**Performance**

**Report**

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| Name of service: | Gippsland Multicultural Community Services |
| Service address: | 100-102 Buckley Street MORWELL VIC 3840 |
| Commission ID: | 300224 |
| Home Service Provider: | Gippsland Multicultural Services Inc. |
| Activity type: | Quality Audit |
| Activity date: | 2 August 2023 to 4 August 2023 |
| Performance report date: | 20 November |

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 Gippsland Multicultural Community Services (**the service**) has been prepared by J. Bayldon, 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.

# Services included in this assessment

**CHSP:**

* Care Relationships and Carer Support, 24351, 100-102 Buckley Street, MORWELL VIC 3840

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit; 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)

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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 | | 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

Consumers/ representatives described in various ways how consumers are respected and valued as individuals. Staff provided examples of treating consumers with dignity and respect by listening to the consumers individual needs and respecting their choices to how they would like their services to be delivered.

Staff and volunteers at the service spoke respectfully about their consumers and showed an appreciation for each consumer’s individual identity and backgrounds. Documentation reviewed by the Assessment Team evidenced consumers background, goals and aspirations, and things they enjoy doing.

Consumers/representatives reported they are involved in decisions relating to care and services, and how services support the consumer in maintaining connections with others. Staff described how they adapt their communication style, based on each consumer’s needs and to support consumer decisions relating to their care and services.

Consumers/representatives described in various ways their satisfaction that the service supports consumers to live their best life. Management advised that when a risk is identified, it is documented as an alert in the consumer’s electronic file. The service has current processes to guide staff in the identification of risks including a home risk assessment which was evidenced in consumers care documentation sighted by the Assessment Team.

Staff and management described ways consumers are provided with information, including consumers from cultural and linguistically diverse backgrounds or consumers living with sensory impairments. The information pack included information on funded services, information on advocacy, internal and external complaints, interpreting services, how consumers can communicate changes to services, covid safe practices, privacy, and a Charter of Aged Care Rights.

Staff interviewed gave examples of ways they protect consumer privacy and information, including using computer logins and passwords and how they signed a confidentiality clause that formed part of their work contract. Management advised that consumers/ representatives are informed about the service commitment to maintaining privacy and confidentiality during their initial assessment.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 1 at the time of the performance report decision.

# 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

Staff discussed the service process for onboarding new consumers which includes accepting referrals through the My Aged Care (MAC) portal, establishing availability of staff, attending consumer homes to complete the service assessment form and risk assessment, and development of a service plan and schedule. Documentation reviewed included the direct care workers manual. The ‘How do people get GMS services?’ section describes the assessment and care planning process that guides staff to complete initial assessment, safety assessment and the service plan.

Assessment documentation reviewed for sampled consumers reflected consistently consumers’ needs goals and preferences. Staff discussed how assessment and care planning processes consider the MAC assessment as integral to understanding consumer preferences and ensure services align with assessed need.

Staff discussed how they include the involvement of others in care planning and assessment such as to facilitate conference calls where included representatives may live interstate. The service plans reviewed by the Assessment Team included information about who is involved in assessment and care planning for consumers.

Consumers/representatives interviewed confirmed they received a copy of the service plan. Staff discussed the service plan and information regarding how to support consumers is provided to them via the electronic management system mobile telephone application.

Consumer care planning documentation showed most care plans had been reviewed and were current. The Assessment Team advised the service who acknowledged that some care plans were behind schedule due to having new staff to the organisation. I acknowledge the information provided by the service in relation to this but note that this is not a systemic issue of the provider given that most of the care plans were up to date and reviewed regularly.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 2 at the time of the performance report decision.

# 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. | 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. | 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. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers/representatives discussed how personal care is generally provided by the same person and they are happy with the services being provided by those staff. Care documentation reviewed for consumers who receive personal care showed an initial assessment and shower assessment conducted by a district nursing service prior to staff providing safe and effective personal care.  Management discussed how they prioritise providing consumers with a regular direct care worker.

Staff discussed their understanding of consumer risk related to the provision of services such as falls risks and described the strategies they used to minimise those risks. Care documentation consistently identified risks to the consumers and strategies to ensure safe care and services.

Consumers/ representatives said in various ways that while they have not experienced a change or deterioration, they are confident the staff will respond appropriately. Staff discussed they complete shift notes after services have been delivered and report concerns immediately. Management discussed the service process to review shift notes daily to monitor consumer care.

Staff discussed how they record the care they provide in shift notes and alert the service with any concerns. Documentation provided evidence of how information is shared with representatives and staff.

Management and relevant staff described the access and support role provided by the service to assist consumers requiring additional assistance to access services. Care documentation showed timely referrals to assessment services. Progress of referrals are evidenced through the organisations electronic management system.

Consumers/representatives interviewed were satisfied with the measures staff take to protect consumers from infection. Staff explained they ask screening questions as appropriate, wear personal protective equipment, participate in infection control training, and have required vaccinations.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 3 at the time of the performance report decision.

# 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

Consumers/ representatives interviewed said in various ways consumers are supported to undertake activities that optimise their independence health and wellbeing. Staff interviewed provided information on how they assist consumers do the things they like or want to do. Service plans provided clear directives for staff to support consumers to achieve their goals.

Staff discussed how they support consumers when they are feeling low. Consumer documentation showed ongoing contact with consumers who have emotional issues and offers for counselling assistance if the consumer wishes.  Management discussed the access and support role provided by the organisation is specifically to assist consumers and their representatives requiring additional support.

Consumers and representatives said consumers are assisted to participate in therapy sessions, attend medical appointments, go out for coffee, shopping or do activities that they like. Staff provided several examples of how consumers are being supported to do things of interest to them.

All consumers and representatives interviewed said in various ways that staff know the consumer’s daily living needs and how to provide individual support. Staff said they receive alerts via their mobile telephone application when a consumer’s condition changes. Care documentation showed information about daily living supports is shared with those involved in the delivery of care.

The service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Staff were able to give examples of where referrals had been made been made for consumers where assistance was required.

Consumers said they that while there is no choice at the social support group on the day, they enjoy the food and make suggestions for the menu in advance. Staff were able to demonstrate and evidence how they ensure consumers allergies, intolerances, likes, and dislikes are assessed and known.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 4 at the time of the performance report decision.

# 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

Consumers interviewed spoke positively about the service environment. Staff were able to give examples of the ways they ensure the environment is welcoming and encourages consumer independence and function.

Consumers interviewed expressed satisfaction with the safety, cleanliness and comfort of the environment and said they were able to move freely indoors and outdoors. Staff explained and the Assessment Team observed, cleaning of the room at the conclusion of the social support group that aligned with the displayed cleaning checklist. The Assessment Team observed a well-lit warm room with wide spacing between the tables for consumers with mobility aids to negotiate safely. Consumers were also observed moving freely throughout the service environment.

Consumers interviewed confirmed the furniture, fittings and equipment are safe and well maintained. Staff confirmed how they report any maintenance issues or accidents to the chief executive officer. Management provided to the Assessment Team evidence of regular maintenance, current insurance and registration of the organisation’s vehicles used for the purposes of consumer transport.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 5 at the time of the performance report decision.

# 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

Consumers/representatives advised in different ways they would feel comfortable in providing feedback to the service and if they wanted to make a complaint, they would contact the service directly. Management discussed the use of feedback forms in multiple languages being left in the social support group room where consumers are encouraged to leave feedback about their experience and suggestions for the social group calendar.

Management advised documentation about internal and external feedback and complaints avenues is outlined in and provided to consumers in the information pack during the onboarding process. The service was able to demonstrate how consumers are assisted to access advocates and interpreting services and that direct support workers speak languages such as Mandarin, Maltese and Italian.

Consumers/representatives interviewed were comfortable that the service would take appropriate action if they raised a concern. Staff were aware and were able to describe the open disclosure process. Management discussed the organisation’s complaints management procedure and outlined the process undertaken by the service to ensure that open disclosure principles are applied when complaints are received by the service.

The service demonstrated that feedback, complaints, and compliments are utilised to improve the quality of care and services. Management confirmed that they conduct regular check in calls with consumers and their families to ensure there is no concerns regarding the services they are providing and to gain information on any additional care needs.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 6 at the time of the performance report decision.

# 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

Consumers/representatives expressed satisfaction with the delivery of safe and quality care and services. Direct care workers advised they have time to complete required tasks during their shifts. Management described the factors impacting staffing levels related to challenges with workforce shortages and reported recruitment activities and retention measures occur in an ongoing capacity. A review of staff rosters demonstrated that all shifts are currently allocated, with shifts permanently allocated to support continuity of care for consumers.

Consumers/ representatives interviewed said in various ways that staff are kind, caring and respectful. Staff gave examples of ways they show kindness and respect to consumers, including activities such as the bi-weekly social groups with Maltese speaking volunteers.

Management discussed staff qualifications, skills and knowledge required to effectively perform their roles. All staff and volunteers have a position description that documents the qualifications required for the role. A review of staff qualifications evidenced all direct care workers have the required qualifications and knowledge to perform their roles.

Staff interviewed said they were satisfied with the support the service provides to equip them to carry out their roles, outlined induction, monitoring and feedback processes, and confirmed they participated in mandatory training requirements. Staff stated they can access training and request further training opportunities provided through the service. Management stated they follow the recruitment guidelines and explained the staff training matrix and register that included infection control, manual handling, dementia specific training, elder abuse, trauma informed care, serious incident reporting scheme (SIRS) and first aid.

Management and staff stated the service conducts annual performance reviews. Staff members advised that they complete annual reviews where they can discuss any training required and are provided feedback on their performance.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 7 at the time of the performance report decision.

# 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. | Compliant |

Findings

The service demonstrated that consumers are engaged in the development, delivery and evaluation of care and services through informal check-ins and feedback forms. Consumers and representatives are kept informed about the organisation through informal and formal check ins. Feedback forms are completed by consumers and the feedback is used to implement change to the social support groups and the activities they provide. Consumers/representatives advised they had completed feedback forms for the service.

At the time of the quality audit, the service was going through a restructure from a membership committee to a Board. The service was able to evidence existing practices of how if maintained oversight of the service, including reporting mechanisms that ensure they were delivering safe and effective care for consumers. Management was able to evidence the new structure of the board, including reporting requirements to ensure accountability for care and services to consumers is maintained.

The service was able to evidence how it effectively monitors and maintains organisational wide governance systems and processes in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints.

The service was able to evidence that a risk management spreadsheet is in place for the recording of incidents and staff of the service are guided by an incident reporting policy and procedure. The assessment team viewed the broader services incident management register to understand how incident data is collated, analysed, and included in the Managers monthly report to the board.

The organisation’s governing body has developed a clinical governance framework inclusive of an infection control and Covid-19 policy. In relation to antimicrobial stewardship, management advised that the organisation does not prescribe or manage medications. The organisation has a restrictive practices procedure and policy inclusive of chemical and physical restraint. An open disclosure process is documented in the complaints management procedure which includes an apology when things go wrong.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 8 at the time of the performance report decision.

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)