**Performance**

**Report**

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| Name: | Macedonian Community Education and Support Service |
| Commission ID: | 600211 |
| Address: | CNR Francis and Harrow Roads, BRAHMA LODGE, South Australia, 5109 |
| Activity type: | Quality Audit |
| Activity date: | 26 June 2024 to 27 June 2024 |
| Performance report date: | 29 July 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: 7762 Macedonian Community Education and Support Service Inc  
Service: 23718 Macedonian Community Education and Support Service Inc - Community and Home Support

**This performance report**

This performance report for Macedonian Community Education and Support Service (**the service**) has been prepared by M Glenn, 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.

**Material relied on**

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

* the assessment team’s report for the quality audit report, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others;

The provider did not respond to the assessment team’s report.

# 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 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.

# Other relevant matters:

Standard 3 Personal care and clinical care, and requirement (3)(e) in Standard 8 Organisational governance were not assessed as the provider does not provide personal or clinical care services.

# 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 and representatives said staff are very respectful, and treat consumers with dignity, and care files evidence how the provider respects what is important to consumers. Staff interviewed showed compassion and understanding of consumers’ personal circumstances, life journey, their family and their past, and described how they ensure this information is considered in the provision of services to ensure consumers feel respected and safe. Consumers interviewed said staff understand them and their cultural needs, including embracing their Macedonian culture, and services are delivered with this in mind.

Consumers and representatives described how the provider supports consumer choice, including services provided, and the day and time of services. Service planning and delivery is undertaken in partnership with consumers and/or their representatives, and management and staff described how they regularly engage consumers in making informed choices about their services through informal conversations in day-to-day services.

While there are currently no consumers who are supported to take risks, there are processes to support consumers should they choose to do so. These processes include completion of a dignity of risk form in consultation with consumers where risks associated with the activity are discussed and mitigation strategies developed.

Information provided to consumers is current, accurate, timely and communicated in a way which is easy to understand. All written information is provided in English and Macedonian, however, due to literacy issues, information is also verbally explained to consumers, and staff and volunteers speak Macedonian which also facilitates communication. All consumers and representatives interviewed said they are provided information from the provider, which is accurate, timely and easy to understand. There are processes to ensure each consumer’s privacy is respected and personal information is kept confidential.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore, the Quality Standard is compliant.

# 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

Assessment and planning processes on commencement and ongoing identify consumers’ needs, goals and preferences, as well as risks associated with their health and well-being. Information gathered through assessment processes and discussions with consumers and/or representatives is used to develop care plans which are used by staff to inform safe delivery of services. While advance care and end of life planning has not been discussed with consumers, the provider has related information to talk to consumers about when they wish. Consumers and representatives interviewed said information on consumers’ needs, goals and preferences is collected and the services provided reflect these wishes.

All consumers and representatives interviewed described how they are involved in assessment and planning, and said consumers are receiving the services they currently require. Care files show consumers provide consent as to who they wish to involve in discussions regarding their services. Representatives often advocate for consumers when they require implementation of additional services, and consumers and representatives are involved in discussions to commence additional services. The provider does not currently engage external parties in the provision of services.

Consumers and representatives are aware of the outcome of assessment and planning, and said they can access services plan if they wish. Outcomes of assessment and planning are communicated to the consumer and/or representative verbally and/or by e-mail and documented on the care plan. All staff and volunteers interviewed said they have adequate information to undertake their roles, with staff stating they have access to a staff folder which informs them of necessary information to undertake consumer services. Services plans are reviewed at the beginning of each calendar year, in consultation with consumers and/or representatives, and in response to changes in consumers’ circumstances. All consumers and representatives said the service is responsive when consumers’ needs change, and reviews are undertaken annually.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore, the Quality Standard is compliant.

# 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. | Compliant |

Findings

Consumers and representatives said services consumers receive assists them to maintain their independence and quality of life. One representative said attending the group enables a consumer to maintain connections which are important to them, and the social aspect is very important to maintaining their quality of life. Services can be adapted and adjusted to suit consumers’ individual needs and preferences.

Consumers and representatives said they staff know consumers well, and the services provided enhance their emotional well-being. The social group enables consumers to maintain important emotional connections to friends, and a priest attends the social group enabling consumers to maintain their connection to their religion. Staff interviewed described strategies to support consumers emotionally, particularly consumers who have had recent grief or trauma, including through regular check-ins and discussions with consumers. Where required, appropriate and timely referrals are initiated.

Consumers and representatives said services and supports for daily living support consumers to maintain ties to their local community and friends, and do things of interest to them. Initial assessment processes identify what is important to consumers, including how they would like to participate in the community, or relationships which are important to them. This information informs the services offered to the consumer.

Information about consumers’ needs, goals and preferences is communicated within the organisation, and with others where responsibility for services are shared. Support staff said management inform them of changes to a consumer which may affect their services, and they have access to documented information on risks or changes associated with consumers. Care files show services plans are updated when changes to consumers’ needs or services occur, with necessary information communicated to representatives, with the consumer’s permission. Consumers said staff know them well, and they do not need to explain the services they require.

Meals are prepared by service staff and are culturally appropriate for the consumer cohort. Consumers’ dietary requirements are captured on commencement of services, with information available to staff. All consumers and representatives interviewed spoke very highly of the food provided at the social group, with most saying it is ‘beautiful’ and ‘very good’.

Consumers and representatives are satisfied that cars used for transport and equipment used during social groups are safe, clean and well-maintained. Staff and volunteers provide proof of insurance and registration prior to using their car for transport services, and staff confirm their cars are kept clean and regularly maintained to ensure they remain safe for use.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant, therefore, the Quality Standard is compliant.

# Standard 5

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

Findings

The provider has a dedicated social centre which is a dual purpose facility that shares with a sporting club that has the same cultural connections and background as consumers. The centre has a kitchen, bar, and indoor and outdoor seating areas. All consumers said they enjoy coming to the social centre as it’s a place to catch up with their friends and to share the same cultural activities and experiences.

The social centre is clean, well maintained, and provides an interactive and comfortable environment. Additionally, equipment is safe, clean and well-maintained. The building's owner frequently inspects the premises for upkeep needs and condition, and if the provider identifies hazards or maintenance issues, these are reported to the building manager who then escalates issues with the owner. The facility is cleaned weekly by an external contracted cleaner, with the provider’s staff cleaning the activities area and kitchen after social group meetings. The centre is equipped with fire safety systems and equipment and all electrical items have been tagged and tested. Consumers and representatives said the centre, including furniture, fittings and equipment, is well maintained and clean, and described the centre as an important place for consumers to enjoy their Macedonian culture.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant, therefore, the Quality Standard is compliant.

# 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

All consumers and representatives interviewed feel comfortable and supported to give feedback or make complaints, including raising concerns directly with management. Consumers and representatives are also aware of advocates, language services and other methods for raising and resolving complaints. Services packs provided to consumers include information and contact details for advocacy and interpreter services, as well as internal and external complaints avenues. Pictographs have been implemented to gauge how consumers are feeling on the day which are placed on tables at the social centre. Consumers can also to submit feedback through the provider’s website.

There are processes to ensure appropriate action is taken in response to complaints, with open disclosure used when things go wrong. Staff described practical steps they would take in the case a mistake or error has been made, including attempting to rectify the issue, if possible, and notifying management who will discuss the issue with the consumer and/or family. All consumers and representatives have confidence that the provider will act on and address any feedback or concerns they raise.

Feedback and complaints are reviewed and used to improve the quality of care and services. Feedback and complaints are monitored and analysed for trends, with developments and enhancements considered for inclusion in the improvement plan. Management are required to keep the board aware of any complaints trends identified.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant, therefore, the Quality Standard is compliant.

# Standard 7

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

Findings

The workforce is planned to ensure there are appropriate numbers of support workers available to deliver services. Service schedules are maintained for the current staffing footprint, with key performance indicators available to guide the provider on capacity. Support workers said they have enough time to complete their tasks, and all consumers said staff are reliable, they have never had a service missed or delayed, and feel there are enough staff.

All consumers and representatives said support workers are excellent, respectful and kind. A code of conduct outlines expected behaviours from staff in their interactions. Expected behaviours are also outlined in staff job descriptions and the provider’s current strategic plan. Staff said they perform welfare checks, in person and over the phone, with consumers to ensure they are doing well and feel like the consumers are family. Staff said they are of Macedonian descent and understand the consumers and nuances of the culture.

All consumers said staff are competent and have adequate skills to perform their roles. On commencement, staff are provided with an induction and complete mandatory training, and there are processes to verify staff qualifications and character profiles. Each workforce role has an associated position description and aligned duty statements. Records of support worker training are maintained, however, staff have not received training on the provider’s incident management system or the serious incident response scheme (SIRS). Two support workers said they have completed mandatory training, including first aid, manual handling and food safety, however, could not describe incident management processes or SIRS reporting. Management also conceded minor incidents and near misses observed by staff may not consistently be considered for incident reporting. I would encourage the provider to review training content to ensure staff are made aware of incident management systems and SIRS requirements on commencement and on an ongoing basis.

There are processes to ensure regular assessment, monitoring and review of staff performance is undertaken. While performance reviews are undertaken, the process follows an informal, verbal format. During the quality audit, management sourced a performance appraisal template to commence documentation of annual staff appraisal discussions. Staff performance is monitored ongoing through observations and feedback from consumers, and policy documents outline actions to take where poor staff performance is identified. Support workers confirm participation in annual performance reviews and regular meetings with their manager where they discuss individual performance.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant, therefore, the Quality Standard is compliant.

# 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 |

Findings

The organisation has various methods to facilitate consumer engagement in line with their cultural support for consumers in the Macedonian/Australian community. Consumers and representatives feel supported and engaged in the development, delivery and evaluation of care and services through various avenues, including feedback and complaints processes, regular contact with management, and the newly created consumer advisory body. Consumers are invited to attend annual general meetings to provide them with transparency on how the provider is operating, new business item discussions and financial accountability.

The organisation’s framework includes systems to ensure responsibilities and accountabilities to promote a culture of safe, inclusive and quality care and services. Expectations are managed through various reporting and monitoring channels, with the board being aware of and accountable for service delivery. The board are provided with monthly reports from the provider’s management on issues that have occurred for the reporting period, such as incidents, consumer feedback, staffing, staff training and infection control management.

A governance structure is in place to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the governing body is aware of and accountable for the delivery of services. The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant, therefore, the Quality Standard is compliant.

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)