**Performance**

**Report**

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| Name: | Nindilingarri Cultural Health Service |
| Commission ID: | 500255 |
| Address: | 52 Fallon Road, FITZROY CROSSING, Western Australia, 6765 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 3 September 2024 to 4 September 2024 |
| Performance report date: | 4 October 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.

# Services included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9469 NINDILINGARRI CULTURAL HEALTH SERVICES INC  
Service: 27191 NINDILINGARRI CULTURAL HEALTH SERVICES INC - Community and Home Support

**This performance report**

This performance report has been prepared by Therese Wilson, 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 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers, representatives and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| 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 | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |
| **Standard 8** Organisational governance | **Not applicable** |

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 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

As five of five Requirements have been found to be compliant, the overall rating for this Standard is compliant.

The service was found non-compliant with this Standard following a Quality Review conducted 27 November 2023 to 29 November 2023. The service did not have comprehensive assessment and planning process that considered consumer risks, strategies to mitigate risk were not recorded or discussed with consumers. Assessments did not identify advanced care planning and end of life needs, and consumers did not have documented care plans that were reviewed regularly or provided to the consumer. While there was a process to review care following changes or incidents it was not occurring consistently.

To address the deficits the service introduced improvements which included, but was not limited to, reviewed the care planning processes including developing an assessment template to assist with assessment and planning and changing procedures to ensure all goal needs and preferences were captured in the care plan, including end of life care needs. Education and training was provided to management and staff regarding the development of care plans and detailed care plans were developed and shared with consumers.

Consumers confirmed they are satisfied with the care planning process which includes good communication and meets their current goals, needs, and preferences. Consumers said staff have talked with them and they are offered a copy of their care plan, staff know them well, and they get all of their care needs met.

Staff described the improved assessment and planning process and how they identify consumer’s needs, goals, and preferences along with the communication to ensure services provided continue to meet consumer needs. Staff demonstrated a good understanding of the consumers in their care, the services they needed, and how they liked services provided.

Documentation confirmed assessment and care planning documents have been developed, risks related to consumers’ care have been documented, and strategies to mitigate risk implemented. Consumers’ needs, goals and preferences have been identified and documented in the care plan including advanced care and end of life planning where consumers wish. A care planning review system is in place, which includes a review when there is a change of circumstance or an incident takes place.

It is for these reasons I find Standard 2, Ongoing assessment and care planning with consumers compliant.

# Standard 3

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| Personal care and clinical care | | 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |

Findings

As only three Requirements were assessed the overall rating for this Standard is not applicable.

The service was found non-compliant with Requirements (3)(a), (3)(b) and (3)(e) following a Quality Review conducted 27 November 2023 to 29 November 2023. It was found the service did not have care plans to guide staff in providing best practice care, risks were not identified or mitigating strategies known and information was not documented or shared with other providers of care.

A number of actions were undertaken to address the deficits included, but was not limited to, the development of individual personal care plans for consumers with preferences is documented to guide care, review of each consumer to identify risks and mitigation strategies documented in care plans. Training on risk identification and mitigations strategies and implementation of effective process for information sharing including through regular meetings and progress notes. Establishment of an electronic care management system enabling staff access to care plans and to enable ease of documentation and exchanging of information along with development of regular communication with other stakeholders.

Consumers and representatives confirmed they are satisfied with the care and services provided and said they are well cared for. Staff could describe what care consumers require including information about what is important to them, and the care and services they need. Staff could describe their at-risk consumers, strategies to mitigate risk, and how they liaise with health providers if they identify a consumer is at risk outside their scope, including a change in health condition.

Documentation showed care plans contain information to assist staff to provide best practice care and risks are recorded with mitigating strategies provided. The electronic care management system enables the exchange of information relevant to consumer care and is easily accessible for staff.

It is for these reasons I find Requirements (3)(a), (3)(b) and (3)(e) compliant.

# Standard 4

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| Services and supports for daily living | | CHSP |
| 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 |

Findings

As only two Requirements were assessed the overall rating for this Standard is not applicable.

The service was found non-compliant with Requirements (3)(c), and (3)(d) following a Quality Review conducted 27 November 2023 to 29 November 2023. It was found the service did not demonstrate it supports consumers to participate in the community and do things of interest to them and information about consumer’s needs, conditions, goals and preferences were not documented and communicated within the organisation.

The service introduced improvements which included, but was not limited to, a review of consumer activities including documenting their preferences and establishing routines. An electronic care system was introduced to allow staff easy access to information, a communication to support the exchange of information and a review of processes for passing on relevant information to other stakeholders.

Consumers confirmed they are supported to participate in their community, keep in touch with people who are important to them, and do the things of interest to them. Consumers said they do not have to repeat information to let staff know their needs and preferences.

Staff described how they support consumers to participate in the community or engage in activities of interest to them. Staff said have regular meetings where they can refer consumers for a review when staff report any changes or deterioration in consumer’s health or wellbeing.

Consumers were observed participating in activities in the day centre and being asked what they would like to do. Others were observed receiving bus transportation to community events. Documentation such as care plans, progress notes, handover documents, and meeting minutes confirmed staff are capturing, documenting, and communicating information about consumers condition, needs and preferences.

It is for these reasons I find Requirements (3)(c), and (3)(d) 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)(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

As only three Requirements were assessed the overall rating for this Standard is not applicable.

The service was found non-compliant with Requirements (3)(a), (3)(c) and (3)(d) following a Quality Review conducted 27 November 2023 to 29 November 2023. The service could not demonstrate how they supported consumers to provide feedback and there was not a documented system to show appropriate action was taken in relation to complaints and feedback or that they reviewed feedback to improve care and services.

The service introduced improvements which included, but was not limited to, improving brochure information, installing a feedback box in the day centre, reviewing policies and procedures, training for staff and meeting to discuss complaints trends.

Consumers confirmed they know how to provide feedback and make a complaint, and feel comfortable raising issues when things go wrong. Consumers are confident the service review complaints and feedback and takes action to improve the quality of care and services.

Staff confirmed they have undertaken training and know the different avenues to record and resolve complaints information. Staff confirmed complaints are discussed at meetings with documentation confirming this. The plan for continuous improvement showed items recorded that have resulted from the complaints and feedback process.

It is for these reasons I find Requirements (3)(a), (3)(c) and (3)(d) 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 |

Findings

As only one Requirement was assessed the overall rating for this Standard is not applicable.

The service was found non-compliant with this requirement following a Quality Review conducted 27 November 2023 to 29 November 2023. The service did not demonstrate there were sufficient staff to complete the responsibilities of their roles. The service implemented improvements which included, but was not limited to, staff training, recruitment and contingency plans to ensure continuity of care should regular staff not be available.

Consumers confirmed there is enough staff to tend to their care needs and provide them with quality care. Staff said despite the remote location there are enough staff to deliver the care and services consumers require. Staff did not appear rushed and were calm while providing care and services. Staff confirmed they now have time to access and input notes into consumer files.

It is for these reasons I find Requirement (3)(a) 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 |

Findings

As only one Requirement was assessed the overall rating for this Standard is not applicable.

The service was found non-compliant in this requirement following a Quality Review conducted between 27 November 2023 to 29 November 2023. The service was unable to demonstrate they were engaging consumers in the development, delivery and evaluation of care and services. The service implemented improvements including, but was not limited a regular survey which is discussed at meetings amongst staff and management and a brochure to inform consumers of monthly activities so they can provide feedback ahead of time.

Consumers confirmed they have completed the survey, and consultation occurs to provide feedback on the services they want provided. Management stated, staff described, and documentation showed, consumers are directly involved in deciding what activities occur.

It is for these reasons I find Requirement (3)(a) 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)