**Performance**

**Report**

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| Name of service: | Australian Chinese Community Association Hurstville |
| Service address: | 2 Mary Street SURRY HILLS NSW 2010 |
| Commission ID: | 201458 |
| Home Service Provider: | Australian Chinese Community Association of New South Wales |
| Activity type: | Quality Audit |
| Activity date: | 27 June 2023 to 29 June 2023 |
| Performance report date: | 20 September 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Australian Chinese Community Association Hurstville (**the service**) has been prepared by J. Bayldon, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Australian Chinese Community Association Hurstville, 27741, 2 Mary Street, SURRY HILLS NSW 2010

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit; 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.

# Assessment summary for Home Care Packages (HCP)

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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 | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **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 | | HCP |
| 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

Consumers are representatives interviewed described care workers treating them with dignity and respect and being friendly and kind with their identity, culture and diversity valued.

Discussions with the case manager and care workers confirmed consumer’s identity, culture and diversity are valued at the service due to staff understanding consumers connections to their culture. Staff were able to describe what culturally safe care was and how they tailor he delivery of services for consumer’s needs.

When management were interviewed by the Assessment Team, they advised that staff undergo training and have access to online modules to support culturally safe practices.

Care workers informed the Assessment Team that care plans are reviewed prior to service delivery. Care workers supports consumers to maintain relationships by assisting consumers to participate in social outing programs.

When management was asked to demonstrate how staff support consumers to make decisions about care and services, they spoke to staff undergoing person centric training annually to support consumers to exercise choice and independence.

Assessment and care planning documents/consumer lists viewed by the Assessment Team included details of participants nominated representatives where applicable. The service has an ‘Assessment and Planning Policy’ that staff have access to for support when conducting assessment and planning activities.

Care workers interviewed spoke to supporting consumers to take risk through mitigation strategies. The Assessment Team were informed that the service makes modifications to support their service delivery to allow consumers to participate in risky behaviours. Management demonstrated an understanding of dignity of risk and emphasised the importance of choice and control for a consumer.

Consumers are given a ‘Welcome Pack’ which includes information about the service and is available in a translated version. Consumers and representatives confirmed they receive monthly service statements and expressed that care workers are able to communicate with consumers through their preferred language to help them understand. Management highlighted that information is understood by consumers through effective communication with consumers in their preferred language.

When speaking to care workers, they described how they respect the personal privacy of consumers when delivering care. One care worker provided an example of this through protecting privacy when delivery personal care support such as showering. Management described the services processes that are in place to manage privacy and confidentiality for consumers. Management further spoke to the process of privacy regarding complaints and highlighted that the service ensures only people involved in the complaints will be notified to maintain privacy.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 1 Consumer Dignity and Choice at the time of the performance report decision.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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

Consumers and representatives advised they were involved in the assessment and planning process speaking to being involved in assessments when determining care. Consumers and representatives provided positive feedback on this process and highlighted they are happy with the care and services provided.

Care workers stated that they have access to consumers care plans and refer to these prior to visiting. Care workers informed the Assessment Team that they contact the case manager by phone if updates are required to be made to care plans to inform the delivery of services moving forward.

When reviewing consumers files on the electronic records system, regular notes were seen when communication was had with a consumer or representatives. The Assessment Team found that all reviewed consumers care plans contained comprehensive information to inform delivery of safe and effective care and services. The care plans contained a range of information relating to the consumer’s needs and preferences as well as consideration of risk.

Management informed the Assessment Team that the service has a process of talking to consumers about advanced care planning. Care planning documentation sighted by the Assessment Team includes needs, goals, and preferences of consumers. All reviewed care plans demonstrated a section where discussions of advanced care and end of life planning were documented.

Consumers interviewed advised they were aware of their care plans and were provided with copies of them. Management also confirmed that consumers families are involved in assessment and planning and informed that the services have a process of reviewing care plans every 12 months or when a consumer’s circumstances where to change. The Assessment Team reviewed consumer care plans and confirmed that regular reviews were carried out. All sampled care plans had been completed or reviewed within the past 12 months and included notes completed by the Case Manager and clinical advisors. Notes were seen to be entered in by the Case Manger scheduling follow-up with consumers.

The service has an ‘Assessment and Planning’ policy in place that describes and supports the assessment and care planning development. This includes the importance of consultation with consumers and/or their representatives. During observations of the services electronic records system (E-Tools), the Assessment Team viewed alerts prompting those consumers care plans that were due for review within the next coming months. The service has an ‘Assessment and Planning’ policy which guides staff in relation to review and reassessment of care plans.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 2 Ongoing Assessment and Planning with Consumers at the time of the performance report decision.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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. | Compliant |
| 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

Consumers were able to provide examples of the personal care received by the service and expressed satisfaction with the staff and services that are received. Staff interviewed advised that monthly meetings are held to ensure that best practices were always maintained at the service and tailored to meet consumer needs. Staff confirmed that all service delivery staff are trained to assess risk and they perform routine risk checks on consumers at the time each service is being delivered. Staff also receive specific training to recognise and support the emotional effects of supporting consumers nearing the end of life.

Documentation reviewed by the Assessment Team highlighted that the service operates under a comprehensive Clinical Governance Framework, including policies and procedures governing Falls Risk and Prevention, Infection Control, Wound Management, Assessment and Planning, Risk Management, and end-of-life care planning. All policies were reviewed by the Assessment Team and contained robust information, minimising high prevalence risks associated with the care of consumers.

Staff interviewed were able to outline the process they followed when observing changes in consumer’s mental and physical health, including how such changes were regularly updated in the consumers care plans to inform re-assessments and service delivery. The Assessment Team reviewed consumer care plans which all showed documented notes regarding changes to consumers services based on feedback provided by staff, consumers, and others involved in their care and services and that these changes were acted on promptly by the service. Staff interviewed confirmed and could demonstrate the process for the sharing of information with other organisations involved in the care of consumers.

Training records viewed by the Assessment Team also demonstrated that staff were given regular training on being able to identify changes in consumer’s health and well-being. Training documentation reviewed evidenced on-going training programmes to ensure staff were fully up to date and compliant with all requirements of effective infection control.

Care planning documentation reviewed showed comprehensive information regarding consumer’s needs, goals and preferences was initially recorded and then on-going regular updates provided as consumer conditions changed and where care and services were required to be reviewed, including referrals to other organisations.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 3 Personal Care and Clinical Care at the time of the performance report decision.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

Consumers and representatives expressed that they felt encouraged to optimise their independence, health, well-being and quality of life through being active and doing things that interest them. Care workers provided examples of supporting consumers to be independent and allowing them to exercise choice like going to places of their choosing and supporting them to attend medical appointments as required. Management advised when interviewed that they “want people to stay in home, that’s why we work where we do, we optimise peoples living”. All care plans sighted by the Assessment Team can be described as person centred and provided evidence of safe and effective supports provided in line with consumers goals.

Consumers and representatives confirmed that they are happy with the services provided and advised that care workers support them. The service demonstrated a commitment to enhance the emotional, spiritual, and psychological well-being of consumers through their daily living support services. The care manager advised that care workers promote consumer’s emotional, spiritual, and psychological well-being through assisting them to attend spiritual places and events such a church groups and the Chinese temple.

Care workers discussed the services and supports they deliver to assist consumers to stay connected with the community and could provide examples of the activities the service provides to support consumers to do the things they enjoy. Management was able to identify opportunities for consumers to participate in their community though social and cultural activities within and outside the organisation’s service environment.

Care documentation reviewed by the Assessment Team provides information on each individual consumer’s background and their social activity preferences. All care plans reviewed included a ‘social profile’ section which provides detailed information of a consumer’s background, family history and community involvement and hobbies.

Consumers and their representatives advised that the services support them through delivery care and services and will make referrals to other organisations/providers where required. Care workers were able to effectivity communicate timely and appropriate action when recognising a change in a consumer condition and further communicate this to prompt follow up from other organisations and providers of other care and services. The Assessment Team reviewed care plans which evidenced detailed notes where referrals had been made to other organisations including progress notes as services were being delivered.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 4 Services and Supports for Daily Living at the time of the performance report decision.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

This Standard was not applicable to the quality audit as the provider does not provide a physical service environment.

# Standard 6

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| Feedback and complaints | | HCP |
| 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

Consumers and consumer representatives confirmed that feedback and complaints procedures were available and that they felt able to provide feedback to the service and staff welcomed complaints and feedback from them.

Staff interviewed confirmed that the service practices open disclosure processes in relation to feedback and complaints and could demonstrate how they use this process in practice. Staff advised and could provide examples of how the service welcomed feedback from consumers and how they viewed complaints and feedback in a positive way in terms of making improvements to the services provided to consumers.

The Assessment Team reviewed the Continuous Improvement Plan of the service. The document was highly detailed and contained links and notes related to feedback and complaints regarding services. The plan was up-to-date and demonstrated a clear process that showed feedback and complaints were used to improve the quality of care and services.

The Assessment Team reviewed documentation given to all consumers and their representatives which noted sufficient details for services available to consumers should they need to make a complaint as well as access to advocates and language services that are available to them. The documentation provided also was made available to consumers in several languages and other translation services are available to consumers if required.

The Assessment Team also viewed the service’s ‘Feedback and Complaints Guide’ which includes details of the access to advocates and language services in addition to robust and integrated procedures for feedback and complaints.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 6 Feedback and Complaints at the time of the performance report decision.

# Standard 7

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| Human resources | | HCP |
| 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

Consumers interviewed all said the care staff were competent in performing the services they require and that they were happy and appreciative of the services being delivered. Consumers also advised that all interactions with service delivery staff were respectful, caring and kind.

The service was able to demonstrate how the workforce is planned and how they ensure they have sufficient staff for the delivery and management of safe and quality services for consumers.

The service was able to explain their recruitment process and their initial onboarding processes to ensure that the workforce that is hired is competent to perform their roles. Staff must have relevant qualifications specific to their roles or be willing to undertake the necessary training. Staff interviewed explained how the service ensures they have the appropriate training and qualifications for perform their roles. The Assessment Team viewed documentation that evidenced staff have position descriptions and that the service held information regarding the required qualifications for staff to ensure these were kept up to date.

The Assessment Team also reviewed training documentation that showed staff received regular training in all practices across the service and received on-going support from the service in order to provide safe and quality care for consumers. Regular staff meetings and management contact ensure staff are supported and feel able to raise issues such as training needs were necessary. Clinical community of practice meetings provide additional opportunity for clinical support where it is needed.

Staff interviewed by the Assessment Team confirmed that their performance was reviewed annually by the service. Team meetings and individual meetings with management were regular and frequent and formed part of an on-going review process. Monitoring of staff was both formal through the staff annual review process and informal and based on consumer feedback, team support and regular on-going feedback from the service. The service had a documented staffing matrix that identified patterns and staffing needs and was able to highlight training deficiencies with the workforce.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 7 Human Resources at the time of the performance report decision.

# Standard 8

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| Organisational governance | | HCP |
| 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

Consumers interviewed confirmed that they were regularly consulted in providing feedback on how the service can improve services being delivered and they felt comfortable in being able to discuss feedback with service.

Management interviewed confirmed the service carried out regular feedback surveys and that service delivery staff were encouraged to talk to consumers and seek feedback and suggestions where possible. Management advised that regular meetings are held to review the services needs on and on-going basis in relation to, but not limited to, training, workforce planning, recruitment, finance, feedback and complaints, incidents etc.

The service was able to demonstrate effective organisation wide governance systems and processes in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The governing body is supported by a Clinical team that are responsible for monitoring risk and quality in relation to care and services to consumer. Risks identified and reported to management and meeting minutes reviewed by the Assessment Team showed these processes in action and ensured the governing body have oversight of the care and services being provided and could identify trends in the provision of care and support staff require in the delivery of services.

The Assessment Team reviewed annual reports and monthly board reports that evidenced the governing body received sufficient information to inform care and service delivery across the service.

The service was able to evidence the Incident Management Policy and Incident Management Register, which is overseen by management. The policy outlines the process surrounding the recording, escalation and management of incidents and the register demonstrated the policy being effective in practice by detailing incidents from initial reporting through to completion of actions and follow-ups to ensure sufficient outcomes are achieved and continuous improvement actions undertaken where required.

Staff were able to demonstrate how they are supported if they identify and abuse and neglect of consumers and the process they would undertake if they were concerned about the safety and wellbeing of consumers. Meeting minutes evidenced that incident management and consumers at risk are being discussed regularly with effective outcomes. Management and staff were able to identify vulnerable consumers, including those with special needs, cognitive and functional difficulties and limited supports and demonstrate strategies used to minimise risks, infection control and provide supports where required.

The service was able to evidence a Clinical Governance Framework which was reviewed by the Assessment Team. The document demonstrated that the service had appropriate measures in place to guide the service in the delivery of clinical care to consumers. The service was also able to evidence that it had policies, procedures and guiding resources that govern infection control, restrictive practices and open disclosure. The Assessment Team was reviewed training records of the workforce that confirmed staff were trained and monitored effectively in these procedures.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 8 Organisational Governance at the time of the performance report decision.

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)