**Performance**

**Report**

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| Name: | Nhulundu Health Service |
| Commission ID: | 700524 |
| Address: | 27-29 Goondoon Street, GLADSTONE, Queensland, 4680 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 17 July 2024 |
| Performance report date: | 16 August 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 2632 Nhulundu Wooribah Indigenous Health Organisation Incorporated  
Service: 18261 Nhulundu Wooribah Aged Care Program (CCP)  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7286 Nhulundu Wooribah Indigenous Health Organisation  
Service: 23833 Nhulundu Wooribah Indigenous Health Organisation - Community and Home Support

**This performance report**

This performance report for Nhulundu Health Service (**the service**) has been prepared by Kimberley Reed, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 26 July 2024
* the Performance report completed 23 April 2024, following the Quality Audit completed 20-21 March 2024.
* Other information and intelligence held by the Commission in relation to the service.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all Requirements were assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all Requirements were assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all Requirements were assessed** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all Requirements were assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all Requirements were assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all Requirements were assessed** |

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)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |

Findings

The service was found to be non-compliant in this requirement following the Quality Audit conducted on 20 - 21 March 2024 relating to:

* The service had not embedded a process to ensure consumers were able to make informed choices regarding risk and appropriate mitigation strategies had not been implemented.
* Care staff were unaware of the service’s process in the event a consumer wished to take risks involving their care.
* Consent and risk mitigation strategies had not been considered or documented.

To address the previous non-compliance the service has taken the following actions:

* Planned actions detailed in the plan for continuous improvement included the development of a framework and documentation to capture the dignity of risk for consumers. A dignity of risk form was created to allow consumers to make informed decisions about the risks taken and to discuss risk mitigation or elimination strategies. Education and training were provided to staff including the identification, reporting and recording of dignity of risk. Staff confirmed their attendance at training and demonstrated an awareness of the service’s processes in the event a consumer wished to take risks involving their care.
* The service implemented changes to the referral and assessment process to include a determination from an allied health professional including preventative strategies to reduce the impact and likelihood of risks and recording this information on the care plan for staff access.
* The governing body of the organisation attended a governance training and strategic planning workshop on 20 May 2024, whereby education was provided relating to the organisation’s risk framework including key risk categories, consequences, likelihood, appetite and risk indicators.
* For the named consumers noted in the previous Quality audit report where the risks involved with their care had not been identified and mitigation strategies had not been implemented, documentation supported the risks involved with the consumers’ care have been identified, mitigation strategies documented, and dignity of risks forms completed.

The service demonstrated consumers were supported to take risks if they chose, and steps were taken to mitigate the potential impact of risks when possible, and these strategies were documented to guide staff practice. Consumers and representatives confirmed consumers were supported to undertake risk-based activities. Based on the information recorded above, it is my decision this Requirement is now Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 |

Findings

The service was found to be non-compliant in this requirement following the Quality Audit conducted on 20 - 21 March 2024 relating to:

* Consumer intake assessment and planning forms were not uploaded into the service’s electronic care system and care staff did not have access to the document.
* The outcomes of assessment and planning were not effectively documented in consumer care and service plans.

To address the previous non-compliance the service has taken the following actions:

* Allied health professionals were consulted in March 2024 to identify and develop additional information to capture in care planning documentation and assist in preventative strategy development.
* Care plans were updated to identify consumer goals and improvements were made to the assessment and planning template to incorporate recommendations from allied health professionals.
* Staff were provided education relating to note taking practices, recording and reporting of risks to consumers and the identification of information gaps in care planning documentation.

The service demonstrated effective systems to ensure initial and ongoing assessment and planning outcomes were documented within each consumer’s electronic care plan and staff could access this information. Care documentation evidenced outcomes of assessment and planning were included in consumer care plans to inform and guide staff regarding best practice care provision and service delivery. Consumers and representatives confirmed consumers had access to up-to-date care planning documentation. Staff confirmed they had access to consumer care documentation through their mobile devices. Based on the information recorded above, it is my decision this Requirement is now Compliant.

# Standard 8

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| 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)(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 |

Findings

Requirement 8(3)(a) Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

The service was found to be non-compliant in this requirement following the Quality Audit conducted on 20 - 21 March 2024 relating to:

* The service was not engaging consumers in the development, delivery and evaluation of care and services.
* Consumers and representatives were not partnered in improving the delivery of care and services.

To address the previous non-compliance the service has taken the following actions:

Management at the service utilised strategies to encourage consumers to join a consumer advisory board. Actions included hosting an informal morning tea and social group to gain feedback and suggestions. Flyers, emails, face to face discussions and social media platforms were used to gain consumer interest in the advisory boards.

Consumers and representatives provided feedback their feedback was utilised to improve care and services and they felt supported to engage with the service. Documentation supported the efforts taken by the service to gain consumer participation in an advisory board. Annual satisfaction surveys are used to provide feedback about care and services Feedback forms are distributed every six months to each consumer. Based on the above information, it is my decision this Requirement is now Compliant.

Requirement 8(3)(c) Effective organisation wide governance systems relating to the following:

1. information management; (ii) continuous improvement; (iii) financial governance; (iv) workforce governance, including the assignment of clear responsibilities and accountabilities; (v) regulatory compliance; (vi) feedback and complaints.

The service was found to be non-compliant in this requirement following the Quality Audit conducted on 20 - 21 March 2024 relating to:

* Ineffective information management including care planning documentation.
* A lack of a plan for continuous improvement as per legislative requirements.
* Inconsistent recording of feedback and complaints raised by consumers and representatives.

To address the previous non-compliance the service has taken the following actions:

* A review of information contained in the plan for continuous improvement occurred to ensure the collection and analysis of information. The plan for continuous improvement is discussed monthly by the management team.
* Effective risk management systems and processed were implemented including risk assessments for consumers.

Policies and procedures were in place to guide information management. The organisation maintained a range of electronic software programs to ensure information was managed and communicated appropriately. Staff had access to information to support care and service delivery. The service had a plan for continuous improvement that monitored areas for improvement and included planned completion dates. Management reviewed all suggestions for improvement and regularly updated the plan for continuous improvement as items finalised or changes arose.

The organisation had an established system for collection, escalation and tracking feedback and complaints. Reporting and trending of complaints and compliments was provided to management and Board meetings to inform continuous improvement. Policy and procedures were available to guide management and staff in complaints management and open disclosure. Consumers and representatives were satisfied they had access to feedback and complaints mechanisms and how they were implemented. Based on the above information, it is my decision this Requirement is now Compliant.

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