**Performance**

**Report**

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| Name: | Chinese Welfare Services - ADELAIDE |
| Commission ID: | 600139 |
| Address: | 224 Grote Street, ADELAIDE, South Australia, 5000 |
| Activity type: | Quality Audit |
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| Performance report date: | 10 May 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

Home Care Packages (**HCP**) included:  
Provider: 9058 Chinese Welfare Services of South Australia Inc  
Service: 26849 Chinese Welfare Services of SA Inc

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7654 Chinese Welfare Services of South Australia Incorporated  
Service: 24203 Chinese Welfare Services of South Australia Incorporated - Care Relationships and Carer Support  
Service: 24202 Chinese Welfare Services of South Australia Incorporated - Community and Home Support

**This performance report**

This performance report for Chinese Welfare Services - ADELAIDE (**the service**) has been prepared by Therese Wilson, 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 18 April 2024 that accepted the report findings stating they did not wish to respond.

# 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 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# 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 | **Compliant** |
| **Standard 4** Services and supports for daily living | **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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

This Quality Standard is compliant as six of six Requirements have been assessed as compliant.

Consumers and representatives confirmed consumers are treated with dignity and respect, and their identity and diversity are valued. Staff said they get to know consumers and they are familiar with their backgrounds, needs and preferences. Consumer background information and service preferences are obtained from consumers during the admission process to inform staff of individual needs.

Consumers and representatives confirmed the service accommodates consumers’ cultural needs and preferences and ensure care and services provided are culturally safe. Staff described how they ensured care and services reflect consumers’ cultural needs and diversity. All staff are provided training on cultural awareness and management stated they try to match consumers who speak a certain language with staff who speak a similar language to facilitate communication with consumers and ensure care and services are culturally safe.

Consumers and representatives confirmed they are involved in making decisions about the services the consumer received. Staff described how they support consumers and their representatives to exercise choice and make decisions about their services. Consumers’ documentation showed care and service planning, and delivery was undertaken in partnership with consumers and/or their representatives and included information about family, including next of kin to be contacted in an emergency.

Consumers confirmed the service support them to live the best life they can. Risk assessments were completed and signed by consumers, with mitigation strategies documented and acknowledged. The service has policies and procedures to support consumers to take risk.

Consumers confirmed the service communicates with them via email and phone calls, and advised the monthly statements they receive are accurate and easy to understand. All consumer information, including handbooks, monthly statements, care planning documents, and newsletters can be provided both English and Chinese.

Consumers and representatives are confident consumers' privacy is respected when receiving care and services. The organisation has policies and procedures in place to guide staff practice about the importance of handling and protecting consumers’ personal information.

# Standard 2

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

Findings

This Quality Standard is compliant as five of five Requirements have been assessed as compliant.

Consumers confirmed overall satisfaction with assessment and planning processes including being actively involved in discussion in relation to risks. Staff could describe the assessment and planning process to ensure consumer risk are identified. Identified risks are reflected in care documentation including strategies to mitigate the risks.

Consumers confirmed services delivered are provided according to their preferences. Staff described processes to ensure needs and goals are consistently captured, including end-of-life care preferences. Care documentation showed assessment and planning identified consumers’ current needs and goals, reflecting their personal preferences, including advance care planning.

Consumers confirmed they are involved in assessment and planning processes, and they decide who is involved in the delivery of care and services. Coordinators described how they involve consumers and/or their representatives in decisions regarding care delivery. Consumer files showed consumer involvement in assessment and planning and he involvement of other service providers in consumer care.

Consumers and representatives stated staff communicate outcomes of their assessment and care planning and confirmed they receive a copy of the care plan which is in a language they understand and contains all necessary information. Staff stated consumers’ information is available to them when they need it. Consumer information is accessible to staff through the electronic care system, or as hard copies in consumers’ homes. Care files demonstrated consumers were reassessed and strategies implemented in response to changing circumstances and after incidents.

# Standard 3

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| Personal care and clinical care | | HCP | 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

This Quality Standard is compliant as seven of seven Requirements have been assessed as compliant.

Consumers confirmed they receive personal and clinical care that was safe and effective, and improved their health and well-being. Staff provided examples of how they provide safe and effective care and demonstrated how care and services for each consumer are tailored to their needs and preferences. The service has policies and procedures to provide guidance to staff in adhering to best practice guidelines for all procedures.

Care planning documents confirmed individualised risk management strategies are implemented to ensure consumers’ risks are managed. Any consumer who are high risk are discussed at monthly clinical meeting to manage them including if additional risk mitigation strategies are required.

Consumers nearing end of life are referred to other services to provide palliative care. The service supports consumer care through recognising and addressing consumer end of life wishes and supporting the services providing the care.

Consumers and representatives confirmed staff have the ability to notice and appropriately respond to changes in consumers’ health. Staff described processes for reporting and addressing changes in consumers’ health, such as general deterioration and changes in mental, physical, and cognitive function. Care documentation evidenced identification and actions taken when a consumer’s health changed or deteriorated.

Consumers said staff know them well and they did not have to explain the care and services they required. Staff confirmed they are informed of any changes to consumers’ condition and needs verbally and through the electronic care systems. Care plans included detailed individualised personal and clinical care management plans and strategies based on assessed needs and discussions with consumers and/or representatives.

Consumers confirmed they had been referred to health professionals, when required. Staff described processes to refer consumers to health professionals and other service providers and explained how changes and recommendations are communicated to consumers and incorporated in the care files. Care plans and progress notes reflect timely referrals occur when a need is identified.

Consumers confirmed staff use personal protective equipment and adhere to hand hygiene techniques to minimise the transmission of infection. Staff said they have attended training related to infection control and are provided with a personal protective equipment. The service has an outbreak management plan to guide and support staff practices, as well as infection control policies and procedures.

# Standard 4

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| Services and supports for daily living | | HCP | 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

This Quality Standard is compliant as seven of seven Requirements have been assessed as compliant.

Consumers expressed satisfaction with services provided which included in-home services, community services, such as social support, transport and assistance with shopping and meal preparation. Staff described how they support consumers to remain independent and how they provided services in line with consumers’ preferences to improve their health, well-being and quality of life. Care documentation included detailed information on the supports they required in line with identified goals to improve their well-being and quality of life.

Consumers confirmed staff know them well and described how the services provided enhance their spiritual, emotional and psychological well-being. Staff demonstrated their knowledge of consumers and described strategies to support them emotionally, spiritually and promote their psychological well-being.

Consumers confirmed participating in community services and mentioned receiving supports that enabled them to maintain social relationships and do things of interest to them. Staff were knowledgeable of consumers’ interests and descried how they supported consumers to participate in the community.

Consumers said staff know them well, understand their needs and they do not have to remind staff continually of their needs and preferences. Staff interviewed described how they obtain and communicate information relating to consumer care. Contractors who provide services spoke highly of communication from the service and said they always have the necessary information to provide services to consumers.

Consumers confirmed where meals are provided, they are varied and of suitable quality and quantity and they are satisfied with the meals provided. Staff were knowledgeable of consumers’ dietary needs, preferences and identified risks relating to their nutritional and hydration status. Consumer files for consumers requiring meal services included details on which meal provider was providing the meal.

Consumers confirmed equipment provided is assessed by an allied health professional and said it is suitable and safe for them. Staff described the process of referral to ensure consumers are assessed for equipment by a professional. Care documentation confirmed, the correct equipment is purchased following their recommendations.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

This Quality Standard is compliant as four of four Requirements have been assessed as compliant.

Consumers and representatives confirmed they are aware of the process to provide feedback and complaints and felt supported to do so. Staff could describe how they encourage consumers to provide feedback and complaints. The register shows feedback is captured through forms and a continuous improvement item will include expanding to include other platforms such a meetings and surveys.

Consumers confirmed they are made aware of and have access to advocates and language services and other methods for raising and resolving complaints. Information is provided in the consumer handbook, newsletters, and verbally by coordinators during their routine visits.

Consumers and representatives said appropriate actions were taken in response to complaints and described how an apology is offered when things go wrong. Staff described the handling of complaints and demonstrated an understanding of the open disclosure process. Documentation confirmed appropriate action is taken with feedback and complaints.

Feedback, complaints, and suggestions are recorded on the complaints register, and incident management register, and then recorded on a continuous improvement plan where appropriate. Complaints and feedback is analysed monthly with the analysis going to the board.

# Standard 7

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| Human resources | | HCP | 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

This Quality Standard is compliant as five of five Requirements have been assessed as compliant.

Consumers and representatives expressed satisfaction with the delivery of care and services provided by staff and said they are arriving on time and do not rush them. Management described how they plan and manage the workforce, including identifying long and short-term leave to ensure there is enough staff to deliver care and services. A review of the roster shows all shifts were filled for the period viewed.

Consumers said staff are kind, caring, and respectful. Staff spoke respectfully about consumers and described how they interact with consumers to ensure their needs are met. The onboarding process outlines the expectations of positive and respectful interaction with consumers.

Consumers confirmed staff know what they are doing and feel supported and cared for by staff from all areas. Staff said they undertake mandatory training and competencies specific to their roles and feel confident they have the knowledge to perform all aspects of their role. Staff training and qualifications are monitored with staff removed if they are not current with their training and competency requirements.

Consumers felt confident staff have the skills and knowledge to provide care and services needed. There is an onboarding process all new staff undertake which includes mandatory training and competencies. There are policies and processes in place to ensure staff are appropriately trained and knowledgeable to undertake their roles. Staff confirmed they participate in performance reviews with management where strengths and areas of improvement are discussed.

# Standard 8

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| Organisational governance | | HCP | 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

This Quality Standard is compliant as five of five Requirements have been assessed as compliant.

The service engages consumers and representatives in the development, delivery, and evaluation of care and services and support consumers and representatives in that engagement. The organisation has systems to capture and record feedback, such as a feedback register, surveys, and meeting minutes which shows the organisation involves and consults with consumers.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. There are systems to ensure responsibilities, accountabilities, care, and service expectations are managed through reporting and monitoring mechanisms to ensure the Board is aware of and accountable for the delivery of care and services.

There are effective and established organisation-wide governance system in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback, and complaints.

The risk management system is effective and there are practices in place for monitoring high-impact or high-prevalence risks, identifying, and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents.

The service has a clinical governance framework, and associated policies and procedures, relating to antimicrobial stewardship (AMS), minimising the use of restraint and open disclosure to guide staff practice. Staff were able to describe AMS principles and provide examples of restrictive practices and open disclosure.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)