Performance

Report

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| Name of service: | Indochinese Aged Care Services |
| Service address: | 680 Cabramatta Road West Bonnyrigg NSW 2177 |
| Commission ID: | 0581 |
| Approved provider: | Indochinese Aged Care Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 18 July 2023 to 19 July 2023 |
| Performance report date: | 23 August 2023 |

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 T Solomon, 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **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)(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 |

Findings

The service was able to demonstrate that each consumer is supported to exercise choice and independence. Staff explained their daily practice of asking each consumer how they would like their care provided for the day and personalised consumer care based on the consumer’s choice and preference.

Staff explained when a consumer is unable to make decisions, the service has a family conference which provides an opportunity for the consumer’s chosen representative to ask questions and receive information regarding choices in care. Documentation review confirmed that information regarding enduring guardianships, person responsible and next of kin details is received throughout the admission process and is updated on an annual and an as-needed basis. Documentation supports that case conferences occur annually and on an as-needed basis.

The service was able to demonstrate that consumers are supported to take risks to enable them to live the best life they can. The service has systems in place to identify, inform, support and review consumers to ensure dignity of risk is maintained when engaging into activities of choice. Staff and care planning documentation confirmed consumers are supported to undertake activities that may involve risk.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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)(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/or representatives reported they are satisfied with the assessment and planning conducted to address their current needs, goals, and preferences, including advance care planning and end of life planning. Documentation reviewed confirmed consumers have end of life wishes recorded, and where consumers have chosen not to make these decisions, they are offered the opportunity to do so at each care conference. Staff were able to describe what is important to consumers and how they want their care delivered.

Consumers and/or representatives stated there is regular review of their care needs in the service. Care planning documentation were reviewed with evidence of adjustments made to care planning after changes occurred, either in condition or preferences. The service ensures consumers’ care and services are evaluated every three months with a care conference or when care and service needs change. Staff were able to discuss the process of care planning reviews and what items of care needs are discussed.

# 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)(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/or representatives provided positive feedback about their clinical and personal care and stated they are satisfied staff are providing care that is safe and right for them. Documentation reinforced that care is planned and provided in a way that is individualised and tailored to the specific needs of the consumer. Staff practices relating to the monitoring and management of weight loss, pain, restrictive practices, wound/skin integrity, falls and specialised nursing care are consistent with the service’s guidelines and are best practice.

The service demonstrated high impact and high prevalence risks are effectively managed through clinical governance systems and procedures to identify and manage risks. This includes risks relating to malnutrition and/or weight loss, wounds, skin integrity, pain, falls and infection. Management and staff were able to describe the high impact and high prevalence risks for consumers at the service and discuss the different strategies trialled to reduce and or prevent these risks.

The service records high impact and high prevalence clinical and personal risks for consumers through their clinical data indicator and incident reports. Data is analysed and discussed at the quality and staff meetings.

Consumers and/or representatives voiced their satisfaction with the service’s infection control practices and other outbreak precautions. The service has processes in place to monitor infections and antibiotic use and demonstrated effective implementation of standard and transmission-based precautions to prevent and control infection and the promotion of appropriate antibiotic use. Staff demonstrated appropriate infection control practices and could describe practices to minimise the use of antibiotics and procedures to minimise the risk of transmission of infections.

# 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)(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 |

Findings

Consumers and/or representatives confirmed consumers receive safe and effective services and supports for daily living that meet the consumers’ needs, goals and preferences and optimise their independence. The Assessment Team observed consumers receiving effective services and supports for daily living including laundry services, food services, clean and maintained equipment and other supports to ensure their emotional, spiritual, and psychological wellbeing.

Laundry staff provided examples of different consumers’ preferences for placement of identification labels on consumers’ clothing and implemented an effective and proactive system for returning unlabelled clothes to the correct consumer.

Consumers and/or representatives confirmed consumers are supported to participate in their community within and outside the service, maintain social and personal relationships and do things of interest to them. Lifestyle staff provided several examples to the Assessment Team demonstrating how the service is providing services and supports to enable consumers to participate in their community within and outside the service environment. The service has a monthly calendar showing the times of daily activities in Chinese and in English, and the calendar included a variety of activities.

Additional activities to support consumers engaging outside of the service and maintaining social and personal relationships include social leave; regular visits twice per month for consumers to attend the local Temple for religious services; independent, assisted and supervised walks outside of the service; and volunteer social visits.

# 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

The service was able to demonstrate the environment is inclusive, welcoming, and friendly. It optimises the consumer’s sense of belonging, and feedback from consumers and/or representatives was overwhelmingly positive in regard to the cultural homeliness of the environment.

There is clear, large, coloured signage throughout the service in more than one language to accommodate the diverse nature of consumers, visitors, and staff. Consumer bedroom doors have names and pictures to easily identify who the room belongs to, and rooms were observed to contain personalised items such as family photos, plants, religious items, and personal quilts.

The service environment was observed to be safe, clean, and well maintained with comfortable and clean furnishings. Outdoor areas such as gardens, walkways and the koi pond appeared to be clean and well kept. Doors to outdoor areas remained open throughout the Assessment Contact and consumers were observed to be moving freely throughout the service. Consumers and/or representatives stated that the environment felt safe and was always kept clean.

The service is able to demonstrate there are processes in place to ensure that furniture, fittings, and equipment is safe, clean and well maintained. Documentation reflects scheduled services are being met, and projected maintenance and servicing is being planned. Consumers and representatives indicated the furniture provided was in good working order and adequate to meet the needs of the consumer. Staff stated requested maintenance is attended to promptly.

Staff reported they have the equipment they need to deliver safe and effective care to all consumers. Staff stated they regularly check equipment is charged and safe prior to use and immediately report any issues to the maintenance team and place it in the maintenance logbook.

# 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)(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

Consumer and/or representatives confirmed they are encouraged to provide feedback and make complaints including participating in surveys. Board members visit the service regularly, approximately four times per week to seek feedback from consumers, representatives and staff and discuss actions and resolutions with management.

The Assessment Team reviewed the complaints and feedback procedure and flowchart and found they were comprehensive to guide staff to effectively manage complaints including that all complaints received are to be recorded in the complaints and feedback register. Several post boxes and feedback forms were observed throughout the service for consumers and/or representatives to provide anonymous feedback to the service.

The complaints policy and procedure provided information about open disclosure in context of the complaints process and contained a direct reference to the open disclosure policy and procedure. Consumer and/or representatives confirmed they know who the manager is and are confident that complaints and feedback will be used to improve the quality of care and services. They confirmed they are encouraged to attend consumer meetings and to provide feedback.

A feedback and complaints register has been created to record all complaints and feedback, and the service’s plan for continuous improvement is linked to the service’s electronic auditing system. Many improvements are captured in the management meeting minutes and the manager committed to including all planned actions on the plan for continuous improvement for the purposes of monitoring and evaluation.

# 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)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service demonstrates a sufficient number and mix of staff to provide safe and quality care and services. The service has restructured the management team to include a general manager and two clinical coordinators which compose the management team and exercise oversight and management of care and services which has been in place for the past six months.

Additional care and clinical staff have been recruited in the past six months with ongoing recruitment initiatives. Documentation shows vacant shifts filled by agency and casual pool staff to cover unexpected leave as well as planned leave. Consumers and/or representatives provided positive feedback about staff numbers and stated they receive timely care and services. The call bell reports for the past two weeks show the majority of calls were answered under the service’s eight-minute benchmark.

The service demonstrated staff members have competency, qualifications, and knowledge to effectively perform their roles. Staff have completed mandatory training including Serious Incident Response Scheme, The Quality Standards, and restrictive practices. Education has been provided for staff who have limited English abilities in their preferred languages.

Consumers and/or representatives stated staff are knowledgeable and have appropriate skills to meet their personal care needs such as correct lifting techniques and skin care. The management team monitor, test and supervise staff and clinical care coordinators and registered nurses perform ongoing audits of staff performance while observing completion of tasks. Formal competency tests are performed yearly, and documentation shows competencies are performed by qualified personnel such as clinical care coordinators and registered nurses.

The service uses a combination of a recruitment agency and the general manager to manage recruitment. Police and reference checks are performed by the general manager and the administration team. Staff orientation and training is performed by an external consulting company, the management team, and the educator.

Staff confirmed the management team support their educational needs. The service demonstrated the regular assessments and review of staff performance and have policies and strategies in place to monitor compliance and completion of staff performance appraisals. Documentation shows performance appraisals include feedback from consumers and representatives, audits, and incident data. Additional training and performance management strategies are implemented by the general manager, clinical care coordinators and registered nurses when required.

# 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

Information gathered during the Assessment Contact demonstrated that the service is engaging with consumers and supporting them to develop and evaluate care and services. This was demonstrated through the development of consumer care plans in collaboration with consumers, consumers and/or representatives participating in case conferences, a range of consumer surveys, consumers and/or representatives participating in formal meetings with board members, customised feedback forms located around the service and included in the organisation’s strategic plan 2022 - 2024 an undertaking to continue developing consumer/ consumer representative group meetings, satisfaction surveys and ongoing monitoring of meeting and survey results.

The general manager provides a written report to the board for review that includes a range of information, including but not limited to clinical data, restrictive practices data, pressure injuries, Serious Incident Response Scheme submissions, hospital transfers, consumer deaths, medication incidents, falls, infections, maintenance issues, and human resources information. The board also meets management several times every week to optimise communication and to provide support in a timely manner.

The Assessment Team was provided with several examples of improvements driven by the board over the last six months; including but not limited to increasing workforce hours, a stabilised management team, a cook with expertise in cooking culturally diverse meals, improved systems and processes for laundry services, refurbishment for some of the physical environment, new lifters and slings for consumers, new beds and overbed tables and implementation of a physiotherapy program providing a range of services to consumers.

The service has a dedicated information technology professional who manages all aspect of digital and electronic systems for the organisation. Documentation shows how information is stored, shared, and destroyed; and how privacy and confidentiality of consumers information is managed through individual staff login and password access.

Staff confirmed they have readily available access to consumers information via a digital management system and individual paper-based folders which contain original signed copies of documentation such as signed consent forms.

The service demonstrated the continuous improvement plan has been updated each quarter of this year and systems are in place for the management team and the board to track and monitor continuous improvements. The general manager and board discuss the continuous improvement plan at a regular monthly meeting and monitor continuous improvement on a weekly basis. The board chairman visits the service every Wednesday to follow up on continuous improvement initiatives and to gain feedback from consumers and staff.

The service has an external consultant who tracks changes to aged care and provides professional advice and legal expertise to the board and the general manager. The general manager and board members receive alerts and updates to legislative changes through organisational subscriptions. Staff are updated by management of any legislative changes and updates through email, text, staff meetings, handover and training and education.

The management team review high-impact and high-prevalence risks using clinical and incident data to identify trends and create strategies to address the risk such as additional education and training, or a review and changes to work policies and processes. The management team and the board have a monthly meeting to review consumer risks and monitor progress of improvements and initiatives.

The service takes steps to prevent abuse and neglect through staff training and awareness of what is considered acceptable behaviour and best practice. Staff are reviewed in their understanding of what constitutes abuse and neglect of consumers and the clinical care coordinators, and registered nurses monitor staff during shifts and through consumer and staff feedback. The clinical care coordinators investigate allegations of abuse and neglect and report details and findings to the general manager for further investigation.

The board and the management team review and analyse feedback to support consumers to live the best life they can. Feedback from consumers is used to understand what is important to them and how the service can support them to live their best life while mitigating risks and impacts on consumers. Consumers and/or representatives stated they are happy with the cultural setting of the service and feel they have quality care and services which meet their interests and identity.

The board review clinical data and trends which are communicated through the management team and provides policies and procedures to guide staff with regard to antimicrobial stewardship and infection control. Registered nurses take preventative steps before providing antibiotics to consumers such as consultation with clinical care managers and general practitioners, and blood and urine tests to identify the type of infections.

The board and the management team provide staff training and education to identify restrictive practices and strategies to reduce restraints through alternative measures and behavioural management strategies. Staff demonstrate an understanding of restraints and strategies to support consumers with behaviours of concern. Documentation shows consumers are regularly reviewed by a general practitioner to monitor and minimise the use of restraints.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)