**Performance**

**Report**

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| Name: | Multicultural Aged Care Services Geelong - CACPs |
| Commission ID: | 300072 |
| Address: | 12-14 Thompson Road, NORTH GEELONG, Victoria, 3215 |
| Activity type: | Quality Audit |
| Activity date: | 19 February 2024 to 21 February 2024 |
| Performance report date: | 20 March 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1440 Multicultural Aged Care Services Geelong Inc  
Service: 18877 Multicultural Aged Care Services Geelong - CACPs  
Service: 22820 Multicultural Aged Care Services Geelong Inc  
Service: 18878 Multicultural Aged Care Services Geelong Inc - EACH Dementia  
Service: 18879 Multicultural Aged Care Services Geelong Inc - EACH Packages

Short Term Restorative Care (**STRC**) included.

**This performance report**

This performance report for Multicultural Aged Care Services Geelong - CACPs (**the service**) has been prepared by Danielle Utting, 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.

I also acknowledge the provider’s response to the assessment team’s report received 18 March 2024 which included clarifying information in relation to the number of STRC packages and the location of these.

# Assessment summary for Home Care Packages (HCP) and Short-term Restorative Care Programme (STRC)

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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 | **Not Assessed** |
| **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 | | HCP |
| 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 take time to get to know them, respect their identity, culture, and diversity. Management explained how consumers preferences are considered when allocating staff. Staff knew consumers individual preferences and cultural identity. The service has policies on cultural safety to guide practice and care planning documentation included cultural needs and choices.

Consumers and representatives were satisfied that care and support is culturally safe. Management explained how assessment and care planning considers the cultural background, life stories, cultural safety and preferences of consumers. Wellbeing workers described cultural care preferences for the consumers.

Consumers and representatives were satisfied they can make choices, decisions and connect with people and interests that are important to them. Wellbeing workers described ways they support consumers to make choices and maintain their independence. Care documentation identified consumer choice and preferences in relation to care and services. The Charter of Aged Care Rights and the home care agreement are included in the services welcome pack. Policies such as consumer rights, social inclusion and community participation are available to inform consumers and guide staff practice.

Consumers and representatives explained how the service supports them to live their best lives. This was supported by an account from one representative who described the way the service supported the consumers choice to not use a mobility aid and implemented strategies to minimise the risks. Management and staff demonstrated how consumer rights to take risks are balanced with safety considerations. Care documentation evidenced risks are identified and strategies to mitigate individual risk are developed.

The service demonstrated that information was communicated in various ways to consumers and representatives. Consumers are provided with a hard copy of the care plan. Following review and changes to care plans, wellbeing coordinators deliver new copies to the consumer’s home. Consumers are kept up to date through newsletters and receive monthly home care package statements.

Consumers and representatives were confident the privacy of consumers is respected and information kept confidential. Staff explained the ways they maintain privacy and confidentiality. A privacy and confidentiality policy is available to guide staff practice. Staff receive privacy education during orientation.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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

Consumers and representatives were satisfied the initial and ongoing assessments were comprehensive and that care is safe. Management described how they ensure that assessment and care planning processes are comprehensive which included the use of validated assessment tools to assess falls risk, cognition and frailty. Outsourced allied health services are utilised to assess the safety of the home environment, home modifications and equipment. Care planning documentation evidenced comprehensive initial assessments, risk identification and strategies and individualised plans of care documented in a way that was easy to read and understand.

Consumers and representatives said they feel supported by the service to achieve their goals and can prioritise and direct care to maximise their need for continuity of care, family involvement and end of life wishes. Staff explained how they access printed documentation to know about consumer needs, goals, and preferences. Care planning documentation was reflective of consumers current needs. Wellbeing coordinators explained how they discuss advanced care preferences with consumers and have access to an end of life care policy and advanced care planning process to guide practice.

Consumers and representatives described being asked their likes and dislikes as well as their preferred method of communicating the care plan and schedule. The service demonstrated that they capture information about consumer’s preferences in relation to the types of service, times that suited, gender of carers and the relationships they wish to maintain and plan services accordingly.

Consumers and representatives informed the Assessment Team they have received copies of the care and services plan. Management described how they share relevant consumer information with brokered suppliers and provided evidence of regular communication stored on the electronic management system.

Documentation reviewed evidenced regular communication and monitoring and revised care plans following incident or changes in care needs. This was supported by one consumer account of the services follow up following discharge from hospital. Staff explained how care plan reviews occur on an annual basis and following consumer decline, deterioration, fall with injury or hospital discharge.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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 were satisfied with the personal and/or clinical care provided and that care was safe for consumers. This was supported by a consumer account of discussions with the service to determine the most appropriate care and allied health requirements based on their gaols and choices. The service had systems in place to ensure that referrals to community nursing and specialists occur for consumers identified with complex care. Care documentation showed the service monitors personal and clinical care delivery.

Management described the ways the service is managing risks associated with current consumers, such as the use of validated assessment tools to assess the consumers on admission and following falls. Documentation reviewed evidenced falls assessment tools, risk assessment and evidence of referral to allied health and medical officers for review. Wellbeing workers said they receive ongoing education and regular information that equips them to identify and escalate risks for consumers.

Wellbeing coordinators detailed referrals to and links with local palliative care services and processes to support the consumer and their representatives when the consumer is nearing the end of life. Management explained how they support consumers at end-of -life, including referral to the local palliative care services and provision of ongoing care at home in line with consumer choice. The service had advanced care planning, end of life care and palliative care polices to guide staff practice.

Consumers and representatives had confidence staff would identify and respond to consumer deterioration or changes in health. Wellbeing workers demonstrated knowledge of their responsibilities in recognising and reporting consumer deterioration or change. Wellbeing coordinators described how they actively respond when deterioration is reported. Care documentation reviewed showed timely responses by the staff when there were changes in a consumer’s health or condition.

The service demonstrated that consumer information is communicated both internally and externally to ensure the provision of safe and effective personal and clinical care. Recommendations from allied health service providers, such as occupational therapists and physiotherapists, was included in consumer care plans. Wellbeing coordinators explained their responsibility to keep care consumer documentation up to date and wellbeing workers described how they access up to date consumer information.

Consumers and representatives were satisfied the service enables individuals, other organisations and service providers to become involved in care and service delivery. Wellbeing coordinators demonstrated knowledge of referral networks and described referral processes. The service has established brokered service providers in place to ensure the provision of diverse and skilled care to meet consumer needs, goals and preferences. Documentation evidenced referrals to medical practitioners, nursing services, podiatry, occupational therapy, and when indicated, palliative care providers.

The service provided evidence that staff had undertaken infection prevention and control training in relation to COVID-19, and during fortnightly staff meetings. Wellbeing workers described standard precautions and appropriate handling of soiled linens and waste disposal. Management explained the oversight of antimicrobial, which includes referral to the consumers’ pharmacists and medical practitioners. At the time of the audit the service did not administer medications to consumers.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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 were satisfied the services they receive help them to maintain independence and quality of life. This was supported by a consumer account of the social support keeping them connected to the community. Care planning documentation evidenced consumer preferences and services to support these choices. Staff described important activities for individual consumers.

Wellbeing workers described how they assist consumers to do the things they like or want to do. Care planning documentation detailed information to support consumers to achieve their goals. Consumers and representatives said the service checks on their emotional and psychological wellbeing.

Consumers and representatives were happy with the support the service provides to enable them to stay engaged within the community, go out for drives or shopping and participate in the things they like to do. Care planning documentation reflected consumer participation in community activities to meet their goals and preferences.

Consumers and representatives were satisfied with the individual support they received, commenting that the support is well coordinated, with continuity of services and supports. Staff explained how they update consumer information is following changes in condition, needs or preferences. Care planning documentation demonstrated there was effective communication with others responsible for providing care.

Consumers and representatives were satisfied with referrals made to other care providers and services. Care documentation reviewed evidenced referrals to a range of services and supports for daily living.

The service does not directly provide meals to consumers. For consumers needing assistance with meals, they could choose to use a meal delivery service of have wellbeing workers provide meal preparation. Consumers utilising meal delivery were satisfied with the choice, quality and quantity of the meals. Care planning documentation included food allergies and dietary requirements.

Consumers and representatives said the service supports them in purchasing equipment and they felt confident the service would assist them in accessing repair and maintenance when required. Wellbeing workers said consumer equipment was appropriate, clean, and well maintained. The service’s allied health team conduct the assessment of consumer equipment needs.

# Standard 6

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| Feedback and complaints | | HCP |
| 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 they feel comfortable to raise feedback and explained the different ways they can provide feedback or make a complaint. Management outlined how consumers are supported to provide feedback and have a dedicated staff position who is responsible for engagement with consumers across the service. Staff explained the process for escalating any complaints from consumers to co-ordinators and management.

Consumers and representatives confirmed they could access language services and advocacy services. Information about the Charter of Aged Care Rights, language services, external complaints and advocacy services were contained in the home services client handbook. Management explained how they employ and assisting consumers and representative as required.

Consumers and representatives were satisfied appropriate action was taken in response to their concerns. Consumer, staff and management confirmed the use and understanding of the open disclosure process. Review of the complaints register and associated documentation demonstrated the service responding to and taking action to improve service delivery following complaints.

Management explained how services uses information from feedback and complaints to improve care and services. The service has a plan for continuous improvement (PCI) which evidenced feedback and complaints are reviewed to identify opportunities for continuous improvement.

# Standard 7

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| Human resources | | HCP |
| 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 the service consults with them to ensure suitable workers are assigned, in line with their preferences and goals. Where STRC is being provided consumers said the allied health staff were coordinated in a timely and effective manner. Management explained how they plan the workforce, which includes review of client package levels and numbers, the assessed care needs of clients, staffing capacity and availability of staff. For the month prior to the audit there were no unfilled shifts.

Consumers and representatives said the staff are very kind, caring and respectful. Wellbeing workers demonstrated they have access to the consumer's life story, cultural background, choices. Care planning documentation evidenced the inclusion of personal care routines and preferences to assist care support workers in respecting consumer identity.

Consumers and representatives were satisfied staff are competent and skilled to effectively perform their roles. Staff explained the process of onboarding which included qualifications, police and vaccination checks prior to the formal job offer. The service provides mandatory training modules relevant to each role for new staff and annual ongoing training modules.

The service had a system in place to track the completion of mandatory training. Wellbeing staff attend a fortnightly meeting which includes additional training and updates to ensure staff are equipped to complete their roles. Specialised training is provided, for example when a new piece of equipment is introduced for a consumer.

Management explained regular assessment and monitoring of staff performance is undertaken throughout the year. Management said monthly supervision meetings are held between managers, wellbeing coordinators, team leader and individual staff members which enables them to monitor performance. Management explained that a formal annual performance review system will be finalised by June 2024 and the Assessment Team observed this improvement action documented on the PCI.

# Standard 8

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| Organisational governance | | HCP |
| 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 said they are encouraged to provide feedback on the delivery and evaluation of care and services. The service demonstrated how they involved consumers in service design and delivery, such as through regular calls to consumers to request feedback and consumer participation on the consumer advisory committee.

The service demonstrated the organisation’s governing body promotes and is accountable for the delivery of a culture of safe, inclusive quality care. Service delivery is overseen by the Board, sub-committees and an executive management. Communication of relevant information was evidenced between the Board, sub-committees, executive management, service management and staff and informed continuous improvement.

The service demonstrated there are organisational wide governance systems. Wellbeing workers said they receive the information they need to enable them to provide effective care to consumers. Management explained the plan to upgrade to a centralised electronic management system which will be available at the point of care, further improving communication of information.

Management described how opportunities for continuous improvement are identified via incidents, feedback and complaints and legislative changes. The service’s continuous improvement plan (CIP) reflected improvements originating from a variety of sources including consumers, representatives and staff.

The service financial governance committee reports to the Board and are responsible for managing budgets and growth projections. Management described how HCP budgets are explained to consumers and monthly statements include monthly expenditure, unspent funds and fees.

The service has policies and procedures in place that govern the workforce. The service demonstrated there are effective systems and practices to monitor compliance with training, qualifications, police checks and vaccinations. Management described how they meet with staff regularly to discuss performance and will complete implementation of a formal annual performance review system in 2024.

Management advised they keep up to date with regulatory and legislative change via membership of peak provider bodies and through attendance at regular meetings including with external health providers. The service demonstrated that feedback and complaints are documented, actioned and analysed to identify improvement opportunities. Feedback and complaints were observed by the Assessment Team to be reviewed by wellbeing coordinators and the quality team and relevant information collated into reports for the care governance committee and the Board.

The service had effective risk management systems and practices. The service demonstrated that consumers are assessed, risk identified and managed. Staff are provided education and ongoing training in relation to abuse, neglect, high-prevalence risk and high-impact risk. There was an electronic management system in place to capture incidents and these were reviewed by the quality team, relevant managers, and executive staff. Trending reports were presented to relevant sub-committees and the Board, with any outcomes and recommendations shared with staff.

The service demonstrated there is a documented clinical governance framework in place, which includes clinical guidelines, clinical practice, and investigation processes. There was evidence that antibiotic use of HCP recipients was monitored. There was a restrictive practice policy available for staff and included strategies to minimise the use of restraints. At the time of the audit, there was no HCP or STRC recipients subject to restrictive practice. Management and wellbeing workers were able to describe the process of open disclosure and management further explained the investigation process following incidents.

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)