**Performance**

**Report**

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| Name: | German-Speaking Seniors - ADELAIDE |
| Commission ID: | 600141 |
| Address: | 41 Airport Road, BROOKLYN PARK, South Australia, 5032 |
| Activity type: | Quality Audit |
| Activity date: | 29 January 2024 to 30 January 2024 |
| Performance report date: | 21 February 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: 7725 German-speaking Aged Services Association Incorporated  
Service: 24277 German-speaking Aged Services Association Incorporated - Care Relationships and Carer Support  
Service: 24278 German-speaking Aged Services Association Incorporated - Community and Home Support

**This performance report**

This performance report for German-Speaking Seniors - ADELAIDE (the organisation) has been prepared by M Murray, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the organisation, 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 approved provider’s response to the assessment team’s report for the Quality Audit received 17 February 2024.

# 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 | **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.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Assessment Team reported that consumers are treated with dignity and respect and can maintain their identity, make informed choices and live the life they choose.

The Assessment Team provided evidence, summarised below, relevant to my finding.

All consumers and representatives advised they are treated with dignity and their input is valued. Staff and volunteers were familiar with consumers' individual backgrounds, needs and preferences. Management advised the service works with consumers to ensure staff providing services are a good match for their needs.

Staff and volunteers described how they maintain consumers' dignity through knowing their individual preferences, communicating in their preferred language and assisting with any of the consumer’s personal needs discretely.

The Assessment Team observed staff and volunteers at two social groups respectfully assisting consumers with meals and activities.

German Community Services supports consumers through a connection to German culture and food by delivering transport, centre-based and flexible respite, specialist language services, individual social support and social groups. Consumers provided positive feedback regarding the service's connection to German culture, while being inclusive for non-German speakers. All consumers described how the service connects them with the German culture and language and said that the service is meeting their cultural needs.

Consumers said they choose what services they receive and how they are delivered. Management advised the service collects consumer preferences at the initial assessment phase, and where possible meet these preferences, such as delivering services on a preferred day of the week or providing different meals options.

Consumers said the services they receive enable them to maintain their independence, safety and live their best life. Staff and volunteers described how they support consumers to do the things they want to do safely and navigate any risks. Management described how the service balances duty of care with supported risk taking during group and individual services.

All consumers advised the service communicates effectively and in a way they can understand. Staff and volunteers described how they speak to consumers in their preferred language, and provide information verbally, through email, text messages and via the post. Management said the service also provides language services to translate documents for consumers who do not speak or read English.

The service demonstrated each consumer’s privacy is respected and their personal information is kept confidential. The Assessment Team noted gaps in paperwork regarding gaining the consumer’s consent to obtain information from third parties, which the organisation is going to address. A cyber security policy is being developed.

I am satisfied based on the evidence summarised above, that the organisation has a culture of inclusion and respect, supports consumers to make choices and respects consumers’ privacy. I am satisfied with the response of management during the audit in regard to formalising consent processes.

I find the provider, in relation to the organisation, compliant with all applicable Requirements of Standard 1.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | 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

The Assessment Team reported that consumers partner with the organisation in planning care and services to support their health and wellbeing.

The Assessment Team provided evidence, summarised below, relevant to my finding.

Staff and management described how they undertake assessment and planning and how this process considers any risks to the consumer’s health or well-being. The Assessment Team noted while risks are identified, such as confusion, the care plan does not always step out how to manage the identified risk in the day to day delivery of a service.

Management described the ongoing review of assessment tools facilitated through the care coordinators and will focus on strengthening how risk mitigation strategies are documented.

Staff described how onboarding discussions with consumers and representatives identify what services are important to the consumer and includes information regarding advance care directives. Care planning documents demonstrated that consumers’ needs, goals, and preferences are discussed and documented, including advanced care directives.

Consumers and/or representatives said they are involved in planning and making decisions about consumers’ services. Staff and management described how consumers, their representatives, family, and carers are involved in the process of assessment and planning of services.

Staff and management described how outcomes from assessment and planning are documented in the service’s electronic care management system, which is accessible to staff and volunteers at the point of service delivery. Consumers receive a folder of information when they join the organisation and a copy of their care plan.

Care planning documentation showed service needs were reviewed at least annually and when consumers’ circumstances changed or when incidents impacted on consumers' needs.

I am satisfied based on the evidence summarised above, that the organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. I am also satisfied that assessment and planning has a focus on optimising health and wellbeing in accordance with the consumer’s needs, goals and preferences.

I find the provider, in relation to the organisation, compliant with all applicable Requirements of Standard 2.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Not applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Not applicable |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Not applicable |

Findings

This Standard is not applicable as the organisation does not deliver personal or clinical care.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not Applicable |

Findings

The Assessment Team reported that consumers get the services and supports for daily living that are important to their health and well-being and allow the consumer to do the things they want to do.

The Assessment Team provided evidence, summarised below, relevant to my finding.

All consumers and representatives interviewed were complimentary of the services and supports they receive to maintain their independence and wellbeing.

Staff interviewed provided examples of how they meet the consumer’s needs, goals and preferences, and described various activities which were reflective of the information in the consumer’s care plan.

Consumers said they felt confident that staff and volunteers know them well and would recognise if they were feeling low and would respond appropriately. Consumers described in various ways that staff are supportive and the services are enjoyable. Coordinators demonstrated an in-depth knowledge of each consumer and could speak to each consumer’s emotional and psychological needs.

Staff described processes to ensure a varied range of activities and outings is programmed to assist consumers to stay connected to their community. External venues are reviewed for their suitability and accessibility. All consumers described positively their engagement with the organisation, including appreciation for bi-lingual staff and that the organisation is welcoming and staff supportive.

Coordinators described how they liaise with other service providers who also provide care and services to consumers to ensure information is shared, where required. Staff said they have all the information they need to deliver safe support services.

The service does not provide meals, Requirement 4(3)(g) is not applicable.

I am satisfied based on the evidence summarised above, that the organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

I find the provider, in relation to the organisation, compliant with all applicable Requirements of Standard 4.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Assessment Team reported that consumers feel they belong and are safe and comfortable in the organisation’s service environment.

The Assessment Team provided evidence, summarised below, relevant to my finding.

Consumers said they feel welcome when they attend the centre-based group sessions and the centres meet their needs and functions well.

Observations of social groups at two venues confirmed the environment is bright, easy to navigate and welcoming, and seating optimises consumer interactions.

Staff and volunteers were observed assisting and interacting with consumers in a respectful and caring manner.

Staff and management described processes to ensure the service environments, including vehicles, are safe, clean and well maintained, and described the processes for preventative and reactive maintenance management.

Staff and management described effective processes to remove faulty equipment from service and how it is replaced or repaired. The Assessment Team observed shared equipment to be clean and well maintained. Consumers said vehicles and other items are clean and meet their needs.

I am satisfied based on the evidence summarised above, that the organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

I find the provider, in relation to the organisation, compliant with all applicable Requirements of Standard 5.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Assessment Team reported that consumers feel safe and are encouraged and supported to give feedback and make complaints. Consumers are engaged in processes to address any feedback or complaint made and appropriate action is taken.

The Assessment Team provided evidence, summarised below, relevant to my finding.

Staff and management described how they support consumers to provide feedback and make complaints.

Consumers and representatives said the service actively encourages feedback and suggestions to shape the programs and any future services. Consumers said they would feel comfortable providing feedback and would ring the office, speak to a staff member, or fill out a feedback form, if they had a concern. The Welcome Pack includes information on how to access advocates, language services and external complaint pathways.

Staff described how they resolve any small issues immediately and report any complaints to management for documentation and follow up. Management advised they contact the consumer through their preferred communication channel after receiving feedback to resolve the issue and make sure they're happy with the resolution.

Documentation evidenced the consumer is contacted after a complaint has been finalised, to test their satisfaction with the outcome. Open disclosure is part of the organisation’s complaint management approach. Consumers have expressed their satisfaction with the way their feedback or complaints have been handled.

Staff demonstrated how they analyse feedback received from social groups to develop programs and choose venues for outings.

Management review data to identify trends in complaints and highlighted recent continuous improvement activities in relation to food services.

I am satisfied based on the evidence summarised above, that the organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

I find the provider, in relation to the organisation, compliant with all applicable Requirements of Standard 6.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Assessment Team reported that consumers get quality care and services form people who are knowledgeable, capable and caring.

The Assessment Team provided evidence, summarised below, relevant to my finding.

Management described processes to maintain staff and volunteer levels to ensure quality services are delivered to consumers. There were no unfilled shifts in the previous month, management said the workforce is flexible and staff can step into other roles if unplanned leave occurs.

Consumers said they do not feel rushed when services are being undertaken and generally the same staff member attends each time. Staff said they have enough time to provide the planned service.

Consumers described in various ways staff being kind and caring. The Assessment Team observed respectful interactions between staff and consumers and reviewed a range of compliments received by the service regarding delivery of service, quality of staff and volunteers.

Role descriptions outline the qualifications and knowledge required to undertake a role and these inform the recruitment process.

During the interview process, management evaluates the candidate's competence and continues to monitor it through various methods, such as mandatory and job-related training, observations, feedback, supervision, and performance reviews. Staff receive an electronic notification when their mandatory training is due for renewal.

Staff and volunteers described in various ways how the service supports them to perform their role through the induction process, regular meetings, and ongoing training. Management advised they had developed guidance materials for staff and volunteers around new regulatory requirements and provide regular updates at through team meetings.

Management described having a recruitment process and an initial onboarding and monitoring process to ensure that the workforce is competent to perform their roles.

All staff interviewed advised they received a thorough induction program, ongoing training and have access to the information they need to effectively perform their roles.

I am satisfied based on the evidence summarised above, that the organisation has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services.

I find the provider, in relation to the organisation, compliant with all applicable Requirements of Standard 7.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not applicable |

Findings

The Assessment Team reported that consumers are confident the organisation is well run and they can partner in improving the delivery of care and services.

The Assessment Team provided evidence, summarised below, relevant to my finding.

Management described various methods for consumers to contribute to the direction and development of services, including encouragement for consumers to join the organisation’s association for input on strategic planning.

The Assessment Team viewed evidence of governance meetings which included exception reporting to monitor the quality of services being delivered. The service manager maintains a risk register which identifies consumer risks and controls. An incident register is also maintained and reviewed for trends.

The organisation demonstrated effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service was generally able to demonstrate effective risk management systems and practices, including but not limited to managing high-impact or high-prevalence risks associated with the care of consumers, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents.

The governing body discussed an incident relating to information security which is being managed and has led to the development of strategies to minimise the likelihood any further similar incident occurring. A cyber security policy and cyber incident response plan will be developed.

The approved provider’s response outlines that relevant members of the governing body completed formal governance training in 2023, and that a standing agenda item has been added to governance meetings to ensure a review of the organisation’s quality improvement plan occurs.

The service does not deliver clinical care, Requirement 8(3)(e) is not applicable.

I am satisfied based on the evidence summarised above, that the organisation has a governing body that is accountable for the delivery of safe and quality care and services.

I find the provider, in relation to the organisation, compliant with all applicable Requirements of Standard 8.

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