**Performance**

**Report**

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| Name: | Australian-Filipino Community Services (CPCA Victoria) Inc. |
| Commission ID: | 300543 |
| Address: | 127 Kidds Road, DOVETON, Victoria, 3177 |
| Activity type: | Quality Audit |
| Activity date: | 25 June 2024 to 26 June 2024 |
| Performance report date: | 23 July 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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8652 Australian-Filipino Community Services (CPCA Victoria) Inc.  
Service: 27877 Australian-Filipino Community Services (CPCA Victoria) Inc. - Care Relationships and Carer Support  
Service: 26797 Centre for Philippine Concerns - Australia (CPCA) Inc - Community and Home Support

**This performance report**

This performance report for Australian-Filipino Community Services (CPCA Victoria) Inc. (**the service**) has been prepared by P. Singh, 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.

# 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 the service, review of documents and interviews with staff, consumers/representatives, and others.
* the provider’s response to the assessment team’s report received on 21 July 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 | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all the requirements have been assessed.** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all the requirements have been assessed.** |
| **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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as above and complies with this Standard.

Consumers and representatives confirmed they are treated with dignity and respect and encouraged to provide feedback about what is important to them. Care documentation reflects that planning considers the individual needs and preferences of each consumer and captures their background, culture, and diversity, including what is important to them.

Consumers from Culturally and Linguistically Diverse (CALD) backgrounds confirmed staff provide care that acknowledges and respects their values and choices. Documentation, care plans and notes are inclusive of consumers’ choices and background.

The service demonstrated consumers were supported to exercise choice and independence in their care, decision-making, and communication. A review of consumer documentation identified information relating to people involved in the consumer’s care, including guardianships, nominated representatives, and significant others.

Consumers and representatives were satisfied with how the service supports consumers in living their best lives. Management described how safety considerations are balanced with consumer rights to take risks. Management provided documents detailing discussions regarding consumer risk held with consumers, their representatives, and staff.

Consumers and representatives provided mixed feedback regarding their experience of receiving information that is accurate and easy to understand. Most consumers said they did not receive a formal agreement from the service. Management acknowledged the feedback and completed a continuous improvement action to enhance the welcome pack and implement clear service agreements.

Management and staff described being aware and respectful of privacy when in a consumer's home. They discussed maintaining confidentiality with password-protected access to consumer information and not discussing consumer details outside of the service. The service has a privacy and confidentiality policy to guide staff on expected practice with privacy education provided to staff during orientation and annually.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as above and complies with this Standard.

Consumers and representatives confirmed that the service seeks to understand consumer needs and preferences through care planning and assessment. Staff explained their understanding of consumer needs and risks, enabling them to deliver appropriate care and services. Care documentation showed the service uses validated assessment tools to identify consumer risks with appropriate strategies implemented.

Management confirmed consumer needs and goals are identified during the initial onboarding meeting, including those regarding emergencies. Consumers and representatives confirmed their involvement in assessment and planning and said they are encouraged to contribute to discussions relating to the services they receive. Care planning documentation reflected a multidisciplinary approach to care. Case managers advised the outcomes of assessment and planning are discussed with consumers and their representatives with consumers confirming copies of their care documentation are provided to them.

Consumers and representatives said consumers’ care and services are reviewed regularly. They confirmed consumers can change their provided services if required, including when their circumstances change. Care planning documents evidenced that consumers’ care and services are reviewed as required.

# 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. | Not Assessed |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as above and complies with this Standard. Consumers and representatives provided positive feedback regarding personal care services received. Staff described how they ensure care is safe, effective, and tailored to the needs of consumers to optimise health and wellbeing. Care planning documents detailed consumer current personal and clinical care needs and care strategies with care provision reflective of best practice.

Consumers and representatives described care provided as safe and appropriate. Staff demonstrated an understanding of high impact, high prevalent risks and described their approach to reducing identified consumer risk. Care documentation showed risks for individual consumers were effectively identified and managed.

Consumers and representatives were satisfied that service staff monitor consumers’ condition and would recognise and respond to change in function or condition. Staff described the processes to report and action consumer deterioration or change. Documentation showed staff are responsive to changes in a consumer’s health and well-being and take appropriate action.

Consumers and representatives were satisfied the service enables appropriate individuals, other organisations, and service providers to become involved in each consumer’s care and service delivery. Care documentation demonstrated appropriate referrals were made in response to consumer identified needs.

Consumers and representatives were satisfied that staff take precautions to prevent and control infection. The service has documented plans, policies, and procedures to support the prevention and control of infection related risks through infection prevention and control practices.

# 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. | Not Assessed |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as above and complies with this Standard.

Consumers were satisfied with the services offered to support their independence and well-being. Staff described how they know each consumer and their preferences well. Consumer care documentation outlined services that were planned to meet consumers’ goals and preferences. Management described services and supports planned specifically to support consumer independence, meet their goals, and provide access to community-based activities.

Consumers and representatives confirmed they are supported in attending the social group and other activities of interest. A review of care documentation included considerations of the emotional, spiritual, and psychological well-being of consumers. Staff provided information on how they assist consumers to do the things they like.

Consumers and representatives reported consumers are assisted to participate in local and wider community activities at a level of participation suitable to them. Care documentation reflected care and service interventions designed to maintain and maximise social connections and community participation according to consumer preference.

Consumers and representatives were satisfied staff know each consumer’s daily living and specialised needs and provide individual support accordingly. Staff advised any changes to the consumer care interventions or services are communicated effectively. Care documentation reflected communication with others responsible for consumer care, including representatives, and brokered service providers.

Consumers and representatives confirmed consumers had been appropriately referred to other health care provision services as requested or as identified through ongoing assessment and review. Management explained the process of referral and consumer care documentation reflected appropriate and timely referrals as required.

Consumers said the meals provided are varied, good quality and suitable quantity. Consumer care documentation indicated consumer allergies, intolerances, and dietary requirements.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as above and complies with this Standard.

Service environments utilised for consumer activities were identified by the Assessment Team as easy to access and decorated to create welcoming environments. Consumers confirmed they look forward to attending the service and find it easy to navigate and access all available areas.

Consumers said the environment is comfortable, clean, and well-maintained. The Assessment Team observed the service was easily accessed from outside and consumers were observed to easily navigate the internal environment.

The Assessment Team found furniture, fittings, and equipment to be clean and well-maintained, with a process for maintenance in place.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as above and complies with this Standard.

Consumers and representatives reported being encouraged by the service to provide feedback and raise complaints. Staff and management described numerous avenues by which consumers provide feedback.

Consumers demonstrated an awareness of supports available should they require and an advocacy and or language service, or another method for raising and resolving complaints. Staff said advocacy support is discussed with consumers during assessment intervals and on commencement with the service. Staff demonstrated their knowledge of complaints and advocacy services.

Consumers and representatives described the service appropriately responds to feedback and complaints. The Assessment Team found the service’s complaints records indicated the practice of open disclosure and timely management of complaints.

Consumers and representatives were satisfied their feedback and complaints were reviewed to improve the quality of care and services. Management confirmed a review of every consumer complaint to inform continuous improvements.

# 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

Based on the Assessment Team’s observations and recommendations and the Approved Provider’s response, I am satisfied that the service is compliant with requirement 7 (3)(d) and, as a result, is a compliant with standard 7.

Requirement 7(3)(d):

The Assessment Team recommended this requirement was not met. The Assessment Team found the service did not provide evidence that staff have completed the relevant training in infection control practices, Personal Protective Equipment (PPE), the Serious Incident Response Scheme (SIRS), open disclosure and elder abuse as per their scope of practice. Management acknowledged the gaps identified by the Assessment Team during the Quality Audit and initiated a continuous improvement plan to ensure compliance with the Requirement.

Furthermore, the Approved Provider submitted a written response (the response) acknowledging the Assessment Team report findings and provided additional evidence. The response included a copy of the CHSP staff training schedule, which consists of planned education workshops for staff. Six workshops have been scheduled for staff from July to November 2024.

Overall, consumers and representatives are satisfied the staff have the training and skills to provide quality care and services to them, and no impact on the consumers has been evidenced in regard to lack of training.

The Assessment Team recommended this requirement was non-compliant, however, with consideration to the additional information provided within the Approved Provider’s response, I find this requirement compliant. I encourage the service to continue to implement actions and improvements as outlined in the PCI.

Compliance with the remaining Requirements:

The service plans its workforce to ensure consumers receive safe and quality care. Consumers and representatives expressed satisfaction with workforce performance, indicating safe and quality care and services are provided.

Consumers and representatives described staff as kind, caring and respectful of their diversity. Staff provided examples of numerous ways they demonstrate kindness and respect during the provision of care.

Consumers were confident staff are knowledgeable in their roles. Management described recruitment processes and provided position descriptions considerate of qualifications, skill mix, experience, and knowledge of relevant staff.

Consumers were confident with staff performance and the service demonstrated staff performance is regularly reviewed and monitored. Staff reported management monitors their performance. This was confirmed by documentation which indicated staff performance is reviewed every 12 months.

# 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

Based on the Assessment Team’s observations and recommendations and the Approved Provider’s response, I am satisfied that the service is compliant with requirement 8(3)(c) and, as a result, is compliant with standard 8.

Requirement 8(3)(c):

The service did not demonstrate an effective organisation wise governing system related to information management, workforce governance to support staff training or an adequate process to facilitate sharing of information to reflect best practice.

The response acknowledged the Assessment Team's findings and reflected that a review of the service’s PCI has taken place. The service has introduced a new workforce management system which provides access to and sharing of consumers' files related to service delivery, including care plans, task lists, and risk assessments. The response also reflects that staff can access cloud drive to review policies and procedures.

The Assessment Team recommended this requirement was non-complaint, however, with consideration to the additional information provided within the Approved Provider’s response, I find this requirement compliant. I encourage the service to continue to implement actions and improvements as outlined in the PCI.

Compliance with the remaining Requirements:

Management described how the service supports feedback from consumers and representatives through surveys and ongoing discussions. Management explained this information is used in their continuous improvement plan to improve care and services. Documentation evidenced regular discussions with consumers and representatives, assessing current services and evaluating effectiveness.

The service demonstrated the organisation’s governing body promotes a culture of safe, inclusive, quality care and services and is accountable for its delivery. Management described how the Board develops, articulates, and shares a framework to promote accountability and continued review and improvement.

The service has a Plan for Continuous Improvement (PCI) developed from review of incidents and complaints, consumer reviews, risk identification, and feedback. The PCI includes information related to actions, outcomes, staff responsible, and the proposed completion date.

Management advised that the service tracks regulatory and legislative updates via subscription to peak body updates and the Commission’s Regulatory Bulletins. The service has systems in place to ensure policies and procedures are updated to reflect legislative or regulatory changes.

The service demonstrated effective risk management, comprising of an improvement and risk register, a vulnerable consumer register, documented policies and procedures, and an incident management system.

The organisation has a clinical governance framework which is monitored through the quality clinical governance committee and reported to the Board. Policies guide practice in relation to antimicrobial stewardship and open disclosure principles when something goes wrong. Management described the service does not support the use of restrictive practices and does not have policy in place.

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-1)