**Performance**

**Report**

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| Name: | Tullawon Health Service |
| Commission ID: | 600207 |
| Address: | Health Clinic, 303 Tullawon Square, YALATA, South Australia, 5690 |
| Activity type: | Quality Audit |
| Activity date: | 5 November 2024 to 6 November 2024 |
| Performance report date: | 13 December 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: 7535 Tullawon Health Service Inc  
Service: 24765 Tullawon Health Service Inc - Care Relationships and Carer Support  
Service: 24766 Tullawon Health Service Inc - Community and Home Support

**This performance report**

This performance report has been prepared by J Wilson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.

# 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 service outlet(s), review of documents and interviews with staff, consumers/representatives and management.
* the provider did not submit a response to the assessment team’s report.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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** |

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 | | 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 described staff as respectful and confirmed they are treated with dignity with their culture and identity valued and understood. Consumers felt care and services were delivered in a culturally safe manner and are supported in making choices about their care and services, including who is involved in decision making. Consumers are supported to take risks, and confirmed they are consulted in the process, including mitigation strategies. Consumers felt their privacy and confidentiality was protected and maintained, and they are provided information in a way they understand.

Staff were familiar with and described how they provide culturally safe services and supports in a respectful, dignified manner. Staff were familiar with the needs of consumers, and described how they tailor services and supports to the consumers needs, including adjusting the location of services based on the consumer’s travel between country and home. Staff confirmed supporting consumers to make choices in their services and supports, including supporting consumers to take risks. Staff were mindful of maintaining consumers’ privacy and confidentiality, and confirmed access to the electronic care system is password protected.

Management confirmed consumers are supported to make choices about their services and supports, including who is involved, and are supported to undertake activities including risk. Staff and management described ways they communicate information to consumers, including the use of translation to ensure consumers can understand. Management described how they ensure staff are familiar with providing culturally safe care, including supporting staff to obtain Aboriginal mental health certification.

Care documentation included information on the consumer’s background, cultural and religious practices and family histories and connections. Consumers who undertake activities including risks were documented, with mitigation strategies and evidence of consultation with consumers and other health professionals where required. The service has policies and procedures in place to guide and support staff practices in relation to privacy and confidentiality.

Staff interactions with consumers displayed considerations, patience, care and respect, with services and supports tailored to each consumer. Information packs were designed with large fonts, pictorial imagery and the use of Pitjantjatjara Yankunytjatjara language to support consumer understanding. Information was displayed throughout the service environment via posters, leaflets and signage. Care documentation is accessible via password protected logins with tailored access according to the staff members role.

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

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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

Consumers confirmed they are included in assessment and planning processes and are asked about their preferences and goals. Consumers described how the service discusses their care needs and are able to include others in assessment and planning processes when they wish.

Staff described assessment and planning processes, including the assessment of consumer needs, goals, preferences and risks associated with their care. Staff confirmed communication processes to ensure they are notified of the needs, goals and preferences of consumers, including risks and associated strategies implemented. Staff were familiar with processes to review consumers’ assessments and care plans, including events which would trigger a review outside of the regular cycle. Staff demonstrated knowledge of consent processes to include other providers of care in assessment and care planning, and described how care plans are offered to consumers and discussed at every review.

The service has a focus on enablement and reablement approaches to care and services, so management confirmed they have processes in place to ensure consumers are involved in assessment and planning, with needs, goals and preferences discussed and planned. Management described a collaborative approach between the service and health clinical to inform the delivery of safe and effective services and supports.

Care documentation documented the outcomes of assessment and planning to guide and support staff in the delivery of safe and effective care and services. Risk assessments, including validated risk assessment tools, had been completed for sampled consumers, with ongoing review undertaken in line with services’ policies and procedures. Care documentation confirmed consumers are included in assessment and planning processes, with consumers needs, goals and preferences outlined, including end of life planning where culturally appropriate. Consumer documentation included the details of family, next of kin and other services and supports involved in the consumer’s care and services, with outcomes of assessment and planning communicated effectively. Service documentation included a register to monitor and track consumer care plan reviews, including transient consumers who sometimes contact the service for support.

Based on the assessment team’s report, I find all requirement in Standard 2 Ongoing assessment and planning with consumers compliant, therefore the Standard is 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)(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 |
| 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 |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

Consumers expressed satisfaction with the personal care provided by the service, and felt they receive effective personal care in a safe environment. Consumers confirmed the staff know their needs, goals and preferences well and they do not have to repeat themselves.

Staff were familiar with the needs, goals and preferences of consumers and described how they tailor care to meet the consumer’s needs. Staff understood the risks associated with the care of consumers, including falls, and the mitigation strategies in place to minimise harm. Staff described escalation and reporting processes when a change or deterioration in a consumer’s health and wellbeing is identified, including undertaking care plan reviews or referrals to the local health clinic. Staff confirmed communication processes to ensure information about the needs, goals and preferences of consumers is effectively communicated, including verbal handovers from the health clinic each Monday in relation to medication management.

Management and staff described referral processes to other services providers including allied health and my aged care should an increase in services and supports be required. Management advised the service is supported by an infection prevention and control lead and has an outbreak management plan to guide and support staff. Staff were familiar with and demonstrated infection control practices, including the use of personal protective equipment. While the service does not directly provide end of life care, management described how the service supports other providers of care and services to support consumers to pass away in the community.

Care documentation was consistent with consumers needs, goals and preferences and included associated risks and mitigation strategies implemented to prevent harm. Documentation shows the service participates in conference planning and assessments with external providers of palliative care and the consumer’s family to ensure the consumer’s needs and dignity were met. Care documentation includes evidence of actions taken when changes or deterioration had been identified in a consumer’s health and well-being with timely and appropriate referrals undertaken when indicated.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant, therefore the Standard is compliant.

# Standard 4

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| 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)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers expressed satisfaction with services and supports provided, describing how they optimise their independence, well being and quality of life. Consumers described how the transport service allows them to maintain their independence while continuing to access their community. Staff confirmed staff know them well and feel the services provided enhances their emotional, spiritual and psychological wellbeing. Consumers described how the service supports them by assisting them to attend cultural events and sorry business. Consumers felt the service supported them to do things of interest to them and described how they had been supported to go sleepy lizard hunting and engage with community members to cook them in the fire. Consumers felt information about their services and supports are shared effectively both within the service and with external service providers and described how they are referred to external services if requested. Consumers were satisfied in the choice of meals being provided, and confirmed they are of suitable quality and quantity. Consumers indicated the service holds consultation meetings with food focus to engage consumers for choice, feedback, and menu planning.

Staff and management confirmed services and supports were determined and provided with a reablement focus to maintain independence. Staff were familiar with each consumer and describe how they tailor services and supports in line with their preferences and needs. Staff described the social supports provided, which promotes consumers’ emotional, spiritual, and psychological wellbeing and confirmed in addition to supporting consumers to attend significant cultural events, the service provided meal kits to ensure meals were available if they had to travel. Staff described how they support consumers to maintain social and personal relationships and do things of interest to them. Staff were familiar with processes to refer consumers internally and externally, with an Elder connect staff member describing their role to provide advocacy, connections, referrals, and support services to aging community members. Management and staff described how consumers’ equipment needs are assessed by allied health professionals and supplied as per their recommendations. With staff aware of processes to undertake if equipment is faulty or damaged.

Management described information sharing processes and policies for internal staff and external providers of care and indicated the art centre regularly holds workshops and programs which consumers can be referred to. Management confirmed a dietitian reviews menu planning. Service documentation included a 4-week rotational menu with carrying meals each day including breakfast, lunch and dinner with morning and afternoon tea.

Transport vehicles were clean and well maintained with handrails to support safe entry and exit. There is ample head room for moving and all safety belts were functional and operational. Staff perform daily pre checks on all consumer transport vehicles and the service has a schedule for a monthly maintenance check. Equipment and aids to support consumers during care and support services were well maintained, clean and tidy. Shower chairs and wheelchairs are used by the service following the assessment and recommendation from allied health with staff trained in the appropriate use of support equipment.

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 5

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

Findings

The day centre is welcoming, with fittings and furnishings designed with consumers to maximise a sense of belonging. There are adequate amenities for both males and females to maintain privacy and respect the cultural needs of consumers. The service environment was clean, well maintained and free from clutter, with consumers able to move freely both indoors and outdoors.

Consumers felt safe and comfortable in the day centre and described the environment as welcoming and a good place to come. Consumers confirmed the furniture was comfortable, clean and suitable for use.

Staff and management described cleaning and maintenance processes to ensure the service environment is clean, safe and well maintained. Staff advised any damaged equipment or furniture is reported with processes in place to fix or replace the items. Reactive and preventative maintenance schedules are in place and are supported by contracted service providers, including electrical and fire safety equipment.

Transport vehicles are regularly maintained and serviced, with reviews undertaken in line with the service’s policy. Fittings, furniture and transport vehicles were clean and appeared to be in good working condition.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant, therefore the Standard is 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)(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 indicated they feel comfortable and supported in providing feedback and complaints and were encouraged by staff to do so. Consumers confirmed they are supported to provide feedback and complaints in their own language and are aware of the various methods available, including forums. Consumers were satisfied the service takes appropriate actions in response to complaints.

Staff described how they support consumers in providing feedback and complaints, including translating for consumers where required. Staff were familiar with feedback and complaints processes, including escalation processes to ensure complaints are actioned in a timely manner. Staff demonstrated an understanding of the importance of capturing, recording and actioning feedback and complaints to strengthen consumer trust and improved care and service delivery.

Management confirmed processes to ensure consumers are encouraged and supported to provide feedback and complaints, including through discussions during onboarding and in consumer meetings. Management described supporting consumers to access advocacy and language services where required. Management demonstrated an understanding of responding to feedback and complaints in a timely manner, including the use of open disclosure practices to instil openness and trust in the community. Systems and processes are in place to review, trend and analyse feedback and complaints to inform improvements to services and supports provided.

Feedback information was displayed in various areas of the service with drop boxes and included in welcome packs and staff guidance materials. Information in relation to external services is displayed via posters and pamphlets. Consumer documentation packs included supports for language and advocacy such as Pitjantjatjara Yankunytjatjara to English support resources, Aged Rights Advocacy Service (ARAS) brochure and complaints and feedback information. The complaints register demonstrated feedback and complaints are responded to in a timely manner, with open disclosure used and recorded. Feedback reports included actions arising from feedback and the topics raised with listed actions to be undertaken in response.

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

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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 |
| 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 described staff as good, caring and respectful and confirmed there are enough staff to meet their needs, goals and preferences. Consumers indicated staff know what they are doing and deliver quality care and services.

Staff confirmed there are adequate staff, including mix of male and female staff to deliver safe and effective care and services, in line with the cultural needs and preferences of consumers. Staff were familiar with the broader community values, and the vision, values and code of conduct of the organisation. Staff felt supported in undertaking their roles, with adequate supervision and monitoring by management. Staff described orientation and onboarding processes which included mandatory training and competency based modules such as infection control, manual handling and medication management. Staff described formal and informal monitoring processes and confirmed being involved in annual performance appraisals.

Management described the scheduling of staff via a fixed roster with strategies to cover leave and absences to meet client needs and ongoing recruitment practices to ensure sufficient staff numbers. All staff rotate through paid program leave to minimise staff burnout. Management confirmed onboarding and orientation processes include organisational values, code of conduct, cultural awareness and a strict adherence to Yalata regulations when working on aboriginal lands. Staff competency is monitored through monthly staff supervision sessions, and the completion of training competencies, such as medication dispensing and hand hygiene. Management described undertaking annual performance appraisals with staff to provide support, mentoring and supervision and allow identification and action of non-performance early.

Service documentation showed consumers, and staff are provided with information about cultural safety and required protocols which are implemented across the workforce and within the community. The service has processes to inform, monitor and evaluate expected behaviour and includes escalation pathways when behaviour is outside of expectations. Processes are in place for recruitment, onboarding and training to support staff to deliver safe and quality care and services, with position descriptions in place to outline expectations and responsibilities of various roles.

Staff records demonstrated staff undertake orientation and buddy shifts on commencement, with screening in relation to the skills, qualifications and banning lists of potential staff. Training is monitored through staff records, with files indicating performance reviews are undertaken in line with the service’s policies.

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

Findings

Consumers confirmed they are engaged in the development, delivery and evaluation of care and services with the support from management and staff. Management described how consumers provide input into care and service delivery through various forums, including yarning circles. Management confirmed the majority of engagement is built on trust and enabled verbally, which then filters through to the continuous improvement plan. The organisation works collaboratively with multiple stakeholder groups within the local community and region to leverage broader initiatives, shared knowledge and experience and an ongoing partnership for improved health and community outcomes.

The board is supported to ensure understanding and accountabilities via the provision of professional leadership to facilitate a depth of expertise in governance and compliance and promotes and demonstrates values and cultural behaviours such as, respect, integrity, excellence, compassion, collaboration and teamwork. The strategic plan 2023 – 2028 delineates the provision of culturally responsive care that is high-quality and promotes the health and wellbeing of the community. Board members participate in training related to their role, including the serious incident response scheme. Board meeting minutes record regular discussion on topics such as management updates, compliance and regulatory changes, program services, feedback and complaints and incidents.

The organisation has effective organisational wide governance systems to ensure safe and effective care and services which encompasses the ongoing implementation of improvements to systems and processes for information management and electronic documentation. The organisation has a robust continuous improvement system driven by consumer feedback and systems and processes for fiscal management with financial delegations as well as independent financial auditing. Workforce strategies are in place for recruitment, training and retention, including employment from within the community. Regulatory compliance is monitored and discussed at all levels of the organisation and has systems in place for feedback and complaints.

An effective risk management is in place and includes the use of an incident management system, and policies, procedures and training to support and guide staff practices. Management described incident reporting mechanisms in place to report and record incidents, including serious incidents reportable through the serious incident response scheme. Management described how risks associated with consumer care and services are monitored and mitigated through analysing incident and feedback data. The quality improvement committee discuss risk areas and improvements and report this information to the board. Staff were familiar with incident reporting processes and confirmed being provided training in elder abuse. Consumers are supported to take risks with risk activities discussed and strategies implemented to support them which enables them to live the best life they can.

The organisation has an effective clinical governance framework in relation to the services and supports provided. The framework includes policies and procedures to support the safe and effective administration of medications by competent trained staff and define and support the relationship between the provision of care including clinical referral pathways. Staff were familiar with restrictive practices and open disclosure processes, confirming they had received training relating to these areas.

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 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)