Performance

Report

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| Name: | Indochinese Aged Care Services |
| Commission ID: | 0581 |
| Address: | 680 Cabramatta Road West, Bonnyrigg, New South Wales, 2177 |
| Activity type: | Site Audit |
| Activity date: | 30 October 2023 to 1 November 2023 |
| Performance report date: | 13 December 2023 |
| Service included in this assessment: | Provider: 2498 Indochinese Aged Care Limited  Service: 5453 Indochinese Aged Care Services |

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 Indochinese Aged Care Services (**the service**) has been prepared by P. Golledge, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* Other information and intelligence held by the Commission in relation to the service.

# 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

Consumers and representatives said staff treat them with dignity and respect, and their culture and diversity are valued at the service. Staff described how care and services are tailored to meet each consumer’s specific background and cultural needs. Care documentation captures individualised information regarding consumers’ background, culture, religion, interests, and personal preferences to guide staff practice. Interactions between staff and consumers were observed to be dignified and respectful.

Consumers and representatives provided positive feedback and gave examples of how the service supports consumers to be independent, exercise choice, and make decisions about care and services they receive. Staff were observed asking consumers about their day-to-day choices, such as in relation to activities, personal care, and meal selection.

Consumers said they are supported to understand benefits and possible harm when they make decisions about taking risks. Staff described how the organisation supports consumers to have choice, including when that choice involves risk. Risk assessments are conducted and decisions regarding dignity of risk and strategies to manage these risks are documented in care plans.

Consumers confirmed they receive information in a way they can understand, they are involved in meetings, and encouraged to ask questions about care and services. Staff described various ways information is communicated to consumers in a manner that is accessible and easy to understand, including strategies for consumers with cognitive, visual, and/or hearing impairment. A range of information was observed available across the service including newsletters, meeting minutes, newspapers, and activities calendars. As majority of the service’s consumer cohort are of Asian origin, translated information in Mandarin and Cantonese such as menus and signage were also observed available across the service.

Consumers said their privacy is respected by staff and the service maintains confidentiality of their information. Consumer information was observed to be stored in a secure electronic care management system (ECMS). Policies and procedures on privacy and confidentiality are available to guide staff practice and staff were observed adhering to these.

# 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

Consumers and representatives considered consumers are partners in the ongoing assessment and planning of consumers’ care and services, including consideration of consumers’ wishes for care at end of life and how other health professionals are involved in the consumers’ care. Consumers and representatives are informed about the outcomes of assessment and care planning by staff at the service and with external health care providers.

Staff demonstrated an understanding of the service’s assessment and care planning processes, and the organisation had policies, procedures, and guidelines in regard to assessment and planning to guide staff practice, including a suite of evidence-based assessment tools. Staff advised they have access to care planning documentation related to consumers they provide care and services to; through the ECMS and handover records.

Consumers’ care documentation demonstrated review on both a regular basis and when circumstances changed, such as consumer deterioration or incidents. Consumer care documentation identified assessment and planning included the consideration of risk and reflected the consumer’s current needs, goals and preferences, advance care planning and consideration of individual consumers’ risks. Consumers’ care and services were reviewed for effectiveness, including when circumstances changed or when incidents occurred.

# 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

Consumers and representatives confirmed care provided is tailored to consumers’ needs and preferences. Care documentation demonstrated consumers are receiving care in line with their needs to optimise their health and well-being. Staff described individual consumers’ care needs and strategies in place to support their care.

For consumers who experience changed behaviours and are subject to restrictive practices, care is provided in line with legislative requirements including for assessment, authorisation, consent and behaviour support plans.

Consumers and representatives said high-impact or high-prevalence risks to consumers are managed effectively by the service. Care documentation demonstrated high impact and high prevalence risks to consumers are managed well, including but not limited to falls, pressure injuries, diabetes, and behaviour management. Staff were aware of individual consumers’ risks and described strategies in place to manage and minimise those risks. The service conducts monthly trending and analysis of clinical data to identify risks and implement improvements.

Review of care documentation demonstrated needs, goals, and preferences for consumers nearing end of life are identified and recorded. For palliative consumers and those at end-of-life stage, appropriate interventions are implemented to maximise consumers’ comfort and preserve their dignity.

Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner, and any changes in the consumer’s needs and condition are communicated to those involved in their care.

The service has access to a range of individuals, other organisations, and providers of care and services, including but not limited to medical officers, allied health professionals, dementia support services, and aged care specialists. Care planning documentation and progress notes demonstrated input from a range of health professionals and providers to meet consumers’ needs.

Clinical staff demonstrated sound knowledge and understanding of safe practices to promote infection control and antimicrobial stewardship. Care documentation for consumers who had experienced an infection demonstrated appropriate infection control practices and control practices and pathology testing prior to prescribing of antibiotics.

# 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

Consumers and representatives said consumers are engaged in a variety of leisure and lifestyle activities based on consumers individual needs and interests. Services and supports for daily living cater for consumers’ emotional, spiritual, and psychological well-being.

Consumer care documentation demonstrated assessment processes capture who and what is important to individual consumers to promote their well-being and quality of life, and included information about external services, individuals and community groups who support consumers to maintain their interests and participate in the community outside the service.

Staff were able to describe what is important to consumers, what is of interest to them, and their social, emotional, cultural, and spiritual needs. Staff reported they have access to the equipment they need and can access it readily when they need it. The Assessment Team observed equipment used to provide and support lifestyle services to be safe, suitable, clean, and well maintained.

Staff described how changes in consumers’ care and services needs or preferences are communicated within the service, and with other health care providers as required.

Consumers and representatives said the meals are varied and of suitable quality and quantity and that consumers are offered a range of alternatives if they do not wish to have the offered menu items. Consumers dietary needs and preferences are accommodated, and staff demonstrated an awareness of consumers’ nutrition and hydration needs and preferences which are available and recorded within the ECMS.

The service’s activity schedule was visible in common areas printed in English and Chinese and described a range of activities available for consumers to attend including exercise classes, musical activities and one to one activities.

Timely and appropriate referrals occurred for consumers, to individuals, other organisations and providers of other care and services including library services, volunteer services and pastoral care services. Lifestyle staff described how the service works in conjunction with external parties and organisations to supplement the services and supports for daily living offered to consumers.

Consumers felt safe when using equipment and knew how to report any concerns they may have about the safety of the equipment. The service had appropriate arrangements for purchasing, servicing, and maintaining, renewing, and replacing equipment. Mobility and lifestyle equipment were observed to be clean and well maintained.

# 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

Consumers and representatives said they feel welcomed by staff and described how consumers’ sense of belonging is optimised through the ability to decorate their rooms with personal effects and the service’s inclusion of their Asian culture. Management described how the environment is made welcoming and homely, such as by decoration of walls with photographs of Asian culture and heritage.

The Assessment Team observed the environment to be welcoming and easy to navigate with signage in both English and Chinese language. The service environment was observed to be safe, kept clean, and well-maintained. Consumers were observed to freely move around the service, both indoors and outdoors. The service was equipped with supports to enable consumers to be interactive and independent such as handrails, adequate lighting, and seating areas in the various courtyards. Cleaning schedules are in place, and monthly environmental audits are conducted.

Interviews with maintenance staff, and review of documentation confirmed preventative and reactive maintenance occurs in a timely manner. Staff and consumers confirmed maintenance requests are attended to promptly. Furniture, fittings, and equipment at the service were observed to be safe, clean, well maintained, and suitable for consumer use.

# 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 said they are supported to give feedback or make a complaint and they feel comfortable doing so. Management and staff described processes in place to encourage and support feedback and complaints at the service. Feedback forms, suggestion boxes, and posters encouraging the submission of feedback were observed available across the service.

Consumers and representatives said they are provided with information on advocacy, language services, and ways to raise suggestions and complaints. Management described the translation and advocacy services available to consumers including access to staff who speak Mandarin and Cantonese.

Consumers and representatives were confident management address and resolve any concerns raised. Management and staff demonstrated an understanding of open disclosure principles and the process to follow to manage and resolve feedback and complaints.

The service demonstrated feedback and complaints received via different avenues are recorded, reviewed, and used to improve the quality of care and services. Consumer meeting minutes, the services monthly quality tool and plan for continuous improvement evidenced various improvements in response to feedback and complaints.

# 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

Consumers and representatives considered there are enough staff at the service to meet consumers’ needs. Staff said they generally have enough time to undertake their allocated tasks and responsibilities. Management described contingency plans in place to replace staff when required. Rosters are reviewed regularly to ensure staff allocations adequately meet changing needs of the consumer cohort. Call bell reports are analysed monthly, and results discussed at the management level.

Consumers and representatives said staff are kind, caring and respectful. Staff demonstrated knowledge of individual consumers’ background, culture, identity, and the people important to the consumer. Management described ways they monitor staff interactions with consumers to ensure these meet the organisation’s expectations. Staff were observed interacting with consumers in a kind, respectful, and patient manner when delivering care and services.

Consumers and representatives expressed confidence in the competency of staff and said staff know what they are doing. Management advised staff competency is determined through initial assessments and is monitored through consumer/representative feedback, audits, surveys, and reviews of clinical records and care delivery. Position descriptions are established outlining the key responsibilities, knowledge, skills, and qualifications required for each role. Review of staff records identified criminal record checks are up to date.

Staff considered they are appropriately trained, supported, and equipped to perform their roles. Management described various training and development opportunities provided to staff including orientation and buddy shifts, access to online training modules, and additional training. The service monitors staff compliance with mandatory training through an electronic learning management system. Review of mandatory training records identified training is provided on a range of topics with high rates of completion.

The service demonstrated systems and processes in place to regularly assess, monitor, and review staff performance. Management described the formal and informal methods used to monitor staff performance. Staff confirmed they have undergone regular performance appraisals that involve feedback from supervisors and an opportunity to identify areas for further improvement. Review of completed appraisals identified staff and manager input and areas for development.

# 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

Management provided examples of various ways the service engages with consumers and representatives including a consumer advisory group and supports them to provide feedback and suggestions used to inform improvements to care and service delivery. Consumers felt the service is well run and they have a say in how care and services are delivered.

Management described the organisational structure, governance arrangements, and mechanisms used by the governing body to monitor the service’s compliance with Quality Standards and promote a culture of safe, inclusive, and quality care. The service demonstrated effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service has effective risk management systems in place for the management of high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Staff were aware of these policies and able to describe what they meant for them in a practical way. An incident management system is in place and review of incident data identified incidents have been classified correctly and reported within appropriate timeframes.

The service has a clinical governance framework which includes documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and described how they would apply these as relevant to their roles.

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)