**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Ethnic Community Services Cooperative - Multicultural Aged Care Services |
| Commission ID: | 200024 |
| Address: | Building 3, 142 Addison Road, MARRICKVILLE, New South Wales, 2204 |
| Activity type: | Quality Audit |
| Activity date: | 14 February 2024 to 15 February 2024 |
| Performance report date: | 1 April 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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7978 Ethnic Community Services Co-operative Limited  
Service: 25076 Ethnic Community Services Co-operative Limited - Care Relationships and Carer Support  
Service: 25075 Ethnic Community Services Co-operative Limited - Community and Home Support

**This performance report**

This performance report for Ethnic Community Services Cooperative - Multicultural Aged Care Services (**the service**) has been prepared by A Cachia, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **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

|  |  |  |
| --- | --- | --- |
| 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

I am satisfied the evidence presented below demonstrates the service is compliant with Standard 1 as six of the six requirements have been found compliant.

Consumers said staff treat them with dignity and respect, with one consumer sharing how they attend the services Indonesian support groups, which have played a significant part of their life, allowing the consumer to celebrate their culture and remain connected with the Indonesian community. Staff explained how they treat consumers with dignity and respect, with four bilingual support workers confirming that they are matched with consumers to support consumers from a range of different languages and cultural needs. Management said that all services offered were specifically designed to ensure consumers were treated with dignity and respect by ensuring consumer identity, culture and diversity was valued.

Consumers said the service caters to consumers’ cultural needs and said their background and preferences are known by staff. Two consumers shared how they attend the services Portuguese group and although having a limited understanding of English they are both supported by bilingual support workers. Staff explained how services are curated to respect cultural nuances. Bilingual support workers of the Indonesian support group advised the Assessment Team that although the group is aimed at the Indonesian community, there are no restrictions on who can attend, and all consumers are welcomed by both the provider and other members of the group. The Assessment Team observed that within multiple groups, consumers from a variety of other ethnic groups and cultures were in attendance.

Consumers said they were encouraged by staff to actively choose how the services support groups are run and what activities consumers can participate in, with three consumers sharing that no request is too hard to ask, with bilingual support workers always attempting to accommodate. The Assessment Team observed consumers of the Indonesian support group participating in a range of activities including knitting and socialising, playing cards and mahjong. Staff said family and friends are welcomed and encouraged to join support groups where consumers request for members of their lives to join, including one consumer’s representative who joined the Portuguese group to support their mother. Management said initial assessments are conducted when consumers join the service, allowing them to communicate their own choices around what services are required in supporting their care.

Consumers are supported to take risks and provided examples of the things they are supported to do, including one consumer who regularly attended the Indonesian support group, however was recovering from a fall, so the service made adjustments to the consumers favourite activity to minimise risk to the consumer while ensuring they could still participate. Staff and management were knowledgeable of dignity of risk principles and provided examples of supports in place to minimise risk associated with consumers’ choices. Care planning documentation included information to guide staff in safely supporting consumers to take risks.

Consumers and representatives said they are provided information via various mechanisms, such as via phone or email. Staff explained how they provide information to consumers in a way they can understand, including for consumers who have difficulty communicating. Documentation provided to consumers was observed by the Assessment Team to be accessible, clear and easy to read.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 1 Consumer dignity and choice.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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. | 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

Documentation showed assessment and planning that included consumers’ needs, goals and preferences, and risks to their health and well-being. Staff were knowledgeable of consumers’ risks and associated mitigation strategies, and were satisfied that assessment and planning processes were effective. The Assessment Team sighted evidence of policies and procedures governing the assessment and planning of care and services, ensuring staff made considerations to consumers physical and psychological wellbeing to inform safe and effective care.

During social support groups, consumers shared how they felt more comfortable discussing advance care planning while in a group setting as it felt like a more acceptable setting. Care planning documentation demonstrated comprehensive information outlining consumers needs, goals and preferences, including notes outlining consumers being offered access to support groups to best meet their needs. Management said the service find its consumers are reluctant to discuss advance care and end of life planning during the initial assessment, with consumers often becoming uncomfortable. Consequently, management said the service offers talks and information on advance care planning during information sessions offered during each social support group.

Consumers said they are involved in developing a care management plan that meets consumers’ needs, including one consumer whose care plan outlined deterioration in mental health following the loss of their partner, instigating a full reassessment to involve additional services including the consumers general practitioner. Care plans were reflective of the consumer and inclusive of those involved in the care of the consumer, including relevant health specialists. The organisation has processes to inform staff of the process of completing assessments in partnership with consumers and representatives.

Consumers said staff explain information about consumers’ care and services to them and talk them through the process when completing the care plan and assessment. Consumers confirmed they are provided with a copy of the care plan and demonstrated a clear understanding of the contents of the plan. Management said they discuss the outcomes and recommendations of the initial assessment with the consumer prior to the commencement of services. The Assessment Team sighted evidence of policies and procedures governing all aspects of care delivered, including assessment care planning which involved consumers at all stages of the process.

Consumers said staff consult with them in relation to their care plan and the care and services they receive. One consumers mental health began deteriorating following reduced mobility from surgery, instigating a reassessment of the consumers care plan to allow for additional transport so they could attend the services support group and increase their social connection. There are processes to ensure 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. Annual care plan review processes are in place to ensure all aspects of consumers’ care are aligned to their changing needs and preferences.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

The services provided by the organisation are limited to multilingual/multicultural social support groups. As a result, Standard 3 has not been assessed as it is not applicable.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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. | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said that they are supported to live healthy and social lives which optimises their quality of life and their wellbeing through the social services received. One consumer who shared how the service assist them in translating books and letters so they can better understand information they receive external to the service. The Assessment Team reviewed the social support groups, which were intentionally structured to provide an opportunity for consumers of different ethnic communities to socialise and connect with members of their community. Care planning documentation demonstrated comprehensive and ongoing information was obtained to reflect each consumer’s conditions, needs and preferences.

Consumers confirmed they are supported in their emotional and psychological well-being, with one consumer sharing how their mobility had deteriorated preventing their attendance to the social group, so the service organised transport so the consumer could continue attending groups which support her emotional and spiritual wellbeing. Staff described how they take time to assess and check in on consumers emotional or psychological wellbeing, all unanimously explaining that this is an integral part of the role. Management said staff consider the emotional, spiritual and psychological wellbeing of consumers to be paramount during the delivery of care and services, confirming both staff and management check in on changes in mood as well as ensuring they are receiving all necessary services. Care planning documentation confirmed the service monitors consumers’ emotional and psychological well-being through ongoing communication, feedback and reviews.

Consumers described how they access a range of services to enable them to stay connected to their community and to things of interest to them. Staff described how the Indonesian groups projects were focused on developing traditional music, dance and singing to perform in community, supporting consumers in participating in activities and environments they enjoy. The Assessment Team sighted video footage of the services dancing and music groups performing in front of community audiences. The Assessment Team sighted evidence of policies and procedures, along with care planning documentation that demonstrated how consumers maintain personal relationships and an ongoing connection to their wider community.

Consumers confirmed daily living supports and services are consistent, and staff know the consumers well. Management said the service ensures information is shared with consumers and representatives when needed, and confirmed the organisation communicates consumer specific information across the organisation where necessary. Care planning documentation demonstrated comprehensive information is available to staff across the organisation for staff to understand the needs, goals and preferences of the consumer. The Assessment Team sighted additional information from external services such as general practitioners to reflect consumer conditions, to effectively manage responsibility of care.

Consumers and representatives confirmed consumers are referred to other organisations and providers of care and services as required and as appropriate, with numerous consumers referred to transport services to support consumers in still attending the services social groups. Management said they coordinate all referrals for individuals and liaise with external organisations and providers of other care and services to ensure consumers are receiving supports they need, for example referring consumers to community nursing services or back to My Aged Care. Care planning documentation showed evidence of referrals to other organisations and providers of other care and services when there has been some decline noted in individual consumer’s needs and conditions.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 4 Services and supports for daily living.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

The Assessment Team observed 2 of the 5 sites used by the provider to operate and run its support groups. Consumers said the service environment is always clean and well-maintained, and they enjoy attending the centres. One consumer shared how they had been attending the social support group for 7 years and had always found the premises to be well suited to the group’s activities.

Both service environments were observed to be well laid out with areas wide enough for consumers to move freely. Management said that service intentionally chose the service centres to allow easy movement, which was demonstrated by staff during the Assessment Team’s tour of the premises.

Management said the service operates a single vehicle for consumer transport. The Assessment Team sighted the interior of the vehicle which was clean and well maintained. Maintenance logs and schedules were evidenced by the Assessment Team, outlining all requirements were up to date and adhered to.

The service environment was observed to be clean and safe, and included signage to assist with navigation to various areas. Equipment was observed to be clean and well-maintained.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 5 Organisation’s service environment.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

Consumers said they are supported to provide feedback on the care and services consumers’ receive and are aware of their rights to make a complaint. Consumers who attend the Portuguese social group said they prefer to call staff instead of complete the forms available, however added that they rarely have any complaints. Staff and management said feedback and complaints are obtained through various mechanisms, including surveys, feedback forms and verbally.

The service uses an in-house interpreting service through bilingual service staff who speak different languages to assist consumers and representatives. Where necessary to support consumers in making a complaint, the service also has access to an external interpreting service where required. Staff were knowledgeable of advocacy, providing examples of consumers they had referred to groups including welfare groups and alternate social supports. Consumers are provided with a brochure on their rights and responsibilities, which includes information on external complaints organisations along with advocacy services.

The service uses a feedback register to record and respond to complaints. Staff demonstrated a thorough understanding of what processes to follow to action feedback and how they communicate the consumers concerns to management. Management said that staff are responsible in managing complaints, however complex complaints are escalated where necessary. Staff were knowledgeable of open disclosure principles and provided examples of how they practice them in everyday interactions with consumers. Policies and procedures are in place to guide staff on complaints handling processes.

Feedback and complaints are used to improve the quality of care and services. Consumers said they have the opportunity to provide feedback and communicate preferences during their attendance to the social support groups. Management said service improvements are proactively actioned as a result of complaints and feedback recorded, in which management analyse to inform systemic improvements, and provided an example of where this had occurred.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 6 Feedback and complaints.

# Standard 7

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

Findings

Consumers said they are very satisfied with the number of staff available and appreciative of the safe delivery of care and services, sharing how all staff including management are kind, caring and competent. Staff indicated there is adequate bilingual workers and staff to effectively deliver services. Management discussed workforce planning and analysis of workforce needs, sharing how the service utilises experienced and skilled staff and volunteers from identified language groups and communities to support program delivery. Management described, and documentation confirmed, how the service maintains its workforce through planning improvements and monitoring consumers awaiting to be onboarded.

Consumers and representatives interviewed at the Portuguese social group said staff and volunteers are kind, caring and respectful. Staff and volunteers demonstrated a thorough understanding of how to provide care for consumers and advised how they would escalate any incidents to management in the instance they were to witness disrespectful behaviour. Staff also confirmed they have received adequate training in identifying elderly abuse and the reporting processes. The Assessment Team sighted evidence of policies and procedures governing all aspects of code of conduct, and inclusion and diversity to ensure expectations of staff align with organisational values and workforce interactions with consumers are respectful and non-discriminatory.

Consumers and representatives described how they are confident in staffing skills, knowledge and ability to deliver care and services in line with how consumers like services run. Staff described, and documentation confirmed, they complete relevant mandatory requirements and training to effectively perform their roles. Management stated they assess workforce competency during recruitment by obtaining registrations and credentials as part of workforce planning, competency framework and monitoring processes. The Assessment Team confirmed the services human resources and payroll department maintains a list of staff credentials and monitors information to ensure all information is current.

Staff and volunteers described how the service supports them to perform their role through the induction process, mandatory and ongoing training opportunities as well as buddy shifts until they are confident to deliver care and services on their own and in line with best practice. Management described how the service identifies training needs and how this then informs the organisations training schedule, including through staff performance reviews, feedback and both consumer and staff surveys conducted. Documentation confirmed staff are supported through induction, mandatory and ongoing training along with additional training, where requested or required, including infection control training. The service has a recruitment policies and procedures and has as organisational sections responsible in supporting human resources along with the learning and development of staff.

Staff are required to undertake annual performance appraisals, along with ongoing conversations. Further support is provided to staff when there is a need for improvement. Management said the service provides employee handbooks, online orientation checklists that guides staff through the onboarding process including trainings to be completed. The Assessment Team sighted the services performance management policy, with the service demonstrating performance appraisals, addressing probationary periods and annual review discussions are regularly occurring.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 7 Human resources.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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. | Not Applicable |

Findings

Consumers and representatives said they are encouraged to participate in the development, delivery and evaluation of care and services, including adjusting the social group programs and diversifying activities, such as introducing a horticulture session. Feedback from consumers and representatives is sought via feedback and complaints processes and surveys. The most recent survey results indicated consumers had an overall positive view of the care and services they receive. Management said the service conducts co-design sessions with consumers, representatives, community and faith leaders to deliver care and services in line with best practice.

The organisation’s governing body is comprised of a board of directors with a range of experience and culturally specific knowledge. The governing body promotes a culture of safe, inclusive and quality care and services through oversight of feedback and complaints, key performance indicators, quality and safety, audit and risk, incidents, finance and the workforce. The service receives sector support and development funding and is involved in working nationally in maintaining service relationships with local CHSP providers to support reforms and updates along with providing industry approved training.

Interviews with consumers and staff, and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are systems and practices in place to ensure effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can.

The services provided by the organisation are limited to multilingual/multicultural social support groups. As a result, Standard 8(3)(e) has not been assessed as it is not applicable.

Based on the above evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 8 Organisational governance.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)