Performance

Report

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| Name of service: | Elderly Chinese Home |
| Service address: | 125-129 Manningham Street PARKVILLE VIC 3052 |
| Commission ID: | 3142 |
| Approved provider: | Elderly Chinese Home Inc |
| Activity type: | Site Audit |
| Activity date: | 18 October 2022 to 20 October 2022 |
| Performance report date: | 22 November 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 Elderly Chinese Home (**the service**) has been prepared by V Stephens, 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 Site Audit; 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.
* the provider’s response to the assessment team’s report received on 31 October 2022.

# 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 | |  |
| 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

Sampled consumers are satisfied that staff treat them with respect and dignity, and their culture and diversity are valued. Staff were observed treating consumers with dignity and respect and demonstrated an awareness of individual choices and preferences. Sampled consumer care planning documents contained information about consumer interests and preferences.

Sampled consumers are satisfied the service provides care and services that are culturally safe. Staff provided examples of how they support the individual needs of consumers. Sampled care planning documents described individual requirements.

Consumers and their representatives are satisfied they can make and communicate decisions regarding care and services, and make connections and maintain relationships of choice. Consumers and their representatives were satisfied the service supports consumers to participate in activities of their choosing, including activities involving risk.

Consumers and their representatives are satisfied they are informed of lifestyle activities, including receiving reminders to attend. Consumers receive daily menus which are also displayed throughout the service. The service prepares monthly newsletters to consumers and all publications are prepared in both traditional and simplified Chinese.

Sampled consumers and their representatives are satisfied that their privacy is respected. Staff demonstrated an understanding of how to support consumer privacy and maintain the confidentiality of information. Observation of staff practice demonstrates consumer privacy is respected.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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

Sampled consumers stated care is provided according to their needs and they always feel well informed by the service. All staff interviewed were able to identify assessed risk areas for consumers consistent with their scope of practice. Review of sampled care files demonstrated that clinical risks were considered and care planned accordingly. Clinical documentation consistently recorded consumers most current care needs, including risks.

All sampled consumer files reviewed demonstrated current needs, goals and preferences, including advance care planning and end of life care where appropriate. All staff interviewed were able to discuss consumer goals and preferences in a sensitive and respectful manner. Clinical staff detailed how they engage input from consumer representatives and balance this with assessed consumer needs.

Consumers and their representatives expressed a high level of satisfaction in their involvement with assessment and planning. The Assessment Team observed clinical staff at the service communicating with consumers, their representatives and multiple external service providers throughout the site audit. All consumer files reviewed evidenced frequent involvement from other organisations, individuals and providers of other care and services where appropriate.

The service demonstrated that they effectively communicate outcomes of assessment and planning to consumers. Outcomes of assessment and planning were also documented by the service in a timely manner. All sampled consumers and their representatives spoke positively regarding the communication from the service in relation to provision of care and confirmed they were aware of and had seen consumer care plans. The Assessment Team noted consistent documentation within progress notes that consumers and their representatives were frequently contacted and consulted.

All sampled consumer files demonstrated that care and services are reviewed both on a regular basis as well as following incidents or when circumstances change. Clinical management and clinical staff were able to outline circumstances which would trigger a review of care and services. Consumers and their representatives stated that review occurs in a timely manner.

# Standard 3

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| Personal care and clinical care | |  |
| 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

The service demonstrated evidence that consumers receive care that is best practice, tailored to their needs and optimises their health and well-being. Consumers and their representatives stated that they were satisfied with how consumer care needs are managed. Staff interviewed were able to demonstrate a sound knowledge of consumer care needs that aligned with documented assessments. The Assessment Team observed staff providing consumer which are consistent with assessed needs.

Clinical management and care staff identified consumers at high risk in relation to a number of areas including falls, wound and diabetes management. Consumers and their representatives confirmed that high risk care needs are well managed. The service also demonstrated effective and respectful care for consumers with life limiting diagnoses.

The service is responsive to the changing care needs of consumers, inclusive of referrals to external service providers where appropriate. All staff interviewed were aware of external referral processes.

The service demonstrated processes are in place to ensure consumer care needs are well communicated. All sampled staff were able to talk in detail about consumer care needs and preferences. Staff were observed providing care in line with documented care interventions. Consumers and their representatives stated that staff knew them and they did not have to repeat information often. Review of sampled consumer files demonstrated information was accurate and updated in a timely manner to reflect any changes in care needs.

The service is responsive to changing care needs with evidence of timely and appropriate referrals to a range of external service. Consumers and their representatives expressed satisfaction with the timeliness of referrals.

The service demonstrate how they minimise infection related risks and promote principles of antimicrobial stewardship. There is a detailed outbreak management plan to provide guidance to staff in the event of any infectious outbreak. The service provided recent evidence of competency-based staff training on personal protective equipment use and hand hygiene. All staff interviewed demonstrated a good understanding of the principles of antimicrobial stewardship and infection control practices consistent with their scope of practice.

# Standard 4

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| Services and supports for daily living | |  |
| 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

Sampled consumers described how they are supported to engage in activities of interest and how their individual preferences are respected. Care planning documentation identified consumer choice and provided information on the services and supports required. The current activities program has group activity options as well as providing individual, flexible one-on-one activities.

Consumers and their representatives are satisfied the emotional, spiritual, and psychological well-being of consumers is supported. Staff described how consumers are supported emotionally, spiritually, and psychologically. Care planning documentation includes information on the individual emotional, spiritual, and psychological needs of consumers.

Consumers and their representatives are satisfied the services and supports enable consumers to participate in the community, have relationships and do the things of interest to them. Staff describe how they support consumers to do the things that are important to them, participate within and outside the service environment and have social relationships. Care planning documents contained information on individual consumer interests and identified the people important to consumers.

The Assessment Team observed folders in the kitchen containing assessments and nutrition care planning documents including details of consumer dietary preferences and needs. Consumers and their representatives described how they can access and are referred to individuals, other organisations and providers of care and services in a timely and appropriate manner.

Consumers expressed satisfaction with the quality and quantity of meals. Meals are culturally appropriate and prepared on-site. Staff were knowledgeable about individual consumer preferences and dietary requirements. Staff were observed to be respectfully assisting, encouraging, and offering choices with meals during the site assessment.

Sampled consumers, consumer representatives and staff were satisfied that they have access to suitable and well-maintained equipment. Equipment was observed to be clean, well maintained, and suitable to meet the needs of consumers.

# Standard 5

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| Organisation’s service environment | |  |
| 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

Sampled consumers and representatives said they feel welcome at the service and stated consumers can move freely both indoors and outdoors. Consumers described the service as safe, clean, and suitable for their needs. Staff described helping consumers with limited mobility and the Assessment Team observed staff assisting consumers to access areas within the service.

Sampled consumers and representatives said they are satisfied with the safety, suitability, cleanliness, and maintenance of the service. The Assessment Team observed consumer rooms and common areas to be safe, clean, and well maintained. Shared equipment is stored safely. The Assessment Team reviewed the preventative and reactive maintenance folders. No urgent tasks relating to the service environment were outstanding.

# Standard 6

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| Feedback and complaints | |  |
| 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 representatives stated they feel encouraged and supported to provide feedback and make complaints. Staff described helping consumers resolve their concerns and/or escalating more complex issues to senior management. The Assessment Team sighted complaint and feedback forms displayed at the entrance to the service. Brochures and forms are available in English and other languages including Cantonese and Mandarin.

Consumers and their representatives said they are aware of advocacy and language services and other methods to raise complaints. Staff interviewed could describe the advocacy and language services available to consumers. Advocacy, feedback, and complaint brochures are displayed at reception in languages other than English, including Cantonese and simplified Chinese.

Consumers and representatives who had made complaints said they were satisfied that appropriate action was taken to resolve their concerns. Staff described using open disclosure principles in handling complaints and when informing family members about incidents.

Consumers and representatives gave examples of their feedback and/or complaints leading to improvements or changes at the service. The complaints log and continuous improvement plan evidence how complaints and feedback are used to make improvements at the service. Management advised the service holds a monthly resident and relative meeting to enable discussion about service improvements. Consumer care plans evidence consumer engagement at these meetings.

# Standard 7

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| Human resources | |  |
| 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

The service demonstrated adequate staffing levels and skill mixes to meet consumer needs. Sampled consumers and representatives said they feel there is sufficient staff at the service and consumer needs are met. The Assessment Team reviewed the roster from 10 October 2022 to 23 October 2022. The roster showed vacant shifts are filled and the service has sufficient staff coverage. The roster reflected the service's staffing profile described by management.

All sampled consumers and representatives said that staff are kind, respectful and culturally appropriate. All staff demonstrated they understand consumer culture, stories, choices, needs and preferences. The Assessment Team observed all staff interactions to be kind and respectful.

Consumers and representatives said staff perform their roles effectively, and are confident staff are skilled to meet their care needs. Management said all staff are required to complete mandatory training as well as regular refresher training. The training is monitored by management at the service. Position descriptions specify the roles and responsibilities of staff, including where relevant qualifications and registrations are required.

Sampled consumers and representatives said they believe staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Management described mandatory and non-mandatory training and the process to implement training if gaps are identified. Training is monitored and recorded by management. All clinical and care staff said the service provides mandatory and additional training to support them to provide quality care.

The service demonstrated performance reviews are conducted annually for all staff and after an initial probation period for new staff. The Assessment Team reviewed the performance review schedule and noted that all performance reviews are currently overdue. The service’s plan for continuous improvement contains information about overdue appraisals noting that they are to be completed in November 2022.

# Standard 8

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| Organisational governance | |  |
| 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

Sampled consumers and representatives said they feel supported and engaged in the development, delivery and evaluation of care and services. The service encourages consumers to provide feedback through a variety of mechanisms, including surveys, resident meetings, and providing verbal and/or written feedback and complaints. The Assessment Team sighted documentation evidencing the use of consumer surveys and discussions held at resident and relative meetings.

Management stated the service remains accountable to the Board and consumers through regular reporting in governance meetings. Clinical indicators, incidents, and complaints are discussed during the Board's clinical sub-committee.

Staff stated they can access information when they need it, including information about consumer care needs, goals and preferences, policies, and procedures. The service provided a copy of a detailed continuous improvement plan. The plan showed numerous continuous improvement activities, with clear information about the activity, due date, and person responsible for implementation. Management described how expenditure is requested and discussed at meetings, with the Board overseeing larger capital expenditure. Management explained how changes to policy and legislation are monitored by senior management.

The service has risk management systems to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks are reported, escalated, and reviewed by management at the service level and in quality and clinical governance meetings. The service has policies in place to ensure staff identify and respond to elder abuse and neglect. Staff could readily describe signs of elder abuse and steps they would take to address suspected abuse. The service uses an incident management system to record the identification and investigation of incidents.

Management described their clinical governance roles and responsibilities, including how clinical indicators are monitored. The service demonstrated how its clinical governance framework supports the use of open disclosure, the practice of antimicrobial stewardship, and the minimisation of restraint.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)