**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Ngaanyatjarra Health Service |
| Service address: | Shop 2, 58 Head Street ALICE SPRINGS NT 0870 |
| Commission ID: | 500224 |
| Home Service Provider: | Ngaanyatjarra Health Service (Aboriginal Corporation) |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 29 November 2022 |
| Performance report date: | 4 January 2023 |

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.

**This performance report**

This performance report for Ngaanyatjarra Health Service (**the service**) has been prepared by M Abjorensen, 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.

# Services included in this assessment

**Home Care:**

* Ngaanyatjarra Health Service, 17940, Shop 2, 58 Head Street, ALICE SPRINGS NT 0870

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff
* the provider’s response to the assessment team’s report received 15 December 2022.
* the provider confirmed the home care package service has ceased, including evidence that to show the service does not have any consumers assigned to receive home care packages.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Not Applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Applicable** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |
| **Standard 8** Organisational governance | **Non-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.

|  |  |  |
| --- | --- | --- |
| 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. | Non-compliant |

# Other relevant matters:

The service has commenced process to close the home care package services and no longer delivers services to any consumers.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Not applicable |
| 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 applicable |
| 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. | Non-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 applicable |
| 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. | Not applicable |

Findings

The service has ceased delivering services to HCP consumers and finalising the closure of HCP service delivery. Consumer service delivery ceased in August – September 2022 and the provider evidenced the exit date of each of the three consumers. However, while the service closure is imminent, but not finalised the Assessment Contact was completed.

Through interviews with management the Assessment Team reported police checks have not been obtained for all board members. The service reported some actions taken to meet regulatory requirements. For example, following a Board meeting on the 18 October 2022, six board members ‘consent to police check’ forms were received from six of the 18 Board members. The Assessment Team reviewed these forms which enables police checks to be processed. However, management advised that identification documents have not been obtained from these board members because those members do not have the required identification documents that are required to apply for a police check.

The Assessment Team reported the challenges the service faces meeting the regulatory requirements around police record checks; the associated identification requirements and other requirements because of limited resources, distance and information technology challenges. Management advised the service is the most remote service in Australia and covers an area of 250,000 square kilometres.

The Decision Maker notes that without any consumers within HCP services, risk posed to consumers is negated. Additionally, the provider advised all remaining HCP claims, for February to September 2022, will be completed by 13 January 2023, to finalise the closing of the homes are package service.

The Decision Maker acknowledges the service continues to implement processes to overcome challenges related to the remote location, resources and technology accessibility

The Decision Maker appreciates the service responded proactively to the Assessment Teams’ findings and provided further information related to the progress of board member police checks, as follows –

* Of 18 board members, three positions are vacant, two board members hold current police checks and 13 board members are currently being pursued through an alternative process for the gathering of identification documents.
* The service advised this a novel process and unclear if this method will be accepted. However, if successful, the process will satisfy 8(3)(c) and facilitate the Criminal Checks process through the use of a verification document.

The Decision Maker is confident if the corrective action is effective and completed, the service will have implemented a suitable process to comply with regulatory requirements in the future.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)