**Performance**

**Report**

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| Name of service: | Wyanga Aboriginal Aged Care Program |
| Service address: | 35 Cope Street REDFERN NSW 2016 |
| Commission ID: | 200217 |
| Home Service Provider: | Wyanga Aboriginal Aged Care Program Incorporated |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 17 March 2023 |
| Performance report date: | 6 April 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 Wyanga Aboriginal Aged Care Program (**the service**) has been prepared by M Cooper, 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:**

* Wyanga Aboriginal Aged Care Program, 17872, 35 Cope Street, REDFERN NSW 2016

**CHSP:**

* CHSP Transport, 4-7Y2UQ5Z, 35 Cope Street, REDFERN NSW 2016
* Social Support - Individual, 4-7Y2UQ8S, 35 Cope Street, REDFERN NSW 2016

# 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, consumers/representatives and others
* Aged Care Act 1997 (Cth)
* Aged Care Quality and Safety Commission Act 2018 (Cth)
* Aged Care Quality and Safety Commission Rules 2018 (Cth)
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Commonwealth Home Support Programme manual 2022 -2023
* Home Care Package Program operational manual a guide for home care providers version 1.3 January 2023

# Assessment summary for Home Care Packages (HCP)

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| Standard 7 Human resources | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | Not applicable as not all requirements have been assessed |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Not applicable as not all requirements have been 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 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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. | Not applicable | Compliant |

Findings

Requirement 2(3)(e)

The Assessment Team reports that the Approved Provider is reviewing care plans at least annually and more often when changes or incidents occur. Staff undertaking reviews could describe the process and under what circumstances a review or reassessment may be required. Consumers and representatives said staff regularly communicate with them about the service they receive and make changes to meet their current needs. For example, one consumer said the service sat down with her few weeks ago to review and discuss her goals, preferences and care needs on her care plan. This was evidenced in the care plan sighted by the Assessment Team. Review of care plans also showed that care plans have a targeted review date. Another consumer who has early onset Parkinson disease, said with the help of Wyanga Aboriginal Aged Care, I’m able to manage independently however as my health deteriorates and my needs changes the care coordinators are constantly following up on my health and care needs and accordingly tailor and review my care plan to suit my needs.

Coordinator described the process for review and re-assessment and provided an example of client that has been re-assessed recently and is awaiting approval of package upgrade. In response to the non-compliance identified during the Quality Audit on 3 June 2022, management advised, that they have completed 11-12 reviews out of 16 CHSP consumers. Coordinator is still completing remainder of reviews as there are challenges in getting the client to be home for the review, however the coordinator will have it completed within the next week.

Management advised that staff have been provided training on how to identify consumers who may need a review including reviewing risks and incident reporting.

The Quality Standard for the Commonwealth Home Support Programme services is not applicable as not all requirements have been assessed, one of the five specific requirements that was previously assessed as non-compliant is now assessed as compliant.

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

The Assessment Team reports that consumers and representatives confirmed they are satisfied with the services and with the staff providing and overseeing the services. Staff confirmed having conversations with their respective managers in the last 12 months about their performance, goals, achievements and identifying any training needs to support further development in their career. Management advised there is a performance appraisal system in place and confirmed that that if a staff member approached them with any training needs, it would generally be supported by the service. Management also confirmed that they provide regular ongoing feedback to staff on their performance and discuss any opportunities for growth or training. Management advised all service employees are guided by their Human Resource Policy & Procedures.

They have mandatory training that must be completed annually and care or service staff will have specific additional training that is relevant to their specific role. Staff files reviewed by the Assessment Team showed performance reviews have been undertaken in the last twelve months which included staff goals and trainings completed. The appraisal document also listed position descriptions, staff credentials including qualifications, national criminal history checks and COVID-19 vaccinations. Staff Appraisals took place in July/August 2022 and will be reassessed in March/April 2023. In response to the non-compliance identified during the Quality Audit on 3 June 2022, management advised, the service has developed an organisational calendar for staff appraisals for future reference.

The Quality Standard for the Commonwealth Home Support Programme services is not applicable as not all requirements have been assessed, one of the five specific requirements that was previously assessed as non-compliant is now assessed as compliant.

The Quality Standard for the Home Care Packages services is not applicable as not all requirements have been assessed, one of the five specific requirements that was previously assessed as non-compliant is now assessed as compliant.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| 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 | Not applicable |

Findings

The Assessment Team reports that the Approved Provider has developed an organisational clinical governance policy to ensure a systematic approach to clinical care that supports recording of data and identifying improvements in clinical care. Care workers, individual support workers and/or medical specialist would notify service coordinators of any unusual behaviour, injuries, risks or possible deterioration. Prior to policy approval in March 2023 there was no document to detail a procedure for referrals to external clinical care providers however service had a procedure in place that demonstrated clinical governance, for example, consumer representative requested clinical care to be provided during the weekend for consumer who was discharged from hospital. Service coordinator referred to external brokerage partner by email of what was required. Proceeding each wound dressing, the nurse sent an email updating the services provided, medical products used and the purpose of the treatment along with progress and photos of the blister. Prior to final wound dressing the external brokerage partner advised of the progress of the wound, recommending one last dressing and a referral to the podiatrist, to which family advised referral has already been actioned by the doctor. Service coordinator advised all documented communication is saved in consumer's file. CEO has advised as part of the service’s continuous improvement plan during the development of the clinical governance framework is to secure potential formal partnerships for clinical care, training and risk management.

In response to the non-compliance identified during the Quality Audit on 3 June 2022, management advised that the Provider has developed clinical governance policy, advertised for a registered nurse to manage clinical care and report clinical issues to the board and advised the board it would be beneficial to have a board member with clinical experience.

The Quality Standard for the Home Care Packages services is not applicable as not all requirements have been assessed, one of the five specific requirements that was previously assessed as non-compliant is now assessed as compliant.

1. The preparation of the performance report is in accordance with section s68A – assessment contactof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)