**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | NPY Women's Council |
| Commission ID: | 600315 |
| Address: | 3 Wilkinson Street, ALICE SPRINGS, Northern Territory, 860 |
| Activity type: | Quality Audit |
| Activity date: | 23 July 2024 to 24 July 2024 |
| Performance report date: | 2 September 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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7424 NPY Women's Council  
Service: 24864 NPY Women's Council - Care Relationships and Carer Support  
Service: 24863 NPY Women's Council - Community and Home Support

**This performance report**

This performance report for NPY Women's Council (**the service**) has been prepared by R Beaman, 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 Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The provider did not submit a response to the assessment team’s report.

# 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 4** Services and supports for daily living | **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

|  |  |  |
| --- | --- | --- |
| 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 confirmed they are treated with dignity and respect, with their identity, culture and diversity valued and respected. Consumers described how they service provides culturally safe services, and how they are supported to make decisions about the services they receive, including where they undertake risks. Additionally, consumers confirmed the service provides them with information about their services in a way they understand and in line with their cultural needs. Consumers confirmed they are supported to maintain their social connections to their community.

Staff were respectful of consumers cultural needs and described how they support consumers in providing culturally safe services. Staff demonstrated knowledge of consumers individual needs, and how they ensure they communicate effectively to give consumers choice about their services. Staff described how they support consumers choice to take risks in a way that is in line with the consumers’ culture and described how they have access to relevant care documentation and maintain consumers’ privacy and confidentiality. Assessment team observations confirmed staff practices and interactions with consumers were consistent with maintain privacy and confidentiality, while treating the consumers in a dignified and respectful manner.

Care documentation confirmed consumers are partners in assessment and planning and outlines information about the consumers family, community and next of kin. Care files were inclusive of information related to the consumers cultural needs, goals and preferences and were consistent with information provided by consumers and staff. Information was observed to be available in different formats and languages to ensure consumers understand the information provided.

Management and service documentation confirmed systems and processes in place to ensures consumers are partners in their care and services and supported to make decisions about their services. Policies, procedures and training is in place to ensure staff are supported in providing culturally safe services, including diversity and inclusion, as well as privacy and confidentiality.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore, the Standard is compliant.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Consumers felt they are receiving safe and quality care and services and confirmed undergoing a comprehensive assessment process to identify their needs, goals and preferences, which included risk assessments, and that staff know what support they need during the service. Consumers confirmed they are involved in their own assessment and planning and can involve representatives or others in this process if they wish. Consumers confirmed they are notified outcomes of assessment and planning and undergo reviews on a regular basis or when changes to their needs are identified.

Care documentation showed assessment and planning are undertaken in consultation with consumers and included validated risk assessments, regular reviews and needs, goals and preferences of consumers. Documentation was consistent with the consumers’ identified needs, and staff confirmed they contain adequate information to support them in their roles.

Management and staff described assessment and planning processes and displayed knowledge of cultural sensitivities in relation to advance care directives and end of life care. Additionally, staff described how they support and communicate outcomes to consumers or other allied health professionals.

Policies and procedures are in place to guide and support staff practice, and effectively identify, assess and manager the delivery of safe and effective services.

Based on the assessment team’s report, I find all requirements in Standard 2 ongoing assessment and planning with consumers compliant, therefore, the Standard is compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers expressed satisfaction with the services and supports for daily living provided to them, and were satisfied the services optimise their wellbeing, independence and quality of life. Consumers said staff know them well and are usually provided with the regular staff members who can support them emotionally, spiritually and psychologically when they need it. Consumers described how the services provided support them to participate in their community and maintain connections to others. Consumers felt safe and comfortable in transport vehicles and were satisfied equipment provided by the service is well maintained, safe and clean.

Staff demonstrated knowledge of individual consumer’s needs, and provided examples of how they support consumers with their well-being, health, independence, emotional and spiritual needs. Staff described how consumers are supported to maintain their connections and participate in their communities through services provided. Staff confirmed information regarding changes to consumers’ needs are communicated to them verbally and through care documentation, and described how they ensure equipment is safe for use, with reporting processes when issues are identified.

Care documentation was consistent with consumer’s needs, goals and preferences for activities of daily living, and included referrals and communication to other organisations and medical professionals where required. Management described, and service documentation confirmed, processes in relation to services and supports for daily living, and was inclusive of vehicle and equipment maintenance, and referral processes.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant, therefore, the Standard is compliant.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 advised they feel safe and comfortable in providing feedback and complaints to the service and are made aware of the avenues to provide feedback. Consumers described how they are supported to access advocacy and language services if they need assistance, and said the service responds to feedback and complaints in a timely and appropriate manner.

Staff were knowledgeable about the service feedback and complaints process and described supporting consumers to provide feedback and complaints. Management confirmed how information is provided to consumers on feedback and complaints on commencement of services and on an ongoing basis and that information is available in multiple languages.

Service documentation included a spreadsheet to document all feedback and complaints received which was consistent with service policies and procedures. Meeting minutes showed, and management confirmed, feedback and complaints are discussed and reviewed at various meetings across all levels to identify actions to improve service delivery. The continuous improvement plans included entries which identify ongoing training needs and improvements to care and services. Policies, procedures and training is in place in relation to feedback and complaints and open disclosure.

Based on the assessment team’s report, I find all requirements in Standard 6 feedback and complaints compliant, therefore, the Standard is compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 expressed satisfaction with the mix, skill and competence of staff, confirming staff arrive to services on time and treat them with care and respect. Consumer felt safe during services and are confident in the skills and knowledge of staff. Additionally, consumers said management seek feedback about staff performance on a regular basis.

Staff felt supported in delivering services to consumers and are provided training to ensure they have the skills, knowledge and competence to effectively perform their roles. Staff indicated their qualifications, clearances and mandatory training is monitored by management and they are provided notifications when they are required to update these. Additionally, all staff confirmed undertaking performance reviews regularly and felt safe in expressing concerns or additional training needs.

Management described rostering processes, which include prioritisation of services and consideration of the consumers cultural or language background when scheduling staff. Additionally, the service has recruitment processes in place to ensure staff have the required qualifications, skills, mandatory clearances and training to undertake their roles, with additional training provided during induction processes.

Service documentation included processes to monitor and undertake performance appraisals, which management confirmed with additional processes in place to informally monitor staff practices and performance. Training records, staff meeting minutes and policies and procedures showed how training requirements are identified and tracked by management and support staff to undertake their roles.

Based on the assessment team’s report, I find all requirements in Standard 7 human resources compliant, therefore, the Standard is compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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. | 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 |
| 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

Consumers described how they are engaged in improving service delivery through providing feedback and discussions with staff. Management and service documentation confirmed processes to ensure consumer and representative engagement in the delivery of quality services, and described a range of methods, including annual surveys, community events and consumer reviews.

Documentation demonstrated various ways the organisation’s governing body is accountable for the delivery of safe, inclusive and quality services. Management described organisational structures which provide information to the governing body, which was confirmed through various meeting minutes. Board minutes show service delivery is discussed at board meetings and include reporting and escalation of critical incidents and continuous improvement.

Organisational governance systems are effective to ensure information is managed appropriately to enable staff to deliver services in a way that meets consumers’ needs and preferences. Systems and processes are in place to ensure information is readily available to staff and stored securely across multiple platforms and is inclusive of service and consumer documentation. Continuous improvement processes are driven through engagement with consumers and staff, with processes to document, action and evaluate opportunities identified. Processes in place ensure the effective management of funding in relation to CHSP services to ensure oversight of service delivery and have processes in place to monitor and report finances including approval processes. Additionally, policies and procedures in place drive recruitment, induction and monitoring of the service’s workforce, with considerations of the service location and communities included to ensure a workforce that is planned and meets the needs of consumers.

Documentation demonstrated high impact or high prevalence risks are assessed and managed through policies and procedures and assessment processes and is inclusive of identifying vulnerable consumers and risks specific to their regional location. Consumers are supported to live their best life and where risks are taken, staff described how they supported consumers to engage in those activities in a safe manner. Staff described how they use the incident management system to manage and prevent incidents, including those that require reporting to external services.

Based on the assessment team’s report, I find all requirements in Standard 8 organisational governance compliant, therefore, the Standard is compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)