**Performance**

**Report**

**1800 951 822**

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| Name: | Mala'la Aged Care and Community Services |
| Commission ID: | 600280 |
| Address: | Lot 480 Maningrida Street, MANINGRIDA, Northern Territory, 0822 |
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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: 8362 MALA'LA HEALTH SERVICE ABORIGINAL CORPORATION  
Service: 17884 Mala'la Aged Care and Community Services  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8395 MALA'LA HEALTH SERVICE ABORIGINAL CORPORATION  
Service: 25157 MALABAM Health Board Aboriginal Corporation - Community and Home Support

**This performance report**

This performance report for Mala'la Aged Care and Community Services (**the service**) has been prepared by A. Kasyan, 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.

# 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)

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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 | **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 | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| 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 | **Compliant** |
| **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

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

**Findings**

The assessment team recommended all requirements in Standard 1 met.

Consumers said staff always treat them with dignity and respect, such as by involving them in decision-making, honouring their choices and respecting their culture and identity. They confirmed care and services are designed around their needs and delivered in a culturally safe manner. Consumers interviewed confirmed they are supported to exercise choice and independence and said staff listen to and respect their choices, such as when they choose clothes to wear during the day, where they eat and how they spend their day. Consumers said they are supported to make connections and maintain relationships and they are provided with information that is current, accurate and timely, is easy to understand and enables them to exercise choice. Examples provided by consumers included having a verbal discussion throughout the day about what they would like to do and what meals are planned.

Staff spoke about consumers in a respectful manner and showed compassion and an understanding of their personal circumstances and life journey. Staff demonstrated familiarity with consumers’ backgrounds and described strategies which help maintain consumers’ identity, culture and diversity. Staff interviewed confirmed the primary method of communication is verbal and described how they communicate relevant information, using assistance of local staff who can translate from English to local language. Staff advised they completed cultural safety training and are supported to understand how to deliver care and services in a respectful and culturally safe manner. They said all consumers’ personal information is kept confidential and never discussed with other members of the community.

Care planning documentation showed consumers’ identity, culture and values are established on admission and care and services are adjusted accordingly. Local Aboriginal staff members are employed where possible to ensure care and services are culturally safe. Care documentation showed staff identify activities consumers choose to undertake with an element of risk and management strategies through assessment processes.

Consumers said staff respect their privacy and confidentiality is maintained at all times. The organisation has policies and procedures to guide staff in their approach around privacy and confidentiality. Computers are password protected with staff members having restricted access to information in accordance with their role. Paper files, including care plans and medication charts are stored securely in the office.

Based on the assessment team’s report, including the evidence and information summarised above, I find all requirements in Standard 1 compliant.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| 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 | 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 | 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 | 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 | Compliant |

Findings

The assessment team recommended all requirements in Standard 2 met.

Consumers were satisfied with assessment and planning processes, and confirmed staff are aware of their individual risks and had discussed management strategies with them. Consumers are encouraged to think about advance and end of life care planning when entering the service and their wish not to discuss this aspect of care planning is respected. Consumers confirmed staff communicate outcomes of assessments to them and are knowledgeable of their assessed needs.

Staff described how they collaborate closely with members of the Mala’la Health Service and other organisations to support assessment and planning processes. Staff confirmed outcomes of assessment and planning are communicated to consumers and the care plan is provided and explained to consumers during scheduled care plan reviews or when requested.

Staff demonstrated knowledge of sampled consumers’ risks and associated management strategies. Care planning documentation showed assessments had been appropriately completed and strategies to manage risks are recorded.

Care documentation reflected the current needs, goals and preferences expressed by sampled consumers and evidenced consumers’ and their representatives’ ongoing involvement in discussions regarding consumer care and services at the regular care plan reviews, in addition to informal discussions. Care plans are reviewed every 6 to 12 months.

Staff demonstrated knowledge of the incidents/change in circumstance for sampled consumers and confirmed they are notified of any new assessments and their outcomes. They described the process for arranging re-assessment following incidents or changes to consumers’ needs goals and preferences. Staff described how new or changed risks and incidents are discussed and current strategies are reviewed to develop effective interventions.

Based on the assessment team’s report, including the evidence and information summarised above, I find all requirements in Standard 2 compliant.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

The assessment team recommended all requirements in Standard 3 met.

Consumers said they are satisfied with the personal and clinical care provided by the service and considered care to be tailored to their needs. They were satisfied with how information about their needs and preferences is communicated to staff.

Staff demonstrated knowledge of consumers’ personal and clinical care needs and could detail how they ensure care is person centred. Examples provided included respecting preferences for personal care to be delivered at a certain time and meeting consumers’ mobility and dietary needs and preferences. Advance care planning information is provided to consumers on admission. Staff described how they would respond to support the needs, goals and preferences of consumers nearing the end of life.

Staff were knowledgeable about consumers’ individual risks, such as falls risk and weight loss, and documentation showed interventions have been effective at reducing the risks. Timely identification and response to a change in condition was evident in sampled consumer care documentation. Care documentation confirmed staff had recognised changes and responded to deterioration in consumers’ capacity and condition in a timely manner.

Consumers have access to visiting health practitioners, including a general practitioner, geriatrician, audiologist, physiotherapist, speech pathologist, dietitian, occupational therapist, dentist, and renal specialists to whom referrals are sent in a timely manner. All visiting health professionals have access to consumers’ records to enable effective communication of information. Staff confirmed they are provided with sufficient, timely and up-to-date information to enable safe delivery of care and services.

The service has effective systems to minimise infection related risk. There is an outbreak management plan and an infection prevention control lead at the service level. Staff receive education on hand hygiene, infection control and outbreak management.

Based on the assessment team’s report, including the evidence and information summarised above, I find all requirements in Standard 3 compliant.

# Standard 4

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| Services and supports for daily living | | HCP | 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

The assessment team recommended all requirements in Standard 4 met.

Consumers said they are supported to maintain connection to the land and local places of importance to them, preparing and eating traditional foods and going fishing. They said they can participate within the community, maintain and develop social and personal relationships and do things they are interested in.

Staff described how the services support consumers’ emotional, spiritual, and psychological wellbeing and these are reviewed regularly. They said they often take consumers on camping trips which helps maintain connections with family and community members.

Staff reported they can access information about consumers’ needs and preferences from the care files, progress notes and handover process. Care documentation, including progress notes confirmed staff exchange information regarding consumers with relevant people.

The service demonstrated referrals to individuals and other organisations and providers had been timely and appropriate. Progress notes demonstrated when a need was identified, staff had initiated referrals to the appropriate service promptly and followed up on the outcome of the referral.

Consumers advised they enjoyed the food, and staff advised they have incorporated consumers’ traditional foods in the menu in line with their preferences, such as kangaroo tail and water buffalo. The assessment team observed consumers being served food that was in line with the texture modified dietary requirements documented in their care plans.

Consumers confirmed they have equipment they need and staff maintain the equipment in a clean and working condition. Equipment, such as walking aids, lifting machines and shower chairs were observed to be well maintained, clean and in safe condition. Staff confirmed they have access to sufficient equipment to ensure consumers can participate in the lifestyle program and maintain their independence.

Based on the assessment team’s report, including the evidence and information summarised above, I find all requirements in Standard 4 compliant.

# Standard 5

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| Organisation’s service environment | | HCP | 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 | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The assessment team recommended all requirements in Standard 5 met.

Consumers and representatives confirmed the service environment is welcoming, homely, and easy to navigate. Consumers said they can personalise their bedroom, bring items of furniture from home and they always feel welcomed by staff. They found the service to be comfortable and clean and they can move freely both indoors and outdoors.

The assessment team observed the service to be clean with most consumers occupying double rooms with shared bathrooms. The service has a courtyard which is accessible to all consumers. Consumers were observed moving freely both indoors and outdoors in the courtyard. Doors to the outside areas were unlocked and had wheelchair access ramps enabling consumers with mobility aids free access to the area.

Cyclone safety assessments are conducted for each consumer and held in their file in case of a weather emergency. Emergency evacuation diagrams were displayed in the main area of the service, and fire equipment checks were noted to be up to date and documented in the electronic maintenance log. The service’s fire equipment and fire safety training are completed by external contractors annually. The service has a backup power generator in case of a power outage.

Maintenance staff manages preventative and reactive maintenance at the service and external contractors are used to repair the equipment if necessary. The service is in the process of organising a new call bell system that is currently not operating. In the meantime, consumers who are unable to call out for help have been given alternate tools to alert staff.

Based on the assessment team’s report, including the evidence and information summarised above, I find all requirements in Standard 5 compliant.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

The assessment team recommended all requirements in Standard 6 met.

Records showed consumers have received and signed the Charter of Aged Care rights, and their Client Agreement, which includes information on how to make a complaint, both within and external to the organisation, and contact information on advocacy and translator services. Consumers confirmed they feel comfortable speaking with management and staff if they have any concerns.

Documentation showed, and management said they do not receive many complaints and consumers are very forthcoming in letting them or staff know if there are any issues they want to raise. Feedback is usually provided verbally and acted upon in a timely manner.

Staff demonstrated understanding of the feedback and complaints process and confirmed ways in which they support consumers in doing so by raising issues with management. Consumers are provided with a feedback form in their welcome pack, and one is in their care file kept in their home.

The service has access to interpreter and translation services. Family and community members help consumers with raising an issue with management where needed. The assessment team observed pamphlets available to consumers, their families and staff on the internal and external complaints processes, advocacy services, and the interpreter or translation services.

Management and staff provided examples of feedback and complaints the service had received and actioned, which improved the quality of care and services for consumers. Significant complaints are reported to the governing body.

The feedback register showed minimal number of complaints and no other feedback recorded. However, management was able to provide examples of how consumer feedback was used to improve the quality of care and services. They advised they are going to improve record keeping of consumer feedback and complaints by recording them in the register.

Based on the assessment team’s report, including the evidence and information summarised above, I find all requirements in Standard 6 compliant.

# Standard 7

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| Human resources | | HCP | 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

The assessment team recommended all requirements in Standard 7 met.

Workforce planning documentation, including rosters, staff allocations, and records of unfilled shifts, demonstrated the service has sufficient staff to attend to consumers’ care and provides services in line with their assessed needs, goals and preferences. Consumers were satisfied there were enough staff to ensure they are well cared for. They expressed their confidence in staff skills and knowledge by describing them as qualified, well trained and able to provide safe care and services.

Consumers said staff interactions with them are kind and caring, and staff were observed interacting with consumers in a respectful and kind manner. Management advised staff are required to adhere to a code of conduct and described actions the organisation will take when a breach of the code occurs. Staff receive training in how to provide person centred care, including cultural diversity, consumer choice, decision making and dignity and respect.

The service ensures its workforce is competent and have the qualifications and knowledge to effectively perform their roles, including through checking staff have required qualifications, ongoing mandatory competency assessments, such as medication competency, orientation process, ongoing training, and buddy shifts with experienced staff. Staff competency is monitored through direct observation, feedback from consumers and other staff, training/skills competency and staff performance appraisals.

Management described how they monitor and review each staff’s performance through ongoing verbal discussion and informal meetings. Staff confirmed there is a performance review process which includes annual appraisals. Staff expressed satisfaction with how they trained, equipped and supported to deliver safe and effective care and services and perform their duties and responsibilities.

Based on the assessment team’s report, including the evidence and information summarised above, I find all requirements in Standard 7 compliant.

# Standard 8

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

Findings

The assessment team recommended all requirements in Standard 8 met.

Consumers can provide input into care and services and do so via feedback mechanisms, including verbally through resident and relative meetings. Identified improvements are incorporated into the service’s Plan for Continuous Improvement (PCI).

The organisation has systems in place, including reporting mechanisms to the board and policies and procedures to ensure a culture of safe, inclusive, and quality care and services. The board ensures the organisation has structures in place for following up and reporting on issues relating to clinical care, incident reporting including Serious Incident Response Scheme (SIRS), complaints and high impact or high prevalence risks within the service.

There are effective organisation wide governance systems relating to information management, continuous improvement, regulatory compliance, feedback and complaints, financial governance and workforce governance which assist with improving outcomes for consumers. The service maintains a PCI and opportunities for improvement are identified following incidents, audits, feedback received from consumers and staff and when changes to legislation occur. The service has a process for monitoring staff performance and providing opportunities for staff improvement, including education and training.

The organisation tracks changes to aged care law and uses meetings, training sessions and communication materials to advise staff of changes to policies and procedures, and legislative requirements. There is an effective system in place to assist in managing high impact high prevalence risks. Clinical incident data is collected and analysed, a clinical risk register is in place and various clinical and clinical governance meetings are held regularly. There is an effective incident management system to ensure the service identify, record, escalate, report, monitor and review all clinical incidents and incidents reportable under the SIRS. Staff showed awareness of their responsibilities and described how they are required to report all incidents in line with the policies and procedures.

The clinical governance framework addresses antimicrobial stewardship, open disclosure and minimising the use of restraint. Staff demonstrated understanding of these concepts and explained how they were applied in practice. They described they practice open disclosure by apologising and being transparent.

Based on the assessment team’s report, including the evidence and information summarised above, I find all requirements in Standard 8 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)