**Performance**

**Report**

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| Name: | Mabunji Aboriginal Resource Indigenous Corporation |
| Commission ID: | 600310 |
| Address: | 2087 Robinson Road, Borroloola, Northern Territory, 854 |
| Activity type: | Quality Audit |
| Activity date: | 7 October 2024 to 9 October 2024 |
| Performance report date: | 25 November 2024 |

# Services included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7763 Mabunji Aboriginal Resource Indigenous Corporation  
Service: 24705 Mabunji Aboriginal Resource Indigenous Corporation - Community and Home Support

**This performance report**

This performance report has been prepared by M Dubovinsky delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the services it operates, 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 service outlets, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 8 November 2024.

# 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** |
| **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 | **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 8 requirements (3)(b) and (3)(c)

* Review processes to ensure the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.
* Ensure the governing body is provided relevant information related to the CHSP service and informed of undertakings.
* Ensure the governing body understands their roles and responsibilities related to the CHSP service and effectively promotes a culture of safe, inclusive and quality care and services.
* Review organisation wide governance systems relating to information management; continuous improvement; financial governance; workforce governance, including the assignment of clear responsibilities and accountabilities; regulatory compliance; feedback and complaints.
* Ensure policies and procedures are current, and effectively implemented and tailored to support the effective provision CHSP services.
* Ensure the organisation effectively implements a continuous improvement plan to address the non-compliance and can demonstrate service related improvements.

# 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

Consumers said services and supports provided to them are important and meet their needs, they are supported to make choices about how and when they would like care and services provided, and the services provided assist them to maintain their independence. Consumers said their culture and identity is respected by staff, and information is provided to them in a way which enables them to understand the services they are entitled to receive, and their rights.

Observations of staff providing care and services showed staff treat consumers with dignity and respect, and provide culturally safe care, including using consumers’ language to communicate with them and providing flexibility in the delivery of care and services. Observations showed information provided to consumers is clear and easy to understand, with images used in communications, and written communication provided to support consumer understanding and choice. Observations showed consumer privacy and confidentiality is maintained including the appropriate storage of personal information and protected access to consumer records.

Management and staff demonstrated ways in which they support consumers’ cultural safety, including employing local community members with cultural understanding and community knowledge, and using consumers’ language to communicate about care and services needs.

Documentation showed the service records information about a consumer’s identity including personal history and matters of cultural significance and use this to inform how care and services are delivered. Records show staff are educated on maintaining consumer privacy and confidentiality. Documentation showed risks related to consumer choices relating to meal services are considered, and strategies to minimise the risk are implemented to ensure meals remain safe to eat. Written information about privacy and confidentiality is provided to consumers who provide their consent for how their personal information is to be used.

Based on the reasons summarised above, I find 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. | 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

Requirement (3)(a)

The assessment team were not satisfied assessment and planning included consideration of risk for consumers sampled to inform the delivery of safe and effective care and services, specifically relating to risks associated with malnutrition, special diets and mobility care needs. The following evidence was considered relevant to my finding:

* Consumer A is receiving a normal diet, however medical records recommend the consumer to be provided a High Energy High Protein low sodium diet and this was not considered in the assessment process.
* Consumer B is receiving transport services and medical records show the consumer is at high risk of falls. However, there are no mitigation strategies developed, and the consumer’s care plan states the consumer can mobilise independently.
* Consumer C receives meals and has a medical diagnosis related to their gastrointestinal tract, however assessment and planning did not consider this diagnosis in relation to the meal provision and the consumer is provided with a normal meal.
* Consumer D receives meals, and medical records show the consumer had unplanned weight loss, is prescribed a dietary supplement for weight loss and assessment documentation did not contain a risk assessment for malnutrition or weight loss and reflected normal diet.

The provider did not respond to the assessment team’s evidence.

Based on the assessment teams report, I have come to a different view and find the service was able to demonstrate assessment and planning, included consideration of risks to the consumer’s health and well-being and informed the delivery of safe and effective care and services for the 4 consumers identified. In coming to my finding, I have considered the evidence within the context of the Commonwealth Home Support Programme and specifically being funded for transport and meals. I am satisfied in relation to meals, based on the evidence documented in Standard 4 requirement (3)(f), consumers have a relevant assessment which outlines their dietary preferences and evidence in Standard 2 requirement (3)(b) which further outlines assessment documentation in relation to meals included relevant risks. In relation to transport, I am satisfied relevant assessment is undertaken as evidence in Standard 4 where care planning documentation confirmed consumers accessing the community effectively through the transport services provided. I have also noted the local health clinic is actively involved in supporting consumers and I am satisfied the deficits identified are more closely aligned with the role of the local health clinic and out of the scope of the Commonwealth Home Support Programme.

Based on the evidence summarised above I find requirement (3)(a) compliant.

In relation to requirements (3)(b), (3)(c), (3)(d), and (3)(e); Consumers and representatives said they receive services in line with their needs, goals and preferences, and assessment and planning includes advanced care planning and end of life care, when they wish. Consumers advised they were involved in the assessment and planning process and could involve family members if they choose.

A range of documentation reviewed demonstrated the service identifies consumers’ needs, goals and preferences, including advanced care directives and this information is used to inform care and service delivery. Documentation showed care plans are reviewed on a regular basis and when circumstances change, and an example of the review process in action, was provided.

Staff said consumers were comfortable advising them of any changes they needed to care and services, and this information is used to update care plans and care and service delivery. Staff provided examples of various communication methods they use to ensure outcomes of assessment and planning are communicated to consumers including via information boards.

Based on the reasons detailed above, I find 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

Consumers said staff know them well, provide emotional support when needed, and the transport and meal services provided enable them to maintain their independence and connections with family members and the community. Consumers enjoyed the meals provided and reported there is plenty to eat. Consumers said information is provided to them by staff who know them well, and the methods for sharing information are effective. Consumers confirmed they have been referred to other providers of care and services when needed.

Observations of the assessment team during the delivery of meal and transport services confirmed consumers are supported to maintain their connections with family members and the community during transport and meal delivery services.

Staff described how they support consumers to maintain their connections with family members and the community by offering transport services to; attend appointments, shopping trips, to visit family members, and attend social activities and cultural events. Staff confirmed information about consumers’ condition, needs and preferences is current, and they are kept well informed, which enables them to provide care and services which meet consumer needs. Consumer choice is supported by staff who described providing choice in relation to the number of meals and access to transport services when requested by consumers.

Consumer care records show information about consumers’ life history, interests, and needs and preferences is collected, and used to enable staff to tailor supports for daily living. Written information about privacy and confidentiality is provided to consumers who provide their consent for how their personal information is to be used.

For the reasons detailed above, I find Standard 4, Services and supports for daily living, 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

Consumers said they are aware of the various feedback processes, are comfortable raising matters with staff and management directly, and expressed confidence in the service’s approach to address complaints in an open and transparent manner. Consumers said they had received information about advocacy and external avenues to make complaints if they choose.

Observations of the assessment team showed feedback forms are readily available and accessible to consumers, and the service’s information welcome pack contained information about a range of feedback mechanisms, advocacy services, and external complaint avenues.

Staff described how they regularly seek informal feedback from consumers to make sure the care and services they provide are meeting their needs.

Documentation showed information is provided to consumers to enable them to understand how to provide feedback and contained the complaints management process. The service has a complaint management policy and procedure which includes the principles of open disclosure. The service undertakes a consumer satisfaction survey on a 6 monthly basis to capture consumer feedback and identify opportunities for continuous improvement.

For the reasons detailed above, I find 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

Consumers said they know the staff as they are from the community, and management and staff are kind, caring and respectful of their identify and culture. Consumers reported there are sufficient staff to provide care and services. Consumers expressed confidence staff were well trained and competent to provide care and services.

Staff advised there is usually enough time to provide care and services and when required management assist with tasks to ensure consumers’ needs are met. Staff demonstrated they knew consumers well, and as they live in the community, know cultural protocols well to ensure respectful, kind, caring and culturally appropriate care. Staff confirmed they receive training and said they were satisfied training provided is sufficient to enable them to perform their roles well.

The service has processes in place to ensure there are sufficient staff in place to cover all shifts to provide continuity of care and services, and actively recruit to fill vacancies. Management advised monitoring processes are in place to ensure staff are providing care and services in line with consumer needs and preferences. Observations of services being delivered showed staff were kind, caring and respectful in their interactions.

A range of documentation showed training is provided to staff to ensure they have the necessary skills and knowledge, are competent to perform their roles, their performance is monitored, and professional development opportunities are provided.

Based on the reasons detailed above, I find 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. | Not 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 |

Findings

Requirement (3)(b)

The assessment team were not satisfied the organisation’s governing body promotes a culture of safe, inclusive and quality care and services, and is accountable for their delivery. The following evidence was considered relevant to my finding:

* Reports provided to the board do not include incidents, trends, legislative compliance outcomes, serious incidents and continuous improvements.
* Board meeting minutes are currently not reporting on the service.
* Policies and procedures were significantly out of date with recently implemented polices not being followed.
* Management advised a consultant has commenced implementing improvements within the organisation.

The provider’s response did not agree nor disagree with the assessment team’s finding and listed current and planned actions including engaging a consultant to draft a plan for continuous improvement (PCI) to address the non-compliance, implementing increased oversight mechanisms specifically relating to aged care including clinical indicators, and monitoring improvements through quarterly updates.

Based on the assessment team’s report and provider’s response, I find the service was not able to demonstrate the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Whilst the service plans to engage a consultant and has included preliminary plans, these plans have not been developed, embedded and sustained. In addition, I have noted the limited evidence being reported to the governing body from the service to ensure accountability and effective monitoring by the governing body to ensure safe quality care and services are being delivered.

Based on the evidence summarised above I find requirement (3)(b) non-compliant.

Requirement (3)(c)

The assessment team were not satisfied effective governance systems were in place for workforce governance, information management, continuous improvement, regulatory compliance and feedback and complaints. The following evidence was considered relevant to my finding:

* The assessment team’s report identified policies relating to these areas were not tailored to the service and applicable to CHSP.
* An electronic care management system was not yet in place, to improve information management and is not supported by the current policies.
* The PCI does not identify applicable service improvements.
* A complaint register has not been developed or implemented.
* Effective embedded processes to monitor and managed legislative compliance was not demonstrated.

The provider’s response did not agree nor disagree with the assessment team’s finding and listed current and planned actions including finalising a suite of comprehensive polices and implementing an electronic care management system which will be monitored quarterly.

Based on the assessment team’s report and provider’s response, I find the service was not able to demonstrate effective organisation wide governance systems. This specifically related to information management with policies and procedures not tailored to CHSP, and an ineffective continuous improvement system with no applicable service improvements. In relation to workforce governance, and feedback and complaints, whilst I have found both Standard 6 and 7 compliant, I am satisfied policies and procedures have not been updated to support effective governance as evidence in my finding in requirement (3)(b) in this standard as policies and procedures were significantly out of date with newly acquired policies and procedures not embedded nor sustained.

Based on the evidence summarised I find requirement (3)(c) non-compliant.

Requirement (3)(d)

The assessment team were not satisfied the service demonstrated effective risk management systems and practices relating 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 following evidence was considered relevant to my finding:

* The incident policy relates to CHSP and clinical incidents and incidents relating to personal care which is not provided by the service.
* Management and staff confirmed being provided training on serious incidents and responding to abuse and neglect.
* Care documentation evidence in Standard 2 requirement (3)(a) did not demonstrate high impact and high prevalence risks are effectively assessed.
* The organisation has a process for ensuring consumers to live their best life.
* The organisation has commenced implementing an electronic system with an electronic incident management system. For other services within the organisation, the organisation uses paper-based incident forms with effective root cause analysis, however this is not undertaken for CHSP services.

The provider’s response did not agree nor disagree with the assessment team’s finding and listed current and planned actions including providing training on risk management policies and procedures, developing a comprehensive risk register and implementing audits with improvements implemented monitored quarterly.

Based on the assessment team’s report and provider’s response, I have come to a different view and find the service was able to demonstrate an effective risk management system and practice. In relation to identifying and responding to abuse and neglect of consumers I have noted staff have recently received training on serious incidents. In relation to managing high impact or high prevalence risks associated with the care of consumers, I have considered that this is outside the scope of the CHSP services being delivered and care documentation considered in my finding in Standard 2 requirement (3)(a) noted assessment and planning considered effective assessment, specifically relating to meals and transport. In relation to managing and preventing incidents, including the use of an incident management system, whilst the electronic system is not fully implemented, I have noted there is a planned approach. In relation to supporting consumers to live the best life they can, the service has processes to support consumers to take risks, included in the evidence which was considered in Standard 1 requirement (3)(d) demonstrating consumers were effectively supported.

Based on the evidence summarised above I find requirement (3)(d) compliant.

In relation to (3)(a), consumers are engaged in the development, delivery and evaluation of care and services. Consumers can take part in biennial consumer satisfaction surveys, as well as consumer experience surveys. Staff interviewed stated they seek feedback and suggestions at every contact, and it is embedded into their assessment review process to seek consumer input on care and service delivery. Information regarding changes to the service is provided in person face-to-face and in writing.

Based on the reasons detailed above, I find requirement (3)(a) in Standard 8, Organisational governance compliant.

1. The preparation of the performance report is in accordance with section s57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)