**Performance**

**Report**

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| Name: | Ltyentye Apurte Community Care |
| Commission ID: | 600308 |
| Address: | 133 Main Street, SANTA TERESA, Northern Territory, 0872 |
| Activity type: | Quality Audit |
| Activity date: | 14 November 2023 to 16 November 2023 |
| Performance report date: | 15 January 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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7288 Ltyentye Apurte (Santa Teresa HACC)  
Service: 24099 Ltyentye Apurte (Santa Teresa HACC) - Community and Home Support

**This performance report**

This performance report for Ltyentye Apurte Community Care (**the service**) has been prepared by M Glenn, 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, management, and consumers.

The provider did not submit a response to the assessment team’s report.

# 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 | **Not Compliant** |
| **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 | **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)

* Consider and identify risks to consumers’ health and well-being. Develop a care plan for the delivery of safe and effective services with the consumer for identified risks.

Standard 2 Requirement (3)(e)

* Undertake reassessments when there is a change in a consumer’s condition to ensure safe and effective care.

Standard 8 Requirement (3)(c)

* Consider subscribing to aged care peak bodies, Aged Care Quality and Safety Commission and Department of Health to receive updates in relation to regulatory governance.
* Update policy and procedures to reflect the Serious Incident Response Scheme reporting obligations and educate staff in reporting obligations.

# 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

Staff described how they treat consumers with respect by acknowledging their choices and preferences. Observations showed staff interacting with consumers in a respectful manner and consumers said staff were respectful and used their preferred names. Consumers’ preferences, background and culture were documented to enable staff to provide care according to their preferences. Staff knew consumers well and described their cultural preferences. Consumers said staff were aware of their cultural preferences and they were receiving care in line with their preferences.

Consumers are supported to make and maintain relationships of choice and make decisions about which family members should be involved in their care. Consumers said they were given choice about which activities they wish to participate in, and their choices are respected.

The service does not currently have any consumers they are supporting to take risks; however, policies and procedures are in place to support consumer choice and assess risk if needed. Management described the dignity of risk assessment process which included understanding consumer choice, identifying risks, and strategies to assist consumers.

Staff described how information is provided to consumers and upcoming activities and events are communicated via word of mouth and with written information provided with consumers lunch delivery. Consumers said they receive information about activities provided by the service.

Staff ensure privacy is respected by not talking about consumers in front of others. Observations showed consumers’ electronic information is password protected and physical files are securely stored. Consumers said staff respect their privacy and their personal information is kept confidential.

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 | | 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. | 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. | Not Compliant |

Findings

The Quality Standard is assessed as non-compliant as two of the five requirements assessed have been found non-compliant. The assessment team recommended requirements (3)(a) and (3)(e) not met.

**Requirement (3)(a)**

The assessment team recommended requirement (3)(a) not met as the service did not consistently consider risks to consumers’ health or well-being to inform the delivery of safe and effective services.

Based on the evidence provided in the assessment team’s report, I find assessment and planning was not consistently undertaken to identify risks to consumers’ health and well-being. In coming to my finding, I have placed weight on the fact that whilst the service regularly reviews care plans, assessments are not being undertaken to identify currents risks to consumers to inform the delivery of safe and effective care. Some consumers have not had assessments completed within the last 3 years and as a result, care planning documentation does not reflect the consumer’s current needs, or determine whether care requirements have changed. The manager is unaware if the organisation has any validated assessment tools and the service does not have an appropriately qualified staff member to undertake consumer assessments.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**Requirement (3)(e)**

The assessment team recommended requirement (3)(e) not met as the service was unable to demonstrate it consistently reviews consumers’ assessments when there is a change in their condition.

Based on the evidence provided in the assessment team’s report, I find care and services were not effectively reviewed when there was a change in consumers’ condition. Consumer A has not had an assessment since March 2020 and in early 2023, Consumer A had major surgery which permanently impacted their mobility. An assessment was not completed post-surgery and, therefore, care planning documentation does not reflect Consumer A’s current care needs or risks. Consumer B has not had an assessment since January 2021 and in September 2022, an incident occurred which impacted their mobility. Assessments were not undertaken when Consumer B’s circumstances changed to assess current care requirements and level of risk. In coming to my finding, I have placed weight on the fact that whilst the service regularly reviews care plans, assessments are not being undertaken when circumstances change or when incidents impact on the needs, goals, or preferences of consumers. I note the service does not currently employ staff who have the qualifications to complete consumers’ assessments, this is relevant to and has been considered in Standard 7(3)(c).

Based on the assessment team’s report, I find requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**In relation to all other requirements in this Standard**, management described how they discuss consumers’ end of life planning whilst respecting consumer’s cultural sensitivities and their individual comfort level. Consumers’ current goals and needs are documented; however, assessment and planning did not include end of life planning as consumers prefer to discuss this closer to the time. Consumers said they would feel comfortable to talk to staff or the manager about their finishing up business.

Staff document who the consumer wants involved in their care and ensures consumer consent is provided when partnering with other health providers. Consumers’ contacts are updated at bi-annual care plan reviews or as required. Consumers said the service involves them, and others they nominate, in assessing and planning their care.

Staff have access to consumers’ care plans located in the office and documentation showed care plans were current. Care plans are discussed with consumers to ensure they understand the information contained within the plan and consumers confirmed they understand their care plans because management has explained it to them.

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

# 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. | Compliant |

Findings

Care plans include services provided to consumers and their interests and preferences. Staff described consumers’ preferences and encourage consumers to attend activities relevant to their needs, goals, and preferences. Consumers were satisfied they receive safe and effective services and supports to meet their needs, goals and preferences.

Management described ways they provide emotional and spiritual support to consumers when required. Consumers attend the local spirituality centre where they participate in activities and any consumers having a low mood are reported to management by staff. Consumers are satisfied their emotional and spiritual well-being was a priority for staff.

Staff described transport services provided to consumers to enable them to access the community, such as bus shopping trips to Alice Springs, and bush medicine picking up activities. Consumers said they are supported to participate in the community, have personal and social relationships, and do things that are of interest to them.

Staff confirmed they receive information about consumers during regular meetings and daily communication. Management is updated if they notice any changes in consumers’ condition during meal delivery runs and consumers stated staff knew their needs and preferences and any changes in care are communicated effectively.

Documentation showed referrals to allied health and providers of other services. Management described how they refer consumers to other service providers and the allied health team at the local clinic. Consumers were happy with referrals to other organisations and service providers.

Documentation showed consumer preferences and recipes are available to guide staff when preparing meals and observations showed meals being prepared at the service. Management stated they were in process of engaging a dietician for input into the menu to ensure consumers receive nutritious meals. Consumers are happy with the meals provided.

Staff communicate consumers’ equipment needs or concerns to management and observations showed equipment was clean and well maintained. Consumers stated the equipment used for activities is well maintained and always clean.

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 | | 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

Staff described improvements made to ensure easy access for consumers when attending activities at the service. Observations showed a ramp installed at the front office provided easy access to the service. Consumers said the service environment is welcoming.

Staff complete cleaning duties to ensure the service is always clean and the environment enables consumers to move in and out of the service. Observations showed the service was clean, safe, and well maintained. Consumers said they find the service to be comfortable and clean whenever they visit for activities and morning tea.

All concerns relating to furniture and equipment are reported to management and the service has enough furniture to meet the needs of consumers during activities. A maintenance officer is employed to oversee the maintenance of all furniture and equipment at the service. Observations showed the furniture is safe, clean, well maintained, and suitable for consumers’ needs. Consumers said they feel safe when using furniture at the service.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant.

# 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

Staff regularly ask consumers for feedback and information regarding the feedback and complaints process is provided to consumers. Consumers said they feel comfortable providing feedback or making a complaint to staff and management.

Posters and pamphlets regarding feedback services are displayed throughout the service and documentation showed consumers have received information on how to contact advocacy services and make a complaint. Consumers confirmed they are provided information on how to access feedback services.

Whilst management had not recorded any complaints for the year, they provided examples of actions taken in response to feedback or complaints, and the use of open disclosure. Management advised consumers do not usually complain and moving forward, feedback and complaints will be recorded. Management described how they review feedback and complaints to improve services for consumers. Currently, the actions taken or the outcomes of complaints are not recorded, however, examples were provided of service improvements made due to feedback received. Management advised actions and outcomes of feedback and complaints will be recorded moving forward.

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 | | 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

The manager described how the service plans the workforce to ensure the delivery of safe and quality services. Staff said there were enough staff to complete their duties, and strategies are in place if they are short staffed. Observations showed there were enough staff to provide consumers services and staff did not appear rushed and were calm. Consumers said there were enough staff to provide good services.

Observations showed staff interactions with consumers were kind, caring, and respectful. Local staff who live in the community know their consumers well and can understand their culture and languages. Consumers said staff were kind, caring and respectful.

The service prefers to employ local staff to provide local knowledge and ensure consumers’ cultural safety. Staff are recruited with the appropriate qualifications or are offered traineeships on commencement of employment; however, the service does not currently employ staff with qualifications to undertake consumer assessments. This should be considered in future recruitment processes. Consumers said they were confident that staff had the knowledge to provide services that met their needs.

Staff and management described the recruitment process, orientation, and the organisational support provided. Staff have the equipment and supplies required to fulfill their roles and receive ongoing education relevant to their role. Documentation showed all staff have completed annual mandatory education.

Staff are supported through regular discussions with their manager and have previously completed a performance appraisal to discuss and record their progress and goals. Some annual performance appraisals were late due to the service being without a manager for some time. Management advised these will be actioned shortly.

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

**Requirement (3)(c)**

The assessment team recommended requirement (3)(c) not met as the service was unable to demonstrate effective governance systems are in place for regulatory governance.

Based on the evidence provided in the assessment team’s report, I find service did not demonstrate systems, policies, and procedures were in place in relation to their reporting obligations under the Serious Incident Response Scheme (SIRS). Management and staff were not aware of SIRS and management and could not confirm who was responsible for monitoring the service’s regulatory compliance. Management was also unable to confirm who was responsible for monitoring the service’s regulatory compliance and updates from Aged Care Quality and Safety Commission and the Department of Health to ensure the service was adhering to regulatory requirements.

The service did demonstrate some understanding of this requirement as electronic records being password protected and physical files being securely stored with policies governing confidential information. A continuous improvement system and policy is in place to guide staff with demonstrated improvements made due to consumer feedback. An accountant reports to the board on a quarterly basis and is responsible for the financial affairs and allocated budget of the service. Systems and processes are in place to ensure effective workforce governance and provide mechanisms for consumer and staff feedback.

In coming to my finding, I find the service does not have effective organisation systems specifically relating to regulatory compliance. Whilst the service demonstrated compliance with other aspects of this requirement, I have placed weight on the significance of the evidence relating to regulatory compliance where management were not able to describe a clear process in relation to the identification, monitoring and review of aged care specific legislation from the Department of Health and Commission, in addition to the evidence demonstrating a failure to implement relevant legislation specific to the SIRS.

Based on the assessment team’s report, I find (3)(c) in Standard 8 Organisational governance non-compliant.

**In relation to all other requirements in this Standard**, the service engages consumers in the development of care and services and always seeks opportunities to involve consumers, such as surveys or having a yarn. Staff provided examples of when consumer feedback was used to improve the delivery of care and services.

Policies and procedures are in place to promote a culture of safe and inclusive, care and services. Staff described how they are supported to provide culturally safe care and are aware of the cultural needs of consumers. One consumer said they are happy with the way the service is being run.

Policies and procedures are in place to support staff identify and manage risk. Incidents of abuse and neglect are managed through the incident management system and staff receive training in responding to abuse and are aware of the reporting requirements. Management described how they support consumers take risks, including mitigation strategies; however, documentation showed the service does not consistently consider risk to the consumer’s health or well-being as addressed in Standard 2(3)(a).

An open disclosure policy promotes acknowledging and apologising when things go wrong. Antimicrobial stewardship and minimising the use of restraint was not assessed as the service does not provide clinical care.

Based on the assessment team’s report, I find requirements in (3)(a), (3)(b), (3)(d) and (3)(e) in Standard 8 Organisational governance compliant.

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)