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:** 12 May 2021

**Date of Performance Report:** 11 June 2021

# Publication of report

This Performance Report **will 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

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site report dated 12 May 2021; the Assessment Contact - Site report dated 12 May 2021 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* final Quality Review Report dated 05 August 2019 to 07 August 2019, Assessment Team’s report for the Assessment Contact - Site report dated 30 July 2020 and Performance Report dated 14 September 2020.

# STANDARD 2 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 Assessment Team assessed Requirements (3)(b), (3)(c) and (3)(e) in relation to Standard 2 Ongoing assessment and planning with consumers. All other Requirements in this Standard were not assessed and, therefore, a rating of the Standard is not provided.

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 was found Non-compliant following an Assessment Contact - Site conducted on 30 July 2020, with the initial Non-compliance identified at a Quality Review conducted from 05 August 2020 to 07 August 2020.

The Assessment Team’s report for the Assessment Contact included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirements below.

The Assessment Team have recommended Requirements (3)(b), (3)(c) and (3)(e) as met. I have considered the Assessment Team’s findingsand the evidence documented in the Assessment Team’s report to come to a view of compliance with Requirements (3)(b), (3)(c) and (3)(e) in this Standard and find the service Compliant with these Requirements. The reasons for the findings are detailed in the specific Requirements below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(b) 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.*

This Requirement was found Non-compliant following an Assessment Contact conducted on 30 July 2020. The service was found not to be able to demonstrate assessment and planning identified and addressed consumers’ current needs, goals and preferences. In particular, consumer files viewed did not identify relevant information for consumers’ cultural backgrounds, cultural beliefs or needs and relevant information in relation to dietary requirements and provision of social support and transport services.

The Assessment Team’s report provided evidence of actions taken to address the Non-compliance, including, but not limited to:

* Assessment and reassessment documentation being updated to better capture consumers’ cultural backgrounds, custom needs and beliefs. These are more comprehensive in capturing consumers’ cultural and spiritual needs, mobility and dietary requirements.
* Documenting consumers’ dietary requirements in care files.
* Consumers’ goals, needs and preferences being addressed in the newly implemented assessment and reassessment documentation.

In relation to Standard 2 Requirement (3)(b), information provided to the Assessment Team by consumers and management and documentation sampled demonstrated:

Consumers interviewed have participated in the assessment and planning processes; services staff have discussed their plans with them and speak frequently about their care and services. Five consumers sampled reported the service knows and understands their culture and spirituality.

Ten consumer files sampled showed support plans were developed from the newly implemented assessments involving consumers and representatives and from information provided through My Aged Care. These plans identified short and long term goals, in addition to relevant information to support service delivery. This included information pertaining to cultural backgrounds, cultural beliefs or needs, dietary requirements and for the provision of social support and transport services.

Consumers are provided information in relation to end of life planning on commencement of services. Observations made by the Assessment Team confirmed advance care planning documentation is available in different languages at the service. In addition, staff are aware of consumers who wish to be transferred to hospital in the event of an emergency.

Dignity of risk/client risk taking forms are completed for consumers to address identified risks. Management and staff have an understanding of the newly implemented assessment and reassessment care planning documentation relevant to their role.

For the reasons detailed above, I find Multicultural Aged Care Inc, in relation to Multicultural Aged Care Inc - Mile End (Café 94), Compliant with Requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers.

### Requirement 2(3)(c) 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.*

This Requirement was found Non-compliant following an Assessment Contactconducted on 30 July 2020. The organisation found not to be able to demonstrate assessment and planning was based on ongoing partnership with the consumer and others that the consumer wished to involve in assessment, planning and review of the consumer’s care and services. Additionally, the service was aware of consumers who attend social groups at other organisations but had not partnered with them to inform assessment and planning.

The Assessment Team’s report provided evidence of actions taken to address the Non-compliance including, but not limited to:

* Staff adopting the practice of documenting consumer refusal if they do not want to provide information.
* Consumers who attend multiple social groups have informed the service and have this information recorded.
* Records from My Aged Care have been considered to inform assessment and planning.

In relation to Standard 2 Requirement (3)(c), information provided to the Assessment Team by consumers and management and documentation sampled demonstrated:

Consumers are partnered in assessment, planning and review of their care and services.

Care planning documentation included information about other people the consumer wished to include in their care planning. Additionally, care plans included information about other service providers involved in the care of the consumer. This included other providers, such as allied health support, home property maintenance and domestic assistance. In addition, discussions between staff and consumers were recorded in relation to services being provided by other service providers.

Staff are aware of services being received by consumers from the service and from other organisations.

For the reasons detailed above, I find Multicultural Aged Care Inc, in relation to Multicultural Aged Care Inc - Mile End (Café 94), Compliant with Requirement (3)(c) in Standard 2 Ongoing assessment and planning with consumers.

### Requirement 2(3)(e) 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.*

This Requirement was found Non-compliant following an Assessment Contact conducted on 30 July 2020. The service was unable to demonstrate 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. Care plans did not contain information in relation to dietary requirements and mobility care needs. Consequently, an effective review of care and services was not undertaken. In addition, consumers who had changes in mobility and transport care and service needs following medical treatment did not have their care and services reviewed for effectiveness.

The Assessment Team’s report provided evidence of actions taken to address the Non-compliance, including, but not limited to:

* Development of guidance material for staff to support the reassessment of consumers and development of new assessment and reassessment documentation.
* All consumers who are receiving services have had a scheduled reassessment completed with changes to service needs documented in the support plan.

In relation to Standard 2 Requirement (3)(e), information provided to the Assessment Team by consumers and management and documentation sampled demonstrated:

All consumers interviewed were involved in ongoing discussions about their care and services.

Documentation showed reassessment processes to occur following changes in health status to support service delivery. The service has a system to track consumers who are due for a scheduled reassessment.

Project Officers were able to describe involving consumers and representatives in the reassessment process. Additionally, Project Officers were able to describe being aware of two consumers who have outstanding service plan reviews, however, have not had this completed as both consumers have chosen not to have their services recommenced.

For the reasons detailed above, I find Multicultural Aged Care Inc, in relation to Multicultural Aged Care Inc - Mile End (Café 94), Compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 8 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 Assessment Team assessed Requirement (3)(c) in relation to Standard 8 Organisational governance. All other Requirements in this Standard were not assessed and, therefore, a rating of the Standard is not provided.

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 an Assessment Contactconducted on 30 July 2020 with the initial Non-compliance identified at a Quality Review conducted from 05 August 2020 to 07 August 2020.

The Assessment Team’s report for the Assessment Contact included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirement below.

## The Assessment Team have recommended Requirement (3)(c) met in this Standard. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 8 Requirement (3)(c) and find the service Compliant with Requirement (3)(c). The reasons for the finding are detailed in the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) 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.*

This Requirement was found Non-compliant following an Assessment Contactconducted on 30 July 2020. Whilst the service was able to demonstrate aspects of the Requirement, including continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints, the service was unable to demonstrate effective management of all aspects of information management.

The Assessment Team’s report dated provided evidence of actions taken to address the Non-compliance, including, but not limited to:

* The management of all social support programs and relevant consumer information is now stored centrally at head office.
* All consumers within the service have had a reassessment completed with relevant assessments updated. This included consumers who attend more than one social support group session within the service.
* The purchase of a new client management system. This system supports the service in managing client information, reporting requirements, management of assessment and reassessment information and is accessible from any outlet location.
* Implementation of an electronic communication system as a messaging board to replace emails to support confidential discussions on a dedicated subject.

Information provided to the Assessment Team by consumers and staff through interviews and documentation sampled demonstrated the service has effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance and feedback and complaints.

All staff interviewed confirmed they have access to relevant information which can be accessed centrally through consumer files or spreadsheets. Consumers who attend group session have relevant information printed for staff to refer to.

The Board has implemented a range of improvements which included the implementation of a new information management structure.

The organisation has a system to manage and monitor its workforce with management being notified with actions required to complete to ensure effective workforce governance

The organisation has a framework to identify, communicate and implement changes in legislation relevant to the organisation which included responding to information received in relation to COVID-19.

The organisation has a system for the management and resolution of feedback and complaints with management being able to demonstrate actions taken with feedback used to inform improvements.

For the reasons detailed above, I find Multicultural Aged Care Inc, in relation to Multicultural Aged Care Inc - Mile End (Café 94), Compliant with Requirement (3)(c) in Standard 8 Organisational governance.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.