**Performance**

**Report**

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| Name: | LaoAus Care Incorporated |
| Commission ID: | 300627 |
| Address: | 698 - 700 Whitehorse Road, MITCHAM, Victoria, 3132 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 16 February 2024 |
| Performance report date: | 19 March 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: 8792 Lao Elderly Association Inc.  
Service: 26024 Lao Elderly Association Inc. - Community and Home Support

**This performance report**

This performance report for LaoAus Care Incorporated (**the service**) has been prepared by J Renna, 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 (performance assessment) – site report, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the performance report dated 21 September 2023 in relation to the Quality Audit undertaken from 14 to 18 July 2023.

The provider did not submit a response to the Assessment Team’s report for the Assessment contact (performance assessment) – site.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **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 | **Not applicable as not all requirements have been assessed** |

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 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 |

Findings

Requirement 2(3)(a) was found non-compliant following a Quality Audit undertaken from 14 to 18 July 2023, as the service did not undertake assessment and planning, including the identification of consumer risks, to inform the delivery of safe and effective care.

The Assessment Team’s report for the Assessment contact (performance assessment) – site undertaken on 16 February 2024 included evidence of actions take to address the non-compliance, including but, not limited to:

* development of a risk register to maintain effective oversight of vulnerable consumers
* assessment of consumers, with most consumer files containing consumer, information, health condition summary and psychosocial assessment documentation
* inclusion of My Aged Care assessments and referral information in all consumer files
* development of a new draft support plan and care review policy which includes guidance in undertaking support plan reviews in consultation with consumers.

The Assessment Team found these improvements were effective and recommended Requirement 2(3)(a) met. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives reported satisfaction with the service, noting confidence that assessments have been undertaken and provide enough information on the consumer’s health conditions and associated risks to ensure the service provides safe and effective services.
* Staff described using the consumer assessments to guide them in how they safely deliver services for consumers.
* Management explained the service ensures assessment and planning results in safe and effective services for consumers through the maintenance of consumer documentation, and regular communication with consumers and their representatives where appropriate.
* Documentation showed consumer files contain information about consumers based on assessment and planning processes, including the use of a validated psychosocial assessment tool.
* Documentation showed the service maintains a support plan and care plan review policy, which includes guidance to staff undertaking support plan reviews.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(a) in Standard 2, Ongoing assessment and planning with consumers.

# Standard 6

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| Feedback and complaints | | CHSP |
| 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 |

Findings

Requirement 6(3)(b) was found non-compliant following a Quality Audit undertaken from 14 to 18 July 2023, as the service did not ensure consumers were made aware of advocacy services and other methods for raising a complaint.

The Assessment Team’s report for the Assessment contact (performance assessment) – site undertaken on 16 February 2024 included evidence of actions take to address the non-compliance, including but, not limited to:

* consumers provided a copy of the Charter of Aged Care Rights
* consumers provided information about advocacy services and information about the Commission.

The Assessment Team found these improvements were effective and recommended Requirement 6(3)(b) met. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives stated they feel safe raising concerns with the service and confirmed they have been given information on other mechanisms for raising complaints or accessing advocacy services.
* Staff confirmed described how they have supported consumers to access interpreter services.
* Management explained and documentation evidenced, information provided to consumers about advocacy services and interpreter services and mechanisms for raising complaints.
* Documentation showed the service maintains an advocacy policy which guides staff in the use and awareness of advocacy and interpreter services and how to ensure consumers are aware of these services.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(b) in Standard 6, Feedback and complaints.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

Requirement 7(3)(d) was found non-compliant following a Quality Audit undertaken from 14 to 18 July 2023, as the service did not provide training to staff to ensure they were equipped to deliver the outcomes required by the Quality Standards.

The Assessment Team’s report for the Assessment contact (performance assessment) – site undertaken on 16 February 2024 included evidence of actions take to address the non-compliance, including but, not limited to:

* development of a training schedule
* commencement of training for management
* completed governance and infection control training for staff.

The Assessment Team found these improvements were effective and recommended Requirement 7(3)(d) met. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives expressed satisfaction with the staff providing care and services for consumers.
* Staff expressed satisfaction with the support and induction they received when they first commenced with the service, and they receive all training they request.
* Management explained the service identifies the training needs of staff through staff requests and training advice and recommendations for aged care peak bodies.
* Documentation showed the service maintains training records, with a training schedule showing completed training programs, including infection control training.
* Documentation showed the continuous improvement plan includes additional training planned for staff.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 7, Human resources.

# Standard 8

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| Organisational governance | | CHSP |
| 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 |

Findings

Requirement 8(3)(c)

Requirement 8(3)(c) was found non-compliant following a Quality Audit undertaken from 14 to 18 July 2023, as the service did not demonstrate effective governance systems were in place in relation to information management, continuous improvement, regulatory compliance and feedback and complaints.

The Assessment Team’s report for the Assessment contact (performance assessment) – site undertaken on 16 February 2024 included evidence of actions take to address the non-compliance, including but, not limited to:

* updated consumer files are now available through a paper-based information management system
* implementation of a continuous improvement plan
* linkages with aged care peak bodies have been created to ensure compliance information is received
* development and provision of training, with further training identified within the continuous improvement register
* training on complaints and feedback processes for staff included in the continuous improvement plan.

The Assessment Team found these improvements were effective and recommended Requirement 8(3)(c) met. The Assessment Team provided the following evidence relevant to my finding:

* Management explained, and documentation confirmed, the service maintains a paper-based consumer management system and consumer documentation is now available to the workforce to access current and accurate consumer information to guide service delivery.
* The service provides an information handbook and brochures to consumers to help them understand the deliverables of the CHSP.
* Management explained the service is in the process of updating consumer documentation to include effective assessment and recording of consumer health conditions and associated risks.
* Management developed and implemented a continuous improvement register. The plan includes actions for completing Serious Incident Response Scheme training, elder abuse training, identifying and responding to deterioration training and improving staff awareness of complaints and incident recording.
* Management described financial management processes used by the service, including regular financial reporting to the Committee of Management and monthly service agreement reporting.
* Volunteers expressed their ability to request and receive relevant training and described how they receive guidance about their roles and responsibilities.
* Management advised the service has developed links with aged care peak bodies to ensure the service can track changes to regulatory requirements and communicate these changes to staff.
* Management described how the service receives and responds to feedback and complaints, with complaints addressed promptly.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 8, Organisational governance.

Requirement 8(3)(d)

Requirement 8(3)(d) was found non-compliant following a Quality Audit undertaken from 14 to 18 July 2023, as the service did not demonstrate effective risk management and practices, as the service was not identifying and managing high impact and high prevalence risks through assessment and planning and did not have an incident management system in place.

The Assessment Team’s report for the Assessment contact (performance assessment) – site undertaken on 16 February 2024 included evidence of actions take to address the non-compliance, including but, not limited to:

* consumer assessments completed to identify any high impact or high prevalence risks to consumers
* risk management systems and practices implemented to manage and prevent incidents, including the use of an incident management system
* development of a continuous improvement plan which contains actions to provide elder abuse training for staff.

The Assessment Team found these improvements were effective and recommended Requirement 8(3)(d) met. The Assessment Team provided the following evidence relevant to my finding:

* Management stated consumer risks are identified during assessment and reassessment, as well as through the incident management reporting process.
* Management stated the service introduced a risk register as well as completing health condition assessments.
* Documentation showed consumer specific risks or interventions are identified and staff demonstrated an understanding of how to manage risks to consumer health and well-being.
* Managements has completed financial abuse training and the continuous improvement plan contains an action for elder abuse training to be completed within the next 6 months.
* Staff described how they would use the incident reporting system if they had any concerns.
* Volunteers and management described ways they support consumers to live their best life, with consumers expressing appreciation for the support given by the service.
* The service has an incident register, and the service undertakes assessments to identify and manage risks and prevent incidents, with the continuous improvement plan including an action to improve the use of the incident register.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 8, Organisational governance.

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)