Performance

Report

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| Name of service: | Mekong Vietnamese Aged Care |
| Service address: | 8 Trott Place KEILOR EAST VIC 3033 |
| Commission ID: | 3179 |
| Approved provider: | Indochinese Elderly Refugees Association Victoria Inc |
| Activity type: | Site Audit |
| Activity date: | 22 November 2022 to 24 November 2022 |
| Performance report date: | 4 January 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 Mekong Vietnamese Aged Care (**the service**) has been prepared by M. Nassif, 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; 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.

# 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 they were treated with dignity and respect and that their cultural backgrounds were respected. Staff described how they respect consumers, using their preferred names, and embracing consumers' identity and culture by participating in festivals and celebrations important to them, such as the Vietnamese new year. Staff identified consumers from culturally diverse backgrounds and described how they meet the specific cultural needs and preferences of consumers. Care planning documents reflected consumers cultural preferences, information regarding the consumer’s identity, backgrounds, and cultural diversity.

Consumers said they were encouraged to make connections with others and they were supported to maintain relationships, including intimate relationships. Staff described details of how consumers wish to have their care delivered and had awareness of who consumers wish to have involved in their care and who they choose to maintain relationships with. Care planning documents included information regarding how consumers wish to maintain relationships.

Consumers said they were supported to take risks. Staff said they were aware of consumers who take risks and supported their right to make choices that enhance their independence and well-being. Care planning documents demonstrated risks were adequately identified by the use of risk assessments, dignity of risk forms and appropriate measures were taken to ensure consumers were provided with the knowledge and information to make informed decisions.

Consumers confirmed they were provided with timely and accurate information, either verbally or by receiving paper-based notification. Representatives said they were kept informed by receiving regular emails and phone calls as to what is happening at the service or when changes to care services occur. Information, for example the menu selections and activity calendars, was observed to be displayed throughout the service.

Consumers said their privacy is respected and personal information is kept confidential. Staff described strategies for ensuring confidentiality while providing care and accessing sensitive information. Staff were observed knocking on consumers' doors and gaining consent before entering.

# 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

A consumer admission process guided clinical staff in the assessment of consumers on entry to the service. Consumers and representatives said they were satisfied with the care they received, and risks were identified and managed to promote their independence and safe care. Staff said assessment outcomes were documented in care plans and discussed with staff, which guided them in the safe and effective care of consumers. Care planning documents identified key high impact and high prevalence risks.

Consumers and representatives said consumers have been provided the opportunity to discuss their current care needs, goals, and preferences, including advance care planning and end of life care. Care planning documents reflected end of life care wishes and advance care directives. Management advised consumers are provided with advance care directive paperwork in their admission pack and encouraged to discuss their preferences on entry to the service if they wish to.

Consumers and representatives said assessments and planning were based on a partnership with them and included others they chose to involve in their care. Care planning documents evidenced consumers and their representatives were consulted in assessments and care planning and included input from other multi-disciplinary teams.

Consumers and representatives said the outcomes of assessments and planning are communicated to them and they are offered a copy of the care plan or know how they could access it if they chose to. Staff explained the process of accessing care plan documents on the electronic system and said they communicated outcomes of assessments to consumers. Care planning documents showed that they were frequently updated and are relevant to consumers’ needs, goals, and preferences.

Consumers and representatives said they were notified when circumstances changed or when incidents occurred. Registered and care staff demonstrated familiarity with reporting and recording incidents in the electronic system, updating care plans and reporting events as per the serious incident response scheme. Care planning documents evidenced care plans were updated in line with the policy and procedures or when incidents occur.

# 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 said they were satisfied that the care delivered was tailored to their needs and optimised their health and well-being. Staff demonstrated an understanding of individualised personal and clinical needs of consumers. Care planning documents for sampled consumers reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of consumers.

Consumers and representatives said high impact or high prevalence risks were effectively managed. Care planning documents identified effective strategies to manage key risks and were recorded in recognised assessment tools care plans and progress notes for sampled consumers. Staff provided strategies to manage high impact and high prevalence risks.

Consumers and representatives confirmed staff had spoken to them about advance care planning and end of life preferences. Staff said they involve families during palliation of the consumer. Care planning documents detailed how consumers pain, comfort levels and medication is managed during palliation.

Consumers and representatives said they were satisfied with the delivery of care, including the recognition of deterioration or changes in consumers conditions. Staff provided examples of when a deterioration or change in a consumer’s conditions was recognised and responded to. Care planning documents, progress notes and charting demonstrated that deterioration in a consumer’s health, capacity, and function is recognised and responded to.

Consumers and representatives were satisfied with the delivery of care, including the communication of changes to consumers conditions. Staff described how changes in consumers’ care and services were communicated through various methods. Care planning documents identified adequate and accurate information to support effective and safe sharing of the consumers care.

Consumers and representatives said they are satisfied with the delivery of care, including referral processes. Staff described the process for referring consumers to health professionals and allied health services and this was evidenced in care planning documents.

Consumers and representatives said they were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff demonstrated an understanding of how to minimise the need for antibiotics and ensure they were used appropriately and were observed to be wearing appropriate personal protective equipment and practising good hand hygiene and maintaining social distancing.

# 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 the care provided is safe and supports the consumers activities for daily living, encourages them to remain independent and that staff ensure their well-being and quality of life is maximized. Care planning documents included information on what is of importance to each consumer to promote their well-being and quality of life.

Consumers said their emotional, psychological and spiritual well-being were being supported. Staff said they provided emotional support or referred consumers to relevant support when they noticed consumers appeared in low mood or agitation. Care planning documents included information on consumers’ spiritual, psychological and emotional well-being.

Consumers said they were supported to participate in activities that were of interest to them and to continue their connections in the community. Staff explained how staff, family, volunteers and community organizations were involved in the service regularly. Care planning documents identified community engagement, personal relationships and things of interest for the individual consumer, which is reviewed and updated regularly.

Staff were aware of consumers condition, needs and preferences and advised information, changes and other needs were shared internally at handovers and via the electronic system. Care planning documents provided information to support safe and effective care as it relates to services and supports of daily living.

Staff confirmed the service works with external individuals and organisations to supplement lifestyle and daily living support for consumers.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of food. Consumers said they were provided with a choice for each meal and can request something not on the menu. Care planning documents evidenced consumers’ dietary needs and preferences are receded and staff were aware of these.

Consumers, staff, and management said equipment to support consumers lifestyle is safe, suitable, and clean. Staff stated they have access to equipment, the equipment is well maintained, and they were adequately trained to use it. This was consistent with observations.

# 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 the service is welcoming and optimised consumers’ independence, interaction, and function. This was consistent with observations. Consumers said having the opportunity to furnish their room and surroundings with their personal items makes the service feel like a home.

Consumers were satisfied with how their rooms and common areas were cleaned and maintained. Consumers were satisfied with the laundry services and said their clothing is laundered in a timely manner. Consumers said they can move freely in and out of the service as they choose. The maintenance request logs identified all requests and evidenced these were attended to within a timely manner.

Consumers said the furniture and equipment were suitable, clean, well-maintained, and safe. Consumers said personalised equipment was maintained and cleaned by the service. Equipment was observed to be functional, maintained and cleaned and stored appropriately.

# 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 that they were aware of the feedback and complaints mechanisms available at the service and felt comfortable to provide feedback or make a complaint if necessary. Staff demonstrated an understanding of the services feedback and complaint processes. The service demonstrated through the use of the feedback and complaints register that all complaints and feedback was addressed.

Consumers and representatives were aware of how to access to advocates and can raise concerns verbally with care staff and management. Staff described how they assist consumers who have a cognitive impairment or speak another language to participate in the process. The service displayed information on advocacy services on the noticeboards and brochures on making a complaint were displayed in Vietnamese and English.

Consumers and representatives said the service promptly addressed and resolved their concerns following a complaint, or when an incident has occurred. Staff described the process that is followed when feedback or a complaint is received and said they would apologise is they make a mistake, or something went wrong. Review of the feedback and complaints register demonstrated appropriate and timely actions were taken, including an open disclosure process where appropriate.

Consumers and representatives stated they were satisfied with the improvement of the service based on their feedback such as staffing and continuity of care. Staff described how information from feedback and complaints were used to improve the quality of care and services. The service demonstrated feedback and complaints were trended, analysed and used to improve the quality of care and services. Improvement actions taken in response to feedback and complaints were evaluated in consultation with consumers and representatives.

# 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 said they were satisfied with the number of staff. Call bell data indicated staff are available when consumers require support and call bells were answered in a timely manner. Staff said there is enough staff to care for consumers at the service. Management described ways in which they manage allocation of duties.

Consumers and representatives said staff are kind and caring when delivering care and services. Staff said they are respectful of consumers identity and understand their cultural background and preferences. This was consistent with observations. Staff said the staff employed are bilingual and are familiar with cultural background of the consumers.

Consumers and representatives felt confident staff are sufficiently skilled to meet their care needs. Staff said they are required to complete skills competency assessments pertaining to their specific roles. Documentation demonstrated staff have the required qualifications, registrations, and up-to-date competencies.

Consumers and representatives expressed confidence in the abilities of staff in delivering care and services, and that staff are well trained and equipped to perform their roles. Staff described the training, support, professional development, and supervision they receive. Records demonstrated the service orientates, trains and monitors staff training and competencies to ensure the workforce has the skills to perform their roles effectively. The service tracks completion of mandatory training modules and the service records attendance at face-to-face mandatory training sessions.

Staff interviewed described how performance appraisals occur and confirmed that in addition to performance feedback they discuss their development needs. Documentation confirmed staff appraisals occur annually.

# 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

Consumers and representatives felt included in the discussions and development of service delivery. The service and organisation had several strategies to involve consumers and representatives in the development of service delivery such as consumer experience surveys, feedback mechanisms and resident meetings. Consumer meeting minutes showed collaborative work to improve care and service delivery.

The organisations policies and procedures included information as to how the governing body promotes a culture of safe, inclusive and quality care and services that is evident through the documentation detailed in quality reports and consumer engagement information. Reports were submitted by the service to the governing body through committees which includes information about clinical and quality indicators, critical incidents, feedback and complaints and continuous improvement.

The service demonstrated effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff described key principles of the organisation wide governance systems.

The service has a risk management system to monitor and assess high impact or high prevalence risks associated with care of consumers including identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. Risks are reported, escalated and reviewed by management at the service level and the organisations executive management including the Board through the use of an incident management system. Staff interviewed explained the processes of risk management at the service, including key areas of risk that had been identified and are being mitigated.

The service demonstrated a clinical governance framework in place, including policies concerning antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff described processes in relation to the clinical governance framework such as minimising restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives when things go wrong.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)