service providers and others the consumer wishes to involve. The service does not consistently document referrals to other providers, however, management said they will consider improvements to referral documentation to better inform care and services.

Staff have access to care plans and receive information daily to stay informed of consumers’ current needs. Care and services are regularly reviewed and support workers said when a change to a consumer’s condition is identified, they immediately report it to management so it can be actioned. Consumers said they can access their care plans if they wish and are comfortable talking to staff regarding their care and services.

Based on the assessment team’s report, I find requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The service demonstrated flexibility to ensure consumers’ needs, goals and preferences were met whilst managing logistical and environmental barriers. Staff described how they consulted consumers on their needs and preferences at every service delivery opportunity. Consumers said their emotional well-being is considered, and they are supported to do the things that interest them.

Services are coordinated for consumers when away from home and documentation showed how the service organised social gatherings for consumers who were temporarily residing away from home. Consumers said they are supported to maintain connections with friends and family, and are provided care and services when they are away from home.

Weekly team huddles are held to plan and communicate any changes to consumers’ care. Whilst the service could not demonstrate it had effective robust processes to ensure information is communicated when a consumer’s care is shared, there were no known incidents relating to information management. Consumers reported the service is aware of what their needs and preferences are.

Staff support consumers’ access to other services and described the process for identifying when and how to make referrals to other providers. Management advised the service has relationships with local service providers and could efficiently refer consumers to access care and services that they could not provide. Consumers said the service connects them with appropriate providers of other services when required.

The service does not provide equipment directly to consumers, however, management said the service may purchase equipment as recommended by external health providers from a consumer’s HCP fund. The maintenance of any equipment purchased is the responsibility of the consumer and may be funded from their HCP fund.

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

# 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 receive information about how to provide feedback and complaints. Management actively seeks feedback about care and services from consumers and representatives at care plan reviews and at bi-monthly meetings held in the homelands. Consumers said they are comfortable talking to support workers and management if they needed to raise any concerns.

Consumers are made aware of other ways of providing feedback, however, this has not been necessary as any issues raised are dealt with immediately or at regular feedback meetings. Consumers felt they were aware of other methods of raising and resolving complaints, however, they prefer raising feedback within the service.

Policies and procedures are in place to ensure feedback is followed up and appropriate action is taken when responding to feedback and complaints. Staff said they always escalate any feedback they receive from consumers as soon as possible so it can be resolved. Consumers are satisfied with the actions taken when providing feedback and felt any issues are resolved promptly.

Feedback is used to make service improvements and documentation showed examples of where this had occurred. Consumers felt confident feedback provided was used by management to improve care and service delivery.

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

Systems and processes are in place to identity the skills and number of workers required to provide safe and quality care and services. Staff said they had enough time to undertake all the care and services required without feeling rushed, and documentation showed staffing and resources are carefully considered and planned to meet the required care hours for all consumers.

Staff are selected for their ability to provide care and services in line with each consumer’s cultural identity and in a respectful manner. Observations showed staff interacting with consumers in a kind and respectful manner and consumers felt staff are always kind and caring in their interactions.

Staff complete annual mandatory training as well as competency-based training organised by the service. Buddy shifts are organised for new staff to ensure they are supported in undertaking their new roles. Consumers felt staff were appropriately skilled to undertake their duties.

The onboarding process ensures staff are aware of their roles and responsibilities and the workforce is supported through ongoing professional development and training. Mandatory qualifications for staff are monitored and position descriptions outline minimum qualifications, responsibilities and reporting obligations.

Staff are regularly reviewed, monitored, and are provided opportunities to self-identify learning needs and goals. Documentation showed evidence of annual performance reviews and all staff had annual reviews completed.

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. | Not Compliant |

Findings

The Quality Standard is non-compliant as one of the requirements has been assessed as non-compliant. The assessment team recommended requirement (3)(d) not met.

**Requirement (3)(d)**

The assessment team recommended requirement (3)(d) not met as embedded risk management systems and practices were not demonstrated. Documentation showed systems and processes did not consider risk mitigation strategies to support staff and whilst the service used an incident management system, consistent analysis of incidents did not occur to inform improvements.

The provider’s response had limited commentary relating to the issues identified in the assessment team’s report. However, steps were provided to address the deficits which included, but were not limited to, reviewing the incident management policy and incident register, and staff training in the document management system.

I acknowledge the provider’s response and in coming to my finding, I have considered that management said they do not have embedded processes to guide staff in supporting consumers to take risks. The service maintains an incident register, however, the register does not document investigations or any analysis of trends to inform process improvements to prevent reoccurrence. Policies and procedures are not in place to guide staff on what an incident is, when it should be reported, or how to allocate who is responsible for incident management. Near misses or incidents that occurred outside of a scheduled service and reported to support workers were also not captured. Management acknowledged that whilst the service was currently working with allied health and clinical care providers, the service’s current practices were not supported through embedded governance systems.

For the reasons detailed above, I find requirement (3)(d) in Standard 8 Organisational governance non-compliant.

**In relation to all other requirements in this Standard,** consumers are involved in the development and delivery of care services. Management advised consumer input is captured and provided to the board and consumers said the service holds regular consultative meetings to evaluate the services provided.

The organisation promotes a culture of safe and inclusive quality care and services through its consultative needs-based approach to providing care and services to consumers. Monthly reporting on all aspects of care and services are provided to the board who understand the considerations of providing services in the homelands. Consumers said the service promotes inclusion, and management described how the board supports consumers.

A governance structure is in place that supports strategic priorities and effective organisational wide governance systems. Position descriptions provide staff with clear direction and responsibility to undertake their roles effectively. An electronic system is used for consumers care documentation. Management advised they review compliance obligations and monthly reports are provided to the board on the service’s performance. Policies and procedures are in place relating to feedback and complaints, including responsibilities of investigating and resolution of complaints.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b) and (3)(c) 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)