**Performance**

**Report**

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| Name of service: | Migrant Information Centre (Eastern Melbourne) Limited |
| Service address: | Suite 2, Town Hall Hub 27 Bank Street BOX HILL VIC 3128 |
| Commission ID: | 300644 |
| Home Service Provider: | Migrant Information Centre (Eastern Melbourne) Limited |
| Activity type: | Quality Audit |
| Activity date: | 20 March 2023 to 22 March 2023 |
| Performance report date: | 20 April 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 Migrant Information Centre (Eastern Melbourne) Limited (**the service**) has been prepared by M Abjorensen, 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.

# Services included in this assessment

**CHSP:**

* Specialised Support Services, 4-AZN6ZMP, Suite 2, Town Hall Hub 27 Bank Street, BOX HILL VIC 3128

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality 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 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 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **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 | | 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

Through the evidence collected by the Assessment Team, the Decision Maker finds the service demonstrated compliance with the requirements of this standard. For example:

Consumers interviewed reported they are treated with dignity and respect and valued as individuals with their own identity and culture and have input to make decisions on their care and services. All consumers and representatives told the Assessment Team they are provided with accurate and timely information through the service via the access and support workers and feel their privacy is respected.

Staff interviewed gave examples of ways they implement dignity and respect in practice, including being professional, acknowledging people for who they are and what they want, taking the time to talk with consumers as individuals, listening to them without bias, understand their culture and explaining how they would like to assist them. Access and support workers interviewed demonstrated an understanding of the cultural needs of the consumers they were advocating and referring for services. Staff provided examples of ways they protect consumer privacy and confidentiality by not disclosing any consumer or service information.

Management stated that access and support workers are bilingual and able to communicate with consumers, in addition to available interpreting services. Management provided evidence, through the training register, confirming staff have received cultural awareness training, inclusive of delivering culturally safe care.

Review of documentation and care files, by the Assessment Team showed consumer files identified consumers’ cultural and linguistic backgrounds and preferences. Additionally, individual consumer files documentation identifies consumer choices and decisions about care and services and any substitute decision makers.

The Assessment Team observed when risks have been identified the access and support worker assists consumers/representatives with referrals to relevant services. The service provides information, including the Charter of Aged Care Rights, to consumers and representatives in their preferred language.

The information pack provided to consumers contains relevant brochures to support their navigation of aged care services, including an access and support program brochure inclusive of interpreter services, My Aged Care (MAC) information, the Charter of Aged Care Rights, consent to share information and carer gateway fact sheet. File review showed consumer information is maintained confidentially, hard copy files are kept in a locked cabinet and electronic versions are password protected.

# 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

Through evidence collected by the Assessment Team, the Decision Maker finds the service is Compliant in the above Requirements.

The provider assists consumers from culturally and linguistically diverse (CALD) backgrounds to access aged care services. Access and support workers advocate on behalf of consumers and representatives and assist them to access services through a referral process. The assessment and planning includes a checklist and action plan to support consumers to access required services.

Through interviews consumers and representatives reported they are satisfied with the service and support provided, which includes identifying supports for each consumer’s wellbeing, goals, needs and preferences. All consumers interviewed confirmed the service engages with them to be during assessment, planning and support. In relation to outcomes of assessment and planning, consumers and representatives were aware of action plans which identified their goals and needs, and a copy of the plan was readily available to them and were satisfied with the communication, consultation and regular updates from staff. Additionally, consumers reported the service is accessible and responsive to change their requests in relation to preferences or needs if circumstances change.

Access and support workers advised they conduct initial assessments in the consumer’s home or over the phone, guided with assessment checklist tools and information available through my aged care. Staff demonstrated knowledge of what is important to each consumer, including their needs and requests for support and described how assessment processes occur in partnership with consumers, and others involved in their care, to assist consumers to link to other support services that can help meet their needs. Access and support workers interviewed advised they provide regular updates to consumers about the outcomes of assessments and planning of the services. Staff advised they contact services on behalf of the consumers, with their consent, if circumstances change to become more urgent in relation to access to required services.

Through a review of consumer files, the Assessment Team found files document information on their background, health, well-being and identified risks. The assessment checklist is discussed with consumers to identify resources and referrals, in partnership with consumers. The involvement of others in the assessment and planning documentation included medical practitioners, allied health professionals, lifestyle services and other external organisations that provide care and support for elderly. Consumer files showed individualised needs, goals and preferences are documented with related actions to be taken to achieve these goals.

For example, all consume files included action plans which identifies their current situation, goals, actions, timeframes, completion date, outcome or changes to the consumers circumstances.

The Assessment Team observed individualised action plans were developed and recorded with goals, actions and outcomes and consumers are provided with a copy of their action plan via email in English or in their preferred language. All reviewed consumer files reflected ongoing review, follow ups and check-ups with consumers and their representatives to monitor updates and potential changes in circumstances whilst they are waiting for services to commence.

# Standard 3

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| Personal care and clinical care | | CHSP |
| 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. | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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. | Not applicable |

Findings

This Standard was not assessed as part of the quality review, as consumers are not provided with personal care and clinical care.

# 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. | Not applicable |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

The Assessment Team collected evidence against applicable Requirements and the Decision Maker finds the service is Compliant.

The service demonstrated that information about the condition, needs and preferences of consumers is communicated within the organisation and with others where responsibility for care is shared and that referrals are undertaken to individuals, organisations and other providers of care. For example:

Ten of 10 consumers and representatives reported the services and supports are effectively coordinated to share information within the organisation, others, to engage their access to services.

Consumers reported they would know to contact the service should they require other care and services and are satisfied with the referral outcomes coordinated by the service.

Access and support workers demonstrated that current information about each consumer is shared through email, telephone calls and texts and how they notify the services when changes occur or escalation is required. Access and support workers provided examples of referrals related to supports of daily living, including My Aged Care, transport services and occupational therapy for home modification recommendations.

Consumer files showed that with consumer’s consent the service communicates and shares relevant information with others, internally and externally, to ensure services are coordinated and appropriate. The Assessment Team observed examples of referrals to support consumers’ needs and goals. For example:

* A consumer experiencing a decline in mobility and balance relies on the support of their family for activities of daily living. A documented goal included support at home to reduce their reliance on their family. The action plan for the access and support worker contained a referral to occupational therapist for assessment of home modifications in the bathroom.

# 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. | Not applicable |
| 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. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

This Standard was not assessed as part of the quality review, as consumers are not visiting the provider in their service environment.

# 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

Through evidence collected by the Assessment Team, the Decision Maker finds the service is Compliant in relation to an effective feedback system, proportionate to the services offered. For example:

Through interviews conducted with an interpreter, consumers and representatives said they are aware of the feedback process but have never had to complain or provide feedback and are satisfied support available to raise a complaint.

Management discussed their feedback processes that included an exit survey when consumers are discharged from the service once they have access to services, according to their action plan. Exit surveys are conducted over the telephone by an alternate access and support worker that has not worked with the consumer or representative. Exit survey results are documented in the client feedback register and monitored by management.

Management advised staff are bilingual and interpreting services are available as required. The service provides advocacy services for consumers and representatives to access aged care services, management explained access and support workers provide information on advocacy to consumers/representatives as identified in the information pack. Management revised the feedback and incident policy and procedure to reference to open disclosure.

Management stated feedback received is monitored by the senior project officer and chief executive officer. The senior project officer reviews all feedback and complaints that the provider receives. All complaints received are reported in the chief executive officers report to the Board.

The provider has a feedback and complaints policy and procedure, both the feedback forms and complaints procedures are accessible from the service website. The consumer information pack documents each consumer’s right to be represented by an advocate and includes external complaints information. Complaints, compliments and feedback are documented in the provider’s clients feedback register (spreadsheet). Exit surveys are collated for the access and support program and a client feedback summary 1 July 2021 to 30 June 2022 is available under feedback on the provider’s website.

Examples of access and support workers advocating on behalf of consumers/representatives and the use of interpreters were observed in consumer files. For example:

* A consumer contacted the service for assistance as they were unable to reach their home care provider case manager. A file review showed the service had attempted to contact the provider on behalf of the consumer and then took relevant escalation actions which resulted in the desired outcome for the consumer.
* A consumer, who’s preferred language is Khmer, was supported by the service to engage with a home care provider to access a Khmer speaking support worker to deliver care through their home care package.

# 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

Through evidence collected by the Assessment Team, the Decision Maker finds the service is compliant in relation to this Standard. For example:

Consumers told the Assessment Team they experience kind and caring interactions with staff and provided feedback which described the workforce as knowledgeable, helpful, responsive and competent.

Access and support workers interviewed advised that they have access to ongoing training that included cultural competency, COVID-19 infection control and received information on the Aged Care Quality Standards and Serious Incident Response Scheme (SIRS). Access and support workers advised staff performance reviews are conducted by the service. Management and staff interviewed, and a review of the training register, identified staff have received cultural competency training and the service provides cultural awareness training to other service providers in the region.

* In relation to support and guidance, a staff member that has worked for the provider for more than 10 years recently transferred to a vacant position in the access and support worker team. The staff member stated they have been supported by the experienced access and support workers and have conducted shadow visits with an experienced staff member.

Management stated they are not funded to provide care and services therefore they have had no unfilled shifts in the past month. Management advised the access and support workers are part time, they work 4 days per week. There is an in-and-out board and staff use their outlook calendar to track their whereabouts and an internal roster is in place to monitor staff, as they work remotely one day per week.

Management told the Assessment Team the workforce is planned and the funding dictates the numbers and mix of staff to deliver the service and described how the diversity within the access and support team ensures the service has sufficient numbers to deliver the service.

In relation to staff competence and performance, management stated they use information from observation, supervision, staff performance reviews and feedback to identify workforce competency. Management advised that when they receive feedback from consumers/ representatives and other staff, they have processes in place for reviewing each staff members performance.

Management stated they follow the recruitment guidelines and described the recruitment, onboarding and induction process. Vacant positions are advertised internally and externally All staff have a position description that documents the qualifications and competencies required for the role. Successful applicants are requested to provide relevant compliance checks including police certificate and statutory declarations prior to commencement.

To onboard new staff, the service delivers an induction/orientation program process for organisation which includes the completion of an induction checklist. New staff are supported with shadowing experienced access and support workers.

In relation to performance reviews, the Assessment Team reported staff complete their part of the performance review and their supervisor completes their part and they come together to discuss. A recent staff performance review was provided to the Assessment Team.

Training records evidenced relevant training is delivered to staff in relation to their role and to deliver the outcomes required by the standards.

Meeting minutes evidenced the workforce, and the governing body, receive information relating to the Quality Standards and Serious Incident Response Scheme (SIRS).

A review of the providers shared drive, by the Assessment Team, confirmed performance reviews had not been conducted in recent times for staff.

# 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 |
| 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. | Not applicable |

Findings

Through evidence collected by the Assessment Team, the Decision Maker finds the service is compliant in relation to the Requirements of this Standard. For example:

Consumers are engaged in the development, delivery and evaluation of care and services through exit surveys and feedback. Consumers interviewed advised they had completed an exit survey for the service. Exit surveys are documented in the client feedback register, discussed at staff meetings and utilised in the delivery and evaluation of services.

Management and the Board satisfy itself that the Aged Care Quality Standards are being met through use of management reports that include financial reporting, chief executive officer report and incidents, policy breaches and Workcover reports. The organisations finance, audit and risk compliance committee meet regularly and reports to the Board.

Management advised that the Board meets monthly. The chief executive officer attends the meetings and provides a report in the Board pack. The Board pack is emailed to Board members a week prior to the meetings. A review of meeting agendas, monthly reports and the organisations website identified results from incidents, complaints, and feedback are documented when they occur and monitored by senior management and the Board to ensure consumers are receiving safe, inclusive, and quality care and services.

The provider has developed a strategic operational plan 2022-2023 that is reviewed normally twice a year and a COVID safe plan that is reviewed and updated as changes occur.

The service has effective organisational wide governance systems to monitor processes such as information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

**Information management**

The service has information management systems in place that include a consumer electronic management system, website, meetings face to face and virtually and newsletters. Consumer information is maintained in a consumer electronic management system and paper-based files. Information is maintained securely and information privacy policies apply.

**Continuous improvement**

Continuous improvement opportunities are identified through internal and external audits, survey evaluations, complaints, feedback and incidents. Discussions with management, staff, consumers/representatives show improvements are ongoing.

**Financial governance**

Financial governance is overseen by the organisation’s finance officer and the finance and audit committee. The finance officer and finance and audit committee report to the Board in relation to the organisation’s financial position. Financial reports, including balance sheets and profit and loss statements, are included in the Board pack that is provided to Board members a week prior to the Board meeting. Examples of a Board pack and financial reports were provided to the Assessment Team.

**Workforce governance**

Workforce governance is overseen by the organisation’s management team and any issues are reported to the Board. Human resource processes include workforce recruitment, position descriptions and staff education. Position descriptions specify staff responsibilities and accountabilities to support and advocate for consumers in accessing aged care services.

**Regulatory compliance**

The provider maintains up to date information on regulatory requirements through government notifications, funding bodies and local network meetings. Regulatory compliance requirements and changes are discussed by management, endorsed by the Board and communicated to staff via meetings, email and are available on an internal drive. Staff information relating to compliance checks are documented in a register. All staff have current police check and those required to complete a statutory declaration, due to living and/or working overseas after the age of 16, have completed a statutory declaration.

**Feedback and complaints**

The provider has a feedback and complaints system that supports the pursuit of improved outcomes for consumers. The feedback register is also utilised for recording feedback, compliments and outcomes of exit surveys that are monitored by management and reported to the Board.

The organisation has a risk management framework inclusive of a risk register that is reviewed annually by the Board and a safety policy and procedure. A copy of the risk register was provided to the Assessment Team. The organisation has processes in place for managing high impact and 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.

In relation to managing high impact or high prevalence risks associated with the care of consumers:

* Management stated they provide advocacy and access to aged care services; they do not provide care and services. The service refers consumers to aged care services that may include referrals to allied health professionals when high impact or high prevalence risks are identified. Access and support workers conduct home safety risk assessments prior to visiting a consumer in their home. When consumer risk is identified, they are referred to the relevant aged care services.

In relation to identifying and responding to abuse and neglect of consumers:

* Management advised they have an abuse and neglect policy and the access and support workers guidelines manual includes information on elder abuse.

In relation to supporting consumers to live the best life they can:

* The organisation’s assists consumers in accessing aged care services through advocacy and referrals.

In relation to managing and preventing incidents,

* An incident management system operates. Staff are guided by the client safety policy and procedure inclusive of information on incidents and Serious Incident Response Scheme (SIRS). An accident and incident register is maintained, incident data is collated, analysed for trends and reported by senior management to the Board.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)