Performance

Report

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| Name of service: | Performance report date: |
| Australian Vietnamese Aged Care Services | 27 June 2022 |
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| Australian Vietnamese Aged Care Services Limited | 31 May 2022 to 2 June 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 Vietnamese Aged Care Services (**the service**) has been considered by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)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 Site Audit, dated 6 June 2022 the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

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1 The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018.

# Assessment summary

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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 | **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 | | Compliant |
| 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 and representatives said staff treated consumers with dignity and respect, evidenced by staff calling consumers by their preferred name. Consumers felt they were supported to exercise choice regarding how their care and services were delivered, and to take risks, allowing them to live their best life.

Staff demonstrated knowledge and understanding of the consumer’s cultural background. Staff described how consumers were supported to be independent make informed choices, how relationships were encouraged and care delivered which aligned with consumer preferences. Staff described how information is communicated, including when a consumer has a cognitive or hearing impairment.

Care planning documentation reflected the diversity and individual needs and preferences of consumers. Risk assessments and strategies to minimise harm were recorded in care planning documentation. Staff education records confirmed staff had completed training on privacy and confidentiality. Consumers personal information was kept confidential.

Staff were observed interacting with, and providing support and services to, consumers in a respectful manner, including staff knocking on doors and introducing themselves before entering a consumer’s room and closing doors when providing care.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 said the service involved them in the planning of care through case conferences, care and service plan reviews, including advance care and end of life planning.

Staff recognise what is important to consumers regarding their provision of care and services.

The assessment and care planning process commences when the consumer enters the service. Care plans identified consumers’ goals, needs and preferences and informed delivery of care. Risks to the consumer’s safety, health, and well-being were identified and mitigation strategies were recorded. Care and services were reviewed as part of the three-monthly review process, when the consumer’s circumstances changed, or incidents occurred.

Care documentation detailed ongoing partnerships with the consumer and representatives when the consumer wishes them to be involved in assessment, planning and review. Care documentation evidenced input from other professionals such as medical officers and allied health professionals.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 consider they received personal care and clinical care which was in accordance with their needs and preferences. Some representatives described consumer’s physical and emotional health as improving since entering the service. Consumers and representatives advised changes in consumer’s condition were identified and referrals were timely, and appropriate.

Care planning was tailored to the needs of the consumer and was in line with best practice guidelines. Care planning reflected the identification of, and response to, changes in the consumer’s condition and/or health status. Management of high impact, high prevalence risk to the consumer was consistent with care planning documentation.

Staff said they had access to information relative to each individual consumer and could describe care delivery for consumers nearing end of life including practical ways in which consumers’ comfort is maximised. Staff said if there is a change to a consumer’s condition, an incident, return from hospital or medication review they notify other health professionals and representatives. Staff described how the service minimised infection related risks through the implementation of infection prevention and control principles and promotion of antimicrobial stewardship.

Care documentation including progress notes, care plans and handover reports provided adequate information to support staff to provide effective and safe care as information was shared appropriately. Care planning documentation reflected consumers received individualised care, tailored to their needs, which was safe and effective. Consumers subject to restrictive practices had appropriate consent and reviews in place. Staff followed procedures to deliver care to maintain skin integrity and manage pain. Care documents showed consumers nearing the end of life received care which preserved their dignity, was in line with their wishes and maximised comfort. Care documents reflect timely referrals occur to medical officers and other health professionals.

**Standard 4**

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| Services and supports for daily living | | Compliant |
| 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. | Compliant |

## Findings

Consumers said they felt supported by the service to do the things of interest to them, which included participation in the services lifestyle program, attending religious services and going to outside activities. Consumers and representatives described ways they were supported to maintain social and emotional connections to those who were important to them. Consumers provided positive feedback in relation to the food quality, quantity and presentation. Consumers and staff reported equipment used to support activities for daily living was clean and well-maintained.

Staff were aware of what was important to individual consumers and how they could support consumers’ needs, goals and preferences to promote their independence and quality of life. Staff described how they identified changes in consumers mood by recognising changes in their body language, eating patterns and/or reduced interest or participation in activities, and offered support. Staff described how the service supported consumers to maintain relationships and participate in the community. Staff demonstrated an understanding of consumers dietary needs and preferences.

Care planning documentation recorded information about spiritual beliefs, how to support consumers well-being and identified social supports. Documentation demonstrated how consumers needs and preferences were effectively communicated, including dietary needs and preferences, within the service and with other external organisations.

The service demonstrated services and supports for daily living promoted consumers emotional, spiritual and psychological well-being. Equipment which supported consumers to engage in activities of daily living was observed to be suitable, clean and well maintained. **Standard 5**

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| Organisation’s service environment | | Compliant |
| 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

Consumers and representatives said consumers felt at home, and the service provided a sense of belonging and independence. Consumers and representatives said the furniture, fittings, and equipment were safe, clean, and well maintained.

The service environment was welcoming and easy to navigate. Signage throughout the facility was in English and Vietnamese. Consumers were observed accessing internal and external areas of the service areas freely, including the service’s garden areas. Consumers rooms were individualised to the consumer’s preference, some with minimal personal items, others have photographs of their family, ornaments, and plants.

Equipment was available to all consumers requiring mobility aids and handrails are in place throughout the facility. All indoor and outdoor areas are flat with no trip hazards.

Regular cleaning and maintenance was evidenced and logbooks to record maintenance requests were available. Staff were aware of the process to escalate hazards, if required.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 considered they were encouraged and supported to give feedback and make complaints, and felt appropriate action was taken. Consumers where confident they would be advised of the outcomes and receive an apology from management. Consumer and representatives provided examples where their feedback had been used to improve services.

Staff said consumers and representatives were supported to make complaints and raise feedback. Staff described how they address or escalate complaints, and how the information is used to make improvements. Staff stated complaints, feedback, and open disclosure were permanent agenda items at Board, staff and clinical meetings.

Dual language feedback and complaints forms, a complaints and feedback box and posters to assist consumers and staff with raising concerns and complaints, including to external bodies were available. The consumer information pack contained information on how and where to make complaints both internally and externally; the Charter of Aged Care Rights poster, translated in Vietnamese was available in every consumer’s room and in reception. Advocacy service information was available in both English and Vietnamese.

The service’s Continuous Improvement (CI) plan demonstrated complaints, feedback, suggestions and incidents had been documented, along with planned improvement actions, dedicated timeframes and evaluation notes.

**Standard 7**

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| Human resources | | Compliant |
| 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 considered they received quality care and services when they need them and from people who are capable, caring, and qualified to perform their roles. Consumers and representatives said there were enough staff to meet their care and support needs.

Staff were observed to be available, were not rushed and had time for their tasks. Annual mandatory training and competency assessments, including medication competencies, manual handling, fire and evacuation training and infection control practices were completed and documented.

Staff were able to describe the mandatory training they had completed, and advised if there was an identified need for further training it was available. Staff understood the annual performance appraisal process and management confirmed the service undertook annual performance appraisals.

The organisation had a suite of documented policies and procedures which guide management of the workforce, the selection and recruitment of staff, orientation and probationary processes, monitoring of staff performance and the performance management of staff when issues were identified in performance.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 and representatives confirmed they were confident the service is well-run and they are engaged in the development, delivery and evaluation of care and services.

The service described how consumers are encouraged to take an active role in the development of care and services through involvement in panels, meetings, surveys and by providing feedback. The service had effective risk management systems in place to identify and manage risks to the safety and wellbeing of consumers.

Staff demonstrated sound knowledge of various risk minimisation strategies, including those to prevent falls, infections, manage challenging behaviours and minimise the use of restrictive practices. Staff described training about the clinical governance framework and were able to provide examples of their relevance to their work.

The organisation’s governing body described how they promote a culture of safety, inclusivity, quality care and services and how they were accountable for their delivery. All board members have undergone governance training and the service has a Governance Manual, referencing relevant Standards. The governing body receives reports from the service’s management team regarding clinical governance and continuous quality improvement plans, which the board members used to confirm the service was compliant with the Quality Standards and to initiate improvements.