**Performance**

**Report**

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| Name: | Yadu Health Aboriginal Corporation |
| Commission ID: | 600178 |
| Address: | 105 Seaview Terrace, THEVENARD, South Australia, 5690 |
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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: 7377 Yadu Health Aboriginal Corporation  
Service: 24824 Yadu Health Aboriginal Corporation

**This performance report**

This performance report for Yadu Health Aboriginal Corporation (**the service**) has been prepared by R Falco, 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 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, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, management, consumers, and others; and
* the provider’s response to the assessment team’s report received 6 June 2024.

# 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 | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 2**

* Ensure identified risks to consumers’ health and well-being are assessed and appropriate management strategies developed and implemented to enable staff to provide quality care and services.
* Ensure assessment and planning considers consumers’ current goals, needs and preferences and these are reflected in care plans to inform the delivery of care and services.
* Ensure consumers’ advance care plans and end-of-life wishes are documented and include important preferences for each consumer where applicable.
* Ensure outcomes of assessment and planning are effectively communicated to the consumer and documented in a care plan that is readily available to the consumer.
* Review care and services when incidents impact the needs, goals, and preferences of consumers.

**Standard 6 requirement (3)(d)**

* Review processes to ensure all feedback and complaints are captured to identify emerging trends and improvement opportunities.

**Standard 8 requirement (3)(d)**

* Establish and embed organisational risk management processes in relation to managing high impact or high prevalence risks, managing incidents, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can.

# Other relevant matters:

* Quality Standard 3 was not assessed as part of the quality audit as the service does not provide personal and/or clinical care.
* Requirement (3)(f) in Quality Standard 4 was not assessed as part of the quality audit as the service does not provide meals to consumers.
* Quality Standard 5 was not assessed as part of the quality audit as the service does not deliver care and services from their own service environment.

# 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

Information regarding consumers’ preferences is gathered during admission and then shared with staff to enable familiarity with consumers’ identity, culture, and diversity. Staff work with the same consumers and get to know them well so they can deliver personalised care and services. Consumers said they are treated with dignity and respect, and staff understand their cultural needs.

Management and staff regularly engage consumers in making informed choices about their services and staff described how they support consumers to exercise choice and make decisions about their care and services. Consumers said they are involved in making decisions about the care and services they receive.

Consumers are supported to take risks to enable them to live the best life they can. Staff communicate regularly with consumers who take risks to check on their safety, and consumers who wish to participate in risky activities are supervised. Consumers described being supported to safely undertake the activities they enjoy.

The consumer welcome pack contains the Charter of Aged Care Rights, information for internal and external complaints mechanisms, information on the services available, and contact information for advocacy services. Management and staff communicate to consumers in various ways and consumers described how the service provides them information.

Staff demonstrated appropriate confidentiality processes and management described the systems and processes in place to ensure consumers' information remains private and confidential. Consumers interviewed are confident the service protects their personal information.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice 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. | Not 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. | Not 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. | Not 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. | Not 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. | Not Compliant |

Findings

The Quality Standard is non-compliant as all requirements have been found non-compliant. The assessment team recommended all 5 requirements not met.

**Requirement (3)(a)**

The assessment team recommended requirement (3)(a) not met as assessment and planning did not consider risks to consumers’ health and well-being to inform the safe delivery of care and services. For the majority consumers, initial and ongoing assessments and care plans, were not completed.

The provider accepted the assessment team’s recommendation of not met and provided actions to address the deficiencies identified. Actions included a review of the plan for continuous improvement and a training and mentoring program that includes a topic relating to assessment and care planning. The aged and community care manager and aged care support coordinator are currently participating in this program to provide a greater understanding of the aged care sector and their responsibilities in meeting the needs of consumers.

I acknowledge the provider’s response and the actions planned. In coming to my finding, I have considered that consumers said they are not involved in the assessment and care planning process and any actual or potential risks are not discussed. One consumer was provided a walking aid to prevent the risk of falling, however, a risk assessment was not undertaken, and the risk was not documented. Management advised assessment and care planning will be completed over the next 5 months where consumers’ actual and potential risks will be assessed. I consider time is required to embed and monitor the improvements planned to ensure any deficiencies in assessment and planning are effectively managed.

For the reasons detailed above, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**Requirement (3)(b)**

The assessment team recommended requirement (3)(b) not met as assessment and planning did not consider the current needs, goals, and preferences of consumers. Consumers' goals and preferences, including advance care planning and end-of-life planning wishes are not captured as most assessments have not been completed. Staff said they deliver care and services to consumers according to their needs and preferences, however, consumers’ needs and preferences are not documented to provide consistency of care.

The provider accepted the assessment team’s recommendation of not met and provided actions to address the deficiencies identified. Actions included a review of the plan for continuous improvement and a training and mentoring program that includes a topic relating to assessment and care planning. The aged and community care manager and aged care support coordinator are currently participating in this program to provide a greater understanding of the aged care sector and their responsibilities in meeting the needs of consumers.

I acknowledge the provider’s response and the actions planned. In coming to my finding, I have considered that whilst the consumers interviewed were satisfied with the services provided, they could not recall the service involving them in an assessment or review process where their goals, needs, and preferences were discussed. Care planning for 3 consumers did not provide evidence of discussion with consumers as part of the intake process to identify their needs, goals, and preferences to inform care and service delivery. Management acknowledged the service has not captured the goals and preferences of consumers and advised they will complete all assessment and care plans. I consider time is required to embed and monitor the improvements planned to ensure any deficiencies in the assessment and planning processes are effectively managed.

For the reasons detailed above, I find requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**Requirement (3)(c)**

The assessment team recommended requirement (3)(c) not met as assessment and planning was not based on ongoing partnership with the consumer and others the consumer wished to be involved.

The provider accepted the assessment team’s recommendation of not met and provided actions to address the deficiencies identified. Actions included a review of the plan for continuous improvement and a training and mentoring program that includes a topic relating to assessment and care planning. The aged and community care manager and aged care support coordinator are currently participating in this program to provide a greater understanding of the aged care sector and their responsibilities in meeting the needs of consumers.

I acknowledge the provider’s response and the actions planned. In coming to my finding, I have considered that whilst management advised they liaise with external organisations, such as psychologists, physiotherapists, and occupational therapists, there are no completed assessments and development plans incorporated into consumers’ care plans. Documentation showed no evidence of assessment and planning being based on a partnership with consumers. One consumer was seen by allied health professional, however, there was no assessment or update to their care plan showing strategies were in place. I consider time is required to embed and monitor the improvements planned to ensure any deficiencies in assessment and planning are effectively managed.

For the reasons detailed above, I find requirement (3)(c) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**Requirement (3)(d)**

The assessment team recommended requirement (3)(d) not met as effective communication of assessment and planning to consumers, and the availability of a care and services plan, was not demonstrated.

The provider accepted the assessment team’s recommendation of not met and provided actions to address the deficiencies identified. Actions included a review of the plan for continuous improvement and a training and mentoring program that includes a topic relating to assessment and care planning. The aged and community care manager and aged care support coordinator are currently participating in this program to provide a greater understanding of the aged care sector and their responsibilities in meeting the needs of consumers.

I acknowledge the provider’s response and the actions planned. In coming to my finding, I have considered that whilst staff said they know consumers well and are informed of changes to consumers’ care and services verbally, documentation did not reflect consumers’ care requirements to ensure continuity of care. Two consumers said they had not been offered a care plan and management advised that even though information relating to consumers is communicated within the service verbally, staff do not have access to consumers' relevant information to guide them in the safe and effective delivery of care and services. I consider time is required to embed and monitor the improvements planned to ensure any deficiencies in assessment and planning are effectively managed.

For the reasons detailed above, I find requirement (3)(d) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**Requirement (3)(e)**

The assessment team recommended requirement (3)(e) not met as the regular review of care and services for their effectiveness or when circumstances change was not demonstrated. Management advised care plans are reviewed annually, however, 32 of 34 consumers did not have a care plan completed.

The provider accepted the assessment team’s recommendation of not met and provided actions to address the deficiencies identified. Actions included a review of the plan for continuous improvement and a training and mentoring program that includes a topic relating to assessment and care planning. The aged and community care manager and aged care support coordinator are currently participating in this program to provide a greater understanding of the aged care sector and their responsibilities in meeting the needs of consumers.

I acknowledge the provider’s response and the actions planned. In coming to my finding, I have considered that whilst staff said a referral is completed when there is a change in a consumer’s condition, care plans were not updated to reflect these changes as assessment and planning processes have not been completed. Documentation showed care plans are not updated when there is an impact on consumers’ needs and for the 2 consumers identified, care plans did not reflect their change in condition or circumstance. I consider time is required to embed and monitor the improvements planned to ensure any deficiencies in assessment and planning are effectively managed.

For the reasons detailed above, I find requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers non-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)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers get safe and effective services and supports for daily living that meets their needs, goals, and preferences. Staff described how they support consumers to remain independent and provide services in-line with consumers' preferences to improve their health, well-being, and quality of life. Consumers expressed satisfaction with services provided which included home maintenance, transport, and social support.

The aged care coordinator and support workers were knowledgeable of consumers and described strategies to support them emotionally and spiritually to promote psychological well-being. Staff said when they notice a change in consumers’ well-being, they spend time with them and report it to the coordinator for further referrals. Consumers interviewed said staff know them well and recognise if they are feeling low and would respond appropriately.

Consumers are supported to participate in their community, have social and personal relationships, and do things of interest to them. Staff knew consumers' interests and described how they support consumers to participate in the community. Consumers confirmed participating in community services and mentioned receiving support that enabled them to maintain social relationships and do things of interest.

Information about consumers' needs, goals, and preferences is communicated within the service and with others where responsibility for care is shared. Staff advised they generally receive information about consumers’ verbally, however, this was not consistently documented as addressed in in Standard 2. Consumers said staff know them well, understand their needs, and provide care according to their preferences.

The service demonstrated timely and appropriate referrals to individuals, other organisations, and providers of other services. Staff and management described the referral process and consumers interviewed confirmed they were referred in a timely manner when required.

The aged care coordinator said only one consumer has been provided equipment as needed while they are awaiting assessment by an occupational therapist. Staff use the bus provided by the service to transport consumers to appointments and social outings. Consumers interviewed said the bus is always on time, clean and well-maintained.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living 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. | Not Compliant |

Findings

The Quality Standard is non-compliant as one of the 4 requirements assessed has been found non-compliant. The assessment team recommended requirement (3)(d) not met.

**Requirement (3)(d)**

The assessment team recommended requirement (3)(d) not met as feedback and complaints are not reviewed and used to improve the quality of care and services. Staff said they do not formally record the majority of feedback provided to them and, therefore, the organisation cannot effectively monitor and analyse feedback and complaints data to improve the quality of care and services.

The provider accepted the assessment team’s recommendation of not met and provided actions to address the deficiencies identified. Actions included a review of the plan for continuous improvement and a training and mentoring program that includes a topic relating to managing and responding to complaints.

I acknowledge the provider’s response and the actions planned. In coming to my finding, I have considered that whilst consumer feedback is addressed promptly, feedback and complaints are not consistently being documented. Staff said they directly receive feedback from consumers each week but do not record the feedback as they are unsure of the process. Without feedback and complaints data being consistently recorded, trends cannot be identified to inform improvements to care and services. Management advised they will shortly be training staff how to log feedback to ensure data can be reviewed to improve the quality of care and services. I consider time is required to embed and monitor the improvements planned to ensure feedback and complaints are effectively managed.

For the reasons detailed above, I find requirement (3)(d) in Standard 6 Feedback and complaints non-compliant.

**In relation to all other requirements in this Standard,** consumers and others important to consumers are encouraged to provide feedback and make complaints. The consumer handbook is provided to each consumer when they commence receiving services and includes a section about the importance of raising concerns with staff to ensure issues can be addressed. Consumers were aware of the methods available to make complaints and provide feedback.

Consumers are made aware of, and have access to advocates, language services, and other methods for raising and resolving complaints. Management discussed processes to ensure consumers have access to advocates and language services, however, staff advised they have not needed to obtain an advocate for a consumer to date. Consumers interviewed said they would feel comfortable providing feedback and would speak to staff and/or management if they had a concern.

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Staff interviewed were aware of the importance of resolving issues promptly and apologising to consumers when things go wrong. Consumers confirmed appropriate action is taken to address feedback and felt the service has a transparent approach when things go wrong.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b) and (3)(c) in Standard 6 Feedback and complaints 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

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. Management considers continuity of care and services when planning the workforce and discussed processes to ensure there is enough staff to deliver the appropriate care and services. Consumers said they are happy with the support provided by staff when delivering services.

Staff were kind, caring and respectful in their interactions with consumers. Documentation showed how the service ensures staff employed meet their organisational values and expectations. Management said systems are in place to monitor consumers’ satisfaction with workforce interactions and consumers said staff were kind, caring, and responsive to their needs.

The organisation ensures staff have the qualifications and knowledge to effectively perform their roles. Staff described receiving ongoing training and guidance from management and can complete additional professional development and training modules to improve their knowledge. Consumers advised they feel the workforce is competent and skilled.

Management undertakes regular assessment, monitoring and review of staff performance. Staff interviewed confirmed they participate in performance reviews where they discuss their strengths and any areas of improvement. The service has policies and procedures in place to guide staff in delivering best practice care and services, and if substandard performance is identified, further training is provided.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources 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. | Not 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

The Quality Standard is non-compliant as one of the 5 requirements assessed has been found non-compliant. The assessment team recommended requirement (3)(d) not met.

**Requirement (3)(d)**

The assessment team recommended requirement (3)(d) not met as effective risk management systems and practices were not demonstrated. High-impact or high-prevalence risks associated with the care of consumers were not identified and mechanisms to enable staff to recognise and respond to elder abuse and neglect were not fully implemented. An incident management system was not in place and the organisation could not demonstrate consumers are supported to live the best life they can.

The provider accepted the assessment team’s recommendation of not met and provided actions to address the deficiencies identified. Actions included a review of the plan for continuous improvement and a training and mentoring program that includes a topic relating to managing and responding to incidents.

I acknowledge the provider’s response and the actions planned. In coming to my finding, I have considered that staff and management were unaware of which consumers were high risk, what the risks were for each consumer, and what strategies are in place to mitigate the risks. They were also unaware of the systems in place to manage high-impact, high-prevalence risks, and how the systems were reviewed to improve the outcomes for consumers. Whilst support staff said they are from the same community as the consumers and would recognise elder abuse and/or neglect, there was no advocacy or elder abuse policy or procedure in place. Staff interviewed were unable to describe the process that should be followed when an incident occurs and were unclear as to whether unwitnessed incidents should be recorded as an incident. I consider time is required to embed and monitor the improvements planned to ensure effective risk management systems and practices are in place.

For the reasons detailed above, I find requirement (3)(d) in Standard 8 Organisational governance non-compliant.

**In relation to all other requirements in this Standard,** management and staff provided examples of how consumers are supported to engage in the development and evaluation of the services provided. Consumers interviewed said the service is well run and they have an opportunity to regularly engage with staff during the provision of care and services.

The organisation’s governing body promotes a culture of safe, inclusive, quality care and services and is accountable for its delivery. A range of reporting mechanisms are in place which include regular meetings with the Board to ensure the governing body is aware and accountable for the delivery of care and services.

The organisation has effective organisation-wide governance systems. A policy is in place to guide staff to ensure confidentiality in maintained when collecting and disposing of consumer records. The plan for continuous improvement is current and included improvement actions across all Quality Standards. Financial reports are prepared for the Board and the organisation maintains position descriptions which outline the roles, responsibilities, and expectations of staff. Regulatory compliance is maintained, and the organisation has a consumer feedback policy, however, some gaps were identified in relation to feedback and complaints which are addressed under Standard 6 Requirement (3)(d).

The organisation has a COVID-19 outbreak management plan and staff were aware of their responsibilities in the event of an outbreak. The organisation’s consumer feedback policy refers to the importance of open disclosure principles and management said no restraints are required to be used as consumers live independently in their homes. Consumers said they are informed and receive an apology when they have made a complaint about service provisions or when things go wrong.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b), (3)(c) and (3)(e) in Standard 8 Organisational governance 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-2)