Multicultural Aged Care Incorporated - MILE END (Cafe 94)

Performance Report

Cafe 94, 94 Henley Beach Road   
MILE END SA 5031  
Phone number: 08 8241 9900

**Commission ID:** 600193

**Provider name:** Multicultural Aged Care Incorporated

**Assessment Contact - Site date:** 30 July 2020

**Date of Performance Report:** 14 September 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(d) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 2 September 2020.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Non-compliant as three of the five specific Requirements have been assessed as Non-compliant. The Assessment Team assessed Requirements (3)(b), (3)(c) and (3)(e) in relation to Standard 2. All other Requirements in this Standard were not assessed.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(b), (3)(c) and (3)(e) in this Standard. These Requirements were found Non-compliant following a Quality Review conducted 5 August 2019 to 7 August 2019.

At the Quality Review conducted 5 August 2019 to 7 August 2019, in relation to Standard 2 Requirement (3)(b), the Assessment Team found not all consumers were asked about meal preferences and consumers’ needs and preferences relating to activities of interest to them or what they would like to do had not been identified. Additionally, assessment and planning processes did not consistently identify consumers’ needs, goals and preferences, staff were not consistently following assessment and planning policies and consumer files did not identify consumers’ specific cultural needs and preferences. The service has made improvements in response to the Non-compliance identified at the Quality Review. However, at the Assessment Contact – Site conducted 30 July 2020, the Assessment Team were not satisfied the improvements implemented had adequately addressed the issues identified at the Quality Review. The Assessment Team have recommended Requirement 3(b) is not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the approved provider’s response to come to a view of compliance with Standard 2 Requirement (3)(b) and find the service Non-compliant with Requirement (3)(b). I have provided reasons for my decision in the specific Requirement.

At the Quality Review conducted 5 August 2019 to 7 August 2019, in relation to Standard 3 Requirement (3)(c), the Assessment Team found staff had not actively asked consumers about their needs and preferences relating to food and activities of interest. Additionally, support plans were not signed or dated indicating there had been no partnership or consultation with the consumer in the assessment process or development of support plans. The service has made improvements in response to the Non-compliance identified at the Quality Review. However, at the Assessment Contact – Site conducted 30 July 2020, the Assessment Team found whilst a new template has been implemented, information has not been collected from all consumers. Additionally, the template does not prompt staff to identify other organisations or services consumers are involved in. The Assessment Team have recommended Requirement 3(c) is not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the approved provider’s response to come to a view of compliance with Standard 2 Requirement (3)(c) and find the service Non-compliant with Requirement (3)(c). I have provided reasons for my decision in the specific Requirement.

At the Quality Review conducted 5 August 2019 to 7 August 2019, in relation to Standard 3 Requirement (3)(e), consumers confirmed the organisation had not undertaken a review or reassessment of their needs, goals and preferences. Additionally, support plans viewed were all unsigned and undated and it was not clear if these were a reassessment of needs or an initial assessment for consumers. The service has made improvements in response to the Non-compliance identified at the Quality Review. However, at the Assessment Contact – Site conducted 30 July 2020, the Assessment Team found whilst a new assessment and planning template has been implemented, this action has not addressed the assessment and reassessment deficits identified at the Quality Review. The Assessment Team have recommended Requirement 3(e) is not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the approved provider’s response to come to a view of compliance with Standard 2 Requirement (3)(e) and find the service Non-compliant with Requirement (3)(e). I have provided reasons for my decision in the specific Requirement.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(b) Non-compliant

*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.*

The Assessment Team found the service was unable to demonstrate assessment and planning identifies and addresses consumers’ current needs, goals and preferences. Fifty eight consumer files viewed did not include information relating to what care and services are to be provided to assist consumers whist at Café 94. This was evidenced by the following:

* One consumer file did not include information to guide staff in relation to ensuring the consumer receives the correct dietary requirements or assistance with transport to enable them to attend the monthly social group. There was no information relating to consumer’s cultural background and needs or religious beliefs.
* One consumer file did not include a completed risk assessment in relation to a prescribed medication to guide staff of actions to take in the event of an incident. Additionally, there was no assessment or planning information relating to the consumer’s cultural background, cultural beliefs or needs.
* Reassessments for three consumers identified specific dietary needs. However, no further information relating to availability or provision of these dietary needs were included.
* Management said the meal provided at the social group consists of mainly one type of main meal and dessert.

The approved provider’s response included planned actions in response to issues identified in the Assessment Team’s report. The Improvement action plan includes actions the service plans to implement, including development of separate individualised care plans for consumers, the capture of information relating to religious and cultural needs and preferences and identification of potential risks.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review conducted 5 August 2019 to 7 August 2019. However, the Assessment Team were not satisfied the actions implemented adequately addressed the issues identified. This was evidenced by the following:

* A Consumer reassessment and care plan form has been implemented. However, the template provides confusing and repetitive assessment instructions and does not prompt staff to develop a separate plan of care.
* The assessment process does not prompt staff to identify consumers’ cultural background, individual cultural needs and preferences, important cultural customs, significant events or spiritual beliefs.
* The assessment does not provide clear instructions to direct care staff in relation to consumers’ requirements.

I acknowledge the action plan developed by the approved provider in response the issues identified in the Assessment Team’s report. However, I find that at the time of the Assessment Contact, consumer files did not include information relating to care and services consumers are provided to assist them whilst at Café 94 and there was no information relating to availability and provision of meals for consumers with specific dietary requirements. Additionally, assessment and planning processes have not captured information relating to consumers’ cultural and religious backgrounds, needs and preferences and a risk assessment to direct care in the event of an incident for a consumer with a prescribed medication had not been completed.

The Assessment Team’s report also indicates improvements implemented in response to the Quality Review conducted 5 August 2019 to 7 August 2019 have not adequately addressed the issues identified by the Assessment Team. Additionally, whilst an action plan has been developed by the approved provider in response to the issues identified at the Assessment Contact - Site conducted 30 July 2020, planned completion dates for improvements related to this Requirement are noted as March 2021.

For the reasons detailed above, I find Multicultural Aged Care Incorporated, in relation to Multicultural Aged Care Incorporated – MILE END (Café 94), Non-compliant in relation to Standard 2 Requirement (3)(b).

### Requirement 2(3)(c) Non-compliant

*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.*

The Assessment Team found the service was unable to demonstrate assessment, planning and review of care and services is based on ongoing partnership with the consumer and others that the consumer wishes to involve or that assessment and planning included other organisations, individuals and providers of other care and services that are involved in the care of the consumer. This was evidenced by the following:

* Two consumers attend social groups with other organisations. Whilst management are aware of these associations, the service has not communicated or liaised with the organisation in relation to the consumers’ needs.
* Management said they are aware of consumers who attend other community social groups. Management said they visit these community groups on the days consumers attend and speak with consumers and staff who advise them that consumers attend other services. However, management have not been in contact with the other service providers.
* Management said they had collected assessment and planning information from most, but not all consumers as the preference is to speak with consumers face to face due to language barriers.

The approved provider’s response included planned actions in response to issues identified in the Assessment Team’s report. The response includes actions the service plans to implement, including reassessment of all consumers, development of individualised care plans, inclusion in care plans of information from other services, a calendar of consumers’ programmed events and activities, and contacting other providers ensure best outcomes for consumers based on their needs, preferences and choices.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review conducted 5 August 2019 to 7 August 2019. However, the Assessment Team were not satisfied the actions implemented adequately addressed the issues identified. This was evidenced by the following:

* Information has been collected from most, but not all consumers.
* The new Consumer reassessment and care plan template does not prompt staff to identify other organisations or services consumers are involved or associated with.

I acknowledge the action plan developed by the approved provider in response the issues identified by the Assessment Team’s report. However, I find that at the time of the Assessment Contact, whilst management were aware of consumers involvement with other organisations, assessment and planning processes did not identify other organisation’s or services consumers are involved with.

The Assessment Team’s report also indicates improvements implemented in response to the Quality Review conducted 5 August 2019 to 7 August 2019 have not adequately addressed the issues identified by the Assessment Team. Additionally, whilst an action plan has been developed by the approved provider in response to the issues identified at the Assessment Contact – Site conducted 30 July 2020, planned completion dates for improvements related to this Requirement are noted as March 2021.

For the reasons detailed above, I find Multicultural Aged Care Incorporated, in relation to Multicultural Aged Care Incorporated – MILE END (Café 94), Non-compliant in relation to Standard 2 Requirement (3)(c).

### Requirement 2(3)(e) Non-compliant

*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.*

The Assessment Team found the service was unable to demonstrate care and services are regularly reviewed for effectiveness. This was evidenced by the following:

* Fifty eight consumer files viewed indicated consumers were reassessed between January and March 2020. Some consumers had a Support plan completed indicating days and times per month they attended the Café 94 social group. However, there was no other information included on Support plans, such as dietary requirements or mobility needs.
* As there is no information relating to the care and services provided, a review of the effectiveness of the services has not been undertaken.
* Some consumers had recently had surgery and required assistance with mobility and transport. However, there was no evidence consumers’ care and services were reviewed in response to their changed needs, information had been provided to staff relating to assistance required for consumers whilst they attended Café 94 or that the assistance provided was effective.
* Management said consumer reassessments occur annually and not when the consumer’s needs change as there are not enough resources.

The approved provider’s response included planned actions in response to issues identified in the Assessment Team’s report. The Decision Maker notes the plan includes actions the service plans to implement which are not reflective of the intent of this Requirement and are similar to those documented for Standard 2 Requirement (3)(c).

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review conducted 5 August 2019 to 7 August 2019, which includes the implementation of a new assessment and plans template. However, the Assessment Team were not satisfied the actions implemented adequately addressed the issues identified.

I acknowledge the action plan developed by the approved provider in response the issues identified by the Assessment Team’s report. However, I find that at the time of the Assessment Contact, the service was unable to demonstrate care and services are regularly reviewed for effectiveness. Whilst the Assessment Team’s report indicates some consumers’ care and service needs had changed, management said consumer reassessments occur annually and not when the consumer’s needs change. As a consequence, consumer Service plans are not reflective of consumers’ current needs and do not provide current information to assist staff to provide required care and services.

The Assessment Team’s report also indicates improvements implemented in response to the Quality Review conducted 5 August 2019 to 7 August 2019 have not adequately addressed the issues identified by the Assessment Team. Additionally, whilst an action plan has been developed by the approved provider in response to the issues identified at the Assessment Contact - Site conducted 30 July 2020, the actions are not reflective of the intent of this Requirement and planned completion dates for improvements are noted as March 2021.

For the reasons detailed above, I find Multicultural Aged Care Incorporated, in relation to Multicultural Aged Care Incorporated – MILE END (Café 94), Non-compliant in relation to Standard 2 Requirement (3)(e).

# STANDARD 4 Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Assessment Team assessed Requirement (3)(d) in relation to Standard 4. All other Requirements in this Standard were not assessed.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(d) in this Standard. This Requirement was found Non-compliant following a Quality Review conducted 5 August 2019 to 7 August 2019.

At the Quality Review conducted 5 August 2019 to 7 August 2019, in relation to Standard 4 Requirement (3)(d), the Assessment Team found information management systems were not effective to ensure consumer information was readily accessible to staff involved in program service delivery. Support plans were not signed and dated and, therefore, the organisation could not demonstrate consumers had consented to the organisation’s policies and procedures relating to consumer information. The service has made improvements in response to the Non-compliance identified at the Quality Review which I have detailed below.

The Assessment Team have recommended Requirement 3(d) is met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the approved provider’s response to come to a view of compliance with Standard 4 Requirement (3)(d) and find the service Compliant with Requirement (3)(d). I have provided reasons for my decision in the specific Requirement.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the service’s last assessment and have recommended this Requirement as met. The Assessment Team’s report outlined the following actions and improvements implemented since Quality Review, including:

* Implementation of an electronic spreadsheet for all support programs which is updated as required dependent on consumers’ needs and preferences.
* Staff interviewed demonstrated knowledge of consumers’ general health conditions, needs and preferences.

In relation to Standard 4 Requirement (3)(d), a sample of consumer files viewed, and information provided to the Assessment Team by consumers, representatives and staff through interviews demonstrated:

Consumers and representatives interviewed said consumers’ condition, needs and preferences are effectively communicated within the organisation. Two consumers said the service provides information that is important to them.

Staff interviewed provided examples of how they communicate the needs and preferences of consumers and stated information is communicated both verbally and in writing between staff.

Care plans viewed were signed and dated by consumers and some had review dates. Information held on the My Aged Care Support plan for consumers was detailed and relevant to consumers’ care needs. However, as outlined in Standard 2, this information was not always transferred to the Consumer reassessment and Care plan document.

For the reasons detailed above, I find Multicultural Aged Care Incorporated, in relation to Multicultural Aged Care Incorporated – MILE END (Café 94), Compliant in relation to Standard 4 Requirement (3)(d).

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Non-compliant as one of the five specific Requirements has been assessed as Non-compliant. The Assessment Team assessed Requirement (3)(c) in relation to Standard 8. All other Requirements in this Standard were not assessed.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(c) in this Standard. This Requirement was found Non-compliant following a Quality Review conducted 5 August 2019 to 7 August 2019.

At the Quality Review conducted 5 August 2019 to 7 August 2019, in relation to Standard 8 Requirement (3)(c), the Assessment Team found the organisation could not demonstrate compliance with legislative requirements regarding supply and consumption of alcohol during service delivery. Additionally, regulatory governance systems to ensure regulatory compliance with the Aged Care Quality Standards and the Commonwealth Home Support Program (CHSP) manual in relation to consumer assessments, support plans and annual reviews were not effective. The service has made improvements in response to the Non-compliance identified at the Quality Review.

However, the Assessment Team found the organisation could not demonstrate effective management of all aspects of information management. The Assessment Team have recommended Requirement 3(c) is not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the approved provider’s response to come to a view of compliance with Standard 8 Requirement (3)(c) and find the service Non-compliant with Requirement (3)(c). I have provided reasons for my decision in the specific Requirement.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Non-compliant

*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.*

The organisation demonstrated effective organisation wide governance systems relating to continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints processes. However, the Assessment Team found the organisation was unable to demonstrate effective management of all aspects of information management. This was evidenced by:

* The organisation was unable to access or provide the Assessment Team with relevant information for all consumers who attended the Multicultural Aged Care social support groups.
* Management said they had not yet collected or collated assessment and planning information for consumers who attend two culturally specific social support groups.
* Management said they provide services to approximately 200 consumers through seven separate social support groups. However, they do not have access to approximately 47 consumers who attend two of the social groups as these groups manage their own consumer information.

The approved provider’s response included planned actions in response to issues identified in the Assessment Team’s report for the Assessment Contact conducted 30 July 2020. The response includes actions the service plans to implement, including assuming full management of the external CHSP social support programs, all consumer information to be stored at the Multicultural Aged Care head office and consumer information and records to include full reassessment and comprehensive individualised care plans. Expected completion dates for these actions is October 2020.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified relating to information management at the Quality Review conducted 5 August 2019 to 7 August 2019. However, the Assessment Team were not satisfied the actions implemented have adequately addressed the issues identified.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Quality Review conducted 5 August 2019 to 7 August 2019 relating to regulatory compliance. The Assessment Team’s report indicates:

* Management advised alcohol is no longer served at Café 94 and, therefore, a small venue liquor licence is not required.
* The organisation demonstrated a framework for effectively managing regulatory compliance.
* The organisation is a member of relevant industry peak bodies and receives regular updates from the Department of Health.

I acknowledge the action plan developed by the approved provider in response to the issues relating to information management identified by the Assessment Team’s report. However, I find that at the time of the Assessment Contact, the service was unable to demonstrate effective management of all aspects of information management. This included not being able to access relevant information for all consumers who attend social support groups and assessment and planning information for all consumers has not yet been collected or collated.

For the reasons detailed above, I find Multicultural Aged Care Incorporated, in relation to Multicultural Aged Care Incorporated – MILE END (Café 94), Non-compliant in relation to Standard 8 Requirement (3)(c).

# 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 Requirement (3)(b)

* Review current assessment and planning processes to ensure identification of consumers’ current needs, goals and preferences.
* Review current assessment and planning processes to ensure identification of consumer’s cultural backgrounds, important cultural needs and preferences, important cultural customs, significant events and spiritual beliefs.
* Review information collected and documented in relation to consumers’ dietary requirements. Ensure this information is accessible to staff.

Standard 2 Requirement (3)(c)

* Review assessment and planning processes to ensure identification of other organisations and providers of other care and services that are involved in the care of the consumer.

Standard 2 Requirement (3)(e)

* Review care and service review processes to ensure where changes to consumers’ care and service needs occur, these are identified, and service plans updated.
* Review consumer support plans to ensure information is in line with consumers’ current care and service needs, including mobility and dietary requirements.

Standard 8 Requirement (3)(c)

* Ensure all consumers have a current assessment and support plan reflective of current needs and preferences.
* Review information management systems to ensure information for consumers who access services is readily available.