**Performance**

**Report**

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| Name of service: | Australian Romanian Community Welfare Health and Services Association Inc |
| Service address: | 55 Melrose Street NORTH MELBOURNE VIC 3051 |
| Commission ID: | 300542 |
| Home Service Provider: | Australian Romanian Community Welfare, Health and Services Association of Victoria Inc |
| Activity type: | Quality Audit |
| Activity date: | 7 November 2022 to 9 November 2022 |
| Performance report date: | 13 December 2022 |

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 Romanian Community Welfare Health and Services Association Inc (**the service**) has been prepared by M Murray, 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

**CHSP:**

* Social Support Group, 4-B5EFCWI, 55 Melrose Street, NORTH MELBOURNE VIC 3051
* Social Support Individual, 4-B5EFD34, 55 Melrose Street, NORTH MELBOURNE VIC 3051

# 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
* the provider’s response to the assessment team’s report received 30 November 2022

# 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

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| 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. | Undertake relevant assessments, tailored to each consumer’s individual needs and use these to inform tailored care plans. |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Ensure relevant training is undertaking including, but not limited to, infection control. |

# 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

The Assessment Team’s report evidences the service complies with the Requirements as noted in the above table.

In summary, the evidence demonstrates staff treat consumers with dignity and respect, consumers described how they feel involved in the service, noting interactions between consumers, staff and volunteers are positive and support each consumer’s well being. Consumers said staff are caring and that they feel safe in expressing their Romanian culture through the various activities which occur.

Consumers are satisfied they can choose which social support activities to be involved in and their level of engagement. Staff are aware of consumers’ preferences. Consumers described how they feel socially connected via the group, have made new friends and have new topics to chat about with family members.

Consumers are satisfied the organisation supports them to enjoy life and navigate any risks they wish to take around engaging in activities. Staff described managing some risks such as vision impaired consumers and consumers with poor mobility navigating the building.

Consumers are satisfied with the level of information received to inform their choice of activities and staff described various forms of communication including reading to consumers with impaired vision and providing verbal updates in English and Romanian on key topics.

On entry to the social group consumers are informed about the service’s commitment to maintaining privacy and confidentiality and consent to share information forms are completed. Volunteers sign an ‘As a volunteer I should’ document that includes a confidentiality clause.

I am satisfied, based on the evidence, summarised above, that the service complies with this Quality Standard.

# 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. | Non-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 have relied on the evidence of the Assessment Team and the response of the approved provider in forming my view of compliance as noted in the table above.

The Assessment Team’s report evidenced care plans, while somewhat generic, did describe consumer goals and strategies to meet these goals in line with the scope of the program being delivered. Consumers are satisfied that they can involve others in their care planning and mentioned other family members and general practitioners being involved in decision making. A copy of the care plan, signed by the consumer, is held on file and management said that a second copy is retained by the consumer. Documentation evidenced periodic reviews of care plans occurring. Management said changes in a consumer’s circumstances would only be considered to the extent the change impacted on their engagement with the social group.

In relation to Non-compliance Requirement (2)(3)(a)

Management were unable to demonstrate consumers had undertaken relevant assessments to inform their care plan. Staff and volunteers interviewed indicated they are very familiar with the consumers and described in detail consumers’ needs, however assessments which consider consumer risks relevant to the service being delivered were not available.

The approved provider accepts the Assessment Team’s findings and outlined in their response that new assessments will be undertaken for all consumers to inform the development of care plans which are less generic. The care planning policy and procedure will be updated.

As I am yet to see evidence that these changes are embedded in the service to the extent that the issue is rectified, I find Requirement (2)(3)(a) non-compliant.

I am satisfied, based on the evidence summarised above, that the service does not comply with this Quality Standard as it has failed to comply with one of the Requirements.

# 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. | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| 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 applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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. | Not applicable |

Findings

This Quality Standard does not apply to the service as personal care and/or clinical care are not delivered.

# 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 applicable |

Findings

I have relied on the evidence of the Assessment Team in forming my view of compliance as noted in the table above.

Consumer feedback on the service was positive and in various ways consumers described how the service contributes to them being mentally and physically active and how attending a culturally specific program supports their wellbeing.

Staff and volunteers described how, as they get know consumers, they can tailor their engagement with the consumer to support the consumer’s wellbeing, such as developing strategies for consumers at risk of social isolation through telephone supports and visiting programs.

While excursions were suspended during the COVID-19 pandemic, consumers said they felt connected to others through the online activities and one to one phone contacts. Consumers felt they drive the design of the program which includes themed activities, shared interest groups and activities tailored to an individual consumer based on their interests.

Overall consumers were satisfied information is shared in a timely way and staff involved in their services know their preferences.

Management described various referrals being undertaken for consumers, such as linking consumers into other council services and advocating for consumers with various government agencies.

Consumers were complimentary about the food the service providers during group activities and staff were alert to consumer’s preferences, allergies and diabetic status.

I am satisfied, based on the evidence summarised above, that the service complies with this Quality Standard.

# 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 have relied on the evidence of the Assessment Team in forming my view of compliance as noted in the table above.

Consumers spoke positively about the service environment and how it creates a sense of belonging. The social support group operates in a community facility located in North Melbourne the layout of the social activity space is designed to promote consumer independence and function.

While consumers generally said the building is safe and clean and they are able to move freely indoors and outdoors, some commented on difficulties with accessing the service by the stairs located at the building’s front entrance. Management expressed awareness of potential issues posed by accessibility to the building and described how staff and volunteers safely support consumers when entering and exiting the building. A portable ramp is made available to allow for wheeled mobility aid access.

The Assessment Team observed the social support group environment was safe, clean, well maintained and at a comfortable temperature. Consumers were observed moving freely throughout the visit and independently accessing entrances to the building and the external courtyard area. The Assessment Team noted that steps leading down to the toilets may be difficult to navigate with a mobility aid.

Staff and volunteers described assisting with cleaning furniture and fittings after each of the social support group activities.

Management said the building is ageing. Building maintenance issues are reported to the landlord and dealt with in a reasonable timeframe.

I am satisfied, based on the evidence summarised above, that the service complies with this Quality Standard. I am satisfied that management are alert to the potential risk stairs within the building environment pose to consumers with poor mobility and that management currently has preventative strategies in place to manage this risk.

# 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 have relied on the evidence of the Assessment Team in forming my view of compliance as noted in the table above.

Consumers are confident that they can provide feedback or make a complaint if they have an issue or concern. Consumers are provided with information on advocacy as part of their orientation kit. The Assessment Team noted that some information in the kit could be updated and management accepted this feedback.

Staff are bi-lingual and can support consumers to raise and record feedback and complaints where the consumer would like support.

Management explained complaints, when received by the service, are registered in the complaint register, acknowledged, investigated and actioned in a timely manner to ensure resolution. Management demonstrated an understanding of applying an open disclosure approach.

The Assessment Team noted that not all feedback is recorded for example verbal feedback and issues that are resolved with the individual are not registered. Management said they would consider recording feedback more comprehensively and use the register as a source of information for continuous improvement.

I am satisfied, based on the evidence summarised above, that the service complies with this Quality Standard. The gaps noted in recording feedback have not impeded management from understanding issues of concern and being proactive in resolving them.

# 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. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

I have relied on the evidence of the Assessment Team and the response of the approved provider in forming my view of compliance as noted in the table above.

The social support group runs each Tuesday, unless there is a public holiday, with a small workforce that includes volunteers. At the time of the Quality Review five consumers were in attendance with four members of the workforce in attendance. Consumers are satisfied the workforce is sufficient to run the social support group. Management said they have had no unfilled shifts since the face to face social support group recommenced earlier this year.

The Assessment Team observed staff interactions to be positive and consumers said in various ways that staff are attentive and caring.

The service demonstrated processes to ensure the workforce has the knowledge to effectively perform their roles. Consumers said staff know what they are doing and staff described how they perform their role with confidence due to their experience and knowledge. Management described how consumers and volunteers are ‘matched up’, and feedback about the appropriateness of the volunteer is sought from the consumer following the first two to three meetings. Ongoing monitoring of performance occurs for all staff and volunteers through informal supervision and one to one debriefs.

In relation to Non-compliance Requirement (7)(3)(d)

Management told the Assessment Team the service has not delivered any training in relation to the requirements of the Quality Standards and the service does not have a formal system for considering what training might be relevant to staff and volunteers.

The approved provider’s response outlines management’s intention to create a training register and review its training policy to define mandatory training, such as infection prevention, and any other training considered essential in ensuring staff can demonstrate the service can meet these Quality Standards on an ongoing basis.

As I am yet to see evidence that these changes are embedded in the service to the extent that the issue is rectified, I find Requirement (7)(3)(d) non-compliant.

I am satisfied, based on the evidence summarised above, that the service does not comply with this Quality Standard as it has failed to comply with one of the Requirements.

# 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

I have relied on the evidence of the Assessment Team and the response of the approved provider in forming my view of compliance as noted in the table above.

Consumers are satisfied their views on service development and delivery are sought and gave examples of how their input drives the program content. The governing body is an Association Committee. The Committee endorses decisions and priorities for the service, monitors quality, finance and risk and maintains oversight of the delivery of services. Organisational risks are appropriately identified and a consumer emergency list is maintained. While formal training has not been undertaken, management and staff described what to look for in terms of potential abuse or neglect of consumers and staff and volunteers knew pathways to report any concerns in order for action to be taken. The service has an incident management system.

While the Assessment Team found the service did not have a continuous improvement plan documented, I am satisfied based on the Assessment Team’s report, that management is continually improving the service offering for consumers. Specifically, I note the service, which is small and mainly has a volunteer base, pivoted to providing online support during the COVID-19 pandemic, supporting consumers to remain engaged and reduce any isolation they may have been experiencing. The approved provider’s response outlines it has developed a formal continuous improvement plan and I am satisfied that the service will use the plan to record opportunities for improvement, steps to achieve each improvement and monitor the success of any new initiatives on the plan.

The Assessment Team notes a number of the service’s policies and procedures are out of date, and notes an anomaly with statutory declarations, however I am not satisfied that the Assessment Team’s evidence demonstrates the service has failed a regulation that it is bound by law to meet. The approved provider has taken the Assessment Team’s feedback on board in relation to these items.

I am satisfied, based on the evidence summarised above, that the service complies with this Quality Standard.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)