**Performance**

**Report**

**1800 951 822**

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| Name: | Motor Neurone Disease Association of Victoria Inc |
| Commission ID: | 300653 |
| Address: | 265 Canterbury Road, Canterbury, Victoria, 3126 |
| Activity type: | Quality Audit |
| Activity date: | 18 July 2024 to 19 July 2024 |
| Performance report date: | 12 August 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: 8665 MOTOR NEURONE DISEASE ASSOCIATION OF VICTORIA INC.  
Service: 25669 MOTOR NEURONE DISEASE ASSOCIATION OF VICTORIA INC. - Community and Home Support

**This performance report**

This performance report for Motor Neurone Disease Association of Victoria Inc (**the service**) has been prepared by Nicola Eastwood, 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 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 4** Services and supports for daily living | **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 | | 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers and representatives confirmed the service is respectful of consumers and described how their dignity and individuality are acknowledged. The service allocates a staff member to each consumer to support them through the Motor Neurone Disease (MND) journey. Care documentation reflects planning and considers the individual needs and preferences of each consumer. Life history captures their background, culture, and diversity including who and what is important to them.

Advisors demonstrated an awareness of the cultural needs of consumers who are of diverse cultural and linguistic backgrounds, and described how assessment processes consider cultural background and preferences. There is a national phone advisory service in place to support consumers, representatives, family, friends and health professionals to access information and education with the aid of a translator on request.

Consumers and representatives described being actively involved in discussions and decision making about current and future care needs. Advisors acknowledge existing support networks, both formal and informal, and document their involvement in the service plan.

Management and advisors described that consumer rights to take risks are balanced with safety considerations. Staff discuss risks with consumers and representatives and offer alternatives as appropriate. Care documentation identified relevant individual risks and reflected consumers are provided information and advice to support decision making that promotes quality of life.

Information provided related to living with MND as well as relevant services and supports, was described by consumers and representatives as personalised, comprehensive, and relevant. Advisors described their role in linking consumers with further supports such as the MND clinic with medical and allied health staff and My Aged Care and providing contact details for advocacy groups or home care package providers.

Consumers and representatives were satisfied with how the service maintains privacy and confidentiality. Advisors described obtaining informed consent prior to making referrals, and information sharing processes both within the organisation and with external providers.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers and representatives described the assessment and planning process as thorough, and driven by future planning with compassionate, knowledgeable, and professional staff. Advisors explained initial assessment with newly registered consumers considers current symptoms, home environment, living situation, equipment needs and support services. Planning includes physical functioning, cognition, psychological and social supports, and mobility. There was evidence of individualised assessments, with consideration to physical surroundings and supporting referral to allied health specialists.

Advanced care directives and end of life wishes are discussed early in the assessment and planning consultations. Advisors said they offer resources and advice for consumers in how to document and plan end of life wishes with their medical practitioner, due to the life limiting nature of MND. Consumers and representatives described how they were assisted to plan their preferred way of receiving care and supports. A collaborative and multidisciplinary approach is encouraged, with consumers and representatives referred to external services and health professionals. Case notes document all communication and input from the consumer, representatives, and their care team.

Hard copies of support plans are provided to consumers following the initial assessment, with updated copies sent by mail or email when changes occur, or re-assessment takes place. Advisors demonstrated complete support plans which were viewed on the electronic health information management system. Management described the key file audit process which ensures every applicable field within the support planning document is completed, and reviews are occurring as scheduled. The service’s policy requires a minimum annual care plan review however, due to the progressive and life limiting nature of the disease regular check-in contact and more frequent reassessment occurs.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Supports for communication and home modifications assist consumers with a preference to remain within their own homes. Advisors described the service’s extensive equipment library, which supplies items to optimise consumer independence within the home and supports access to the community. The service ensures the supports provided optimise consumer independence and quality of life, as determined by the consumers. There was evidence of the service’s active involvement in improving consumer living arrangements to enable safe and effective care as well as access to amenities.

Guidance is provided to access formal and informal supports for the consumer and their representatives or carers. Advisors described education and training to assist with recognising the emotional impact of a diagnosis. There is access to a service specific counsellor with consumers confirming they have been able to access the benefits of counselling as required.

Advisors demonstrated awareness of individual consumer lifestyle and preferences. These form the basis of the support plan and focus on consumer capability and engagement. Care planning documentation prioritised personal relationships of importance, and evidenced consumers are supported with access to transport options to attend appointments and activities.

Consumers and representatives confirmed they provide consent to receive assistance from other organisations, as the advisors from MND Victoria create links and networks with relevant services. Communication from other service providers was well documented and accessible in consumer case notes and care files. Advisors explained they identify the need for consumers to receive support and services from volunteers, other organisations, maintenance personnel, and/or health practitioners as part of the ongoing review and assessment process. There was evidence of an effective allied health referral pathway supported by comprehensive information.

Advisors explained their website is linked with an equipment inventory, accessible to any registered practising allied health professional on behalf of an MND Victoria consumer. The service previously identified opportunity for improvement in their storage, accessibility and cleanliness when brokering equipment from an outsourced supplier. The service has since procured a storage facility and employs an equipment service team leader on a full-time basis. Feedback from all stakeholders has been positive in reaction to this change, and the integration of access through the website.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers and representatives described formal and informal ways to provide feedback and make complaints. These include discussions with management and staff, participation in forums, completion of surveys and submission of feedback forms. Consumer case notes demonstrated advisors attempt to address consumer concerns in the first instance and refer unresolved issues to management. The service’s Information and Service Guide provides detailed information to support consumers to make a complaint and to understand the service’s complaint process.

Advisors were knowledgeable about the advocacy services available to aged care consumers and described using interpreters and advocates to support consumers to resolve concerns and complaints with other providers. Consumers and representatives indicated the service acts in good faith to address concerns and resolve complaints. Staff described the service’s complaints management system, providing examples of responses to consumer complaints consistent with the service’s protocols. All formal complaints are overseen by management to ensure complaints are investigated and resolved in a timely manner and in consultation with the consumer.

Staff and management described how complaints are documented, reported, reviewed, and discussed at staff, leadership, and State Council meetings. Management explained how they analyse trends in feedback and complaints and develop plans to improve service delivery.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers and representatives confirmed advisors were reliable, and indicated staff are replaced if they take leave. Advisors explained staffing is planned to ensure consumers receive continuity of care. Management explained the workforce is planned to ensure a minimum level of support for consumers, with business plans developed to increase staffing as demand for the service increases.

Staff demonstrated an understanding of consumer unique experiences living with MND and their individual preferences. This was supported by consumers and representative accounts indicating advisors are extraordinarily kind and empathetic and management are compassionate. Management explained they monitor whether consumers have positive interactions with staff through feedback mechanisms including compliments, complaints, and the annual quality survey.

The Assessment Team report reflected the services provision of competent and knowledgeable care. There was evidence of position descriptions and personnel files containing information to support the service employs staff with tertiary qualifications. The service requires staff to have a commitment to working with consumers with progressive neurological conditions. Training records demonstrate staff complete training to develop and maintain competencies in relation to MND and aged care.

Consumers and representatives expressed confidence to the Assessment Team that staff are recruited and trained to provide effective services. Induction and ongoing supervision are provided, along with mandatory training. Staff supervision is a high priority for the organisation as staff regularly confront grief and bereavement. Management explained a meeting structure which includes one-on-one supervision with a team leader to build advisor capacity to work with complex clients. Staff performance is monitored and reviewed through monthly supervision and annual performance reviews and the service has a process in place to manage unsatisfactory performance.

# 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. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers and representatives confirmed the organisation supports them to contribute to the development, delivery and evaluation of services. Management and staff provided examples of how consumers actively contribute ideas and suggestions and have influenced the development of programs through project reference groups such as the equipment reference group and bereavement and loss project group. The State Council promotes a culture of safe, quality care, providing advocacy for consumers living with MND as well as developing and approving strategic and business plans. Quality of care is monitored through review of the service’s annual quality survey results and quarterly reports related to the achievement of strategic objectives sand key performance indicators. The Assessment Team report included an example of the State Council revision of the service’s staffing structure in response to consumer feedback.

There was evidence of outlined effective organisation wide governance systems related to information management and access to an online platform for organisation policies and procedures. Continuous improvement is informed by quarterly review and action improvements arising from internal audits, feedback, and incident data. Financial governance is overseen by the finance, audit, investment and risk committee and there was evidence of effective workforce governance. The service monitors and incorporates feedback and complaints into their continuous improvement activities and remains up to date with regulatory compliance through regulatory bulletins, audits and webinar attendance.

There is an effective risk management framework ensuring risks to consumers are assessed and appropriate mitigation strategies are implemented. The service’s incident management process ensures incidents are reviewed and managed consistent with legislative requirements.

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)