**Performance**

**Report**

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| Name of service: | Multicultural Service Centre of Western Australia |
| Service address: | 5 Bookham Street MORLEY WA 6062 |
| Commission ID: | 500265 |
| Home Service Provider: | Multicultural Services Centre of Western Australia |
| Activity type: | Quality Audit |
| Activity date: | 14 August 2023 to 17 August 2023 |
| Performance report date: | 17 November 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 Multicultural Service Centre of Western Australia (**the service**) has been prepared by M Murray, 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

**Home Care:**

* Multicultural Services Centre of Western Australia, 27019, 5 Bookham Street, MORLEY WA 6062

**CHSP:**

* Community and Home Support, 27162, 5 Bookham Street, MORLEY WA 6062

# 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 Home Care Packages (HCP)

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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 applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# 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 | **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 service 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 | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

The service was able to demonstrate that each consumer is receiving care and services that are culturally safe and supportive of consumer choice and independence. Consumers are satisfied they are treated with dignity and respect and that their identity and background is respected and valued.

Service co-ordination staff spoke to the Assessment Team about assessment and review processes and how these ensure that every consumer is able to relay what is important to them. allowing individualised services to be delivered.

Care planning documentation records each consumer’s background, preferences and cultural needs, and this information is utilised in the delivery of care and services. Staff and management could describe principles of cultural safety and provided examples of how they tailor care and services to meet consumers’ cultural needs, such as delivery of care and services from staff of similar cultural backgrounds.

Consumers said they can exercise choice and independence, including making decisions about who is involved in their care. Management said they support consumers to exercise choice and independence by encouraging them to determine who provides services and when they receive them. Care staff felt they had sufficient information to understand consumers’ choices and preferences.

Management said risks associated with consumers’ choices are discussed with consumers and/or representatives regularly and in response to changes in a consumer’s condition or circumstance. Where a risk is evident discussions occur between the service and the consumer to ensure the benefits and drawbacks of engaging with the risk are understood and a plan is developed with the consumer on an agreed way forward, including any risk mitigation strategies.

A copy of their care plan is provided to every consumer and consumers receive regular invoices /statements. Consumers said the information they receive is current, clear and easy to understand.

The Assessment Team reviewed the consumer information pack, which is available in multiple languages, and found it held all relevant information to inform consumers of their rights and responsibilities, understand fees and pricing and access advocacy groups.

Consumers said staff respect consumers’ privacy when delivering services, and they were confident their personal information is kept confidential. Staff said that they do not discuss any consumer or service information outside of work. The organisation’s electronic records system is password protected to prevent unauthorised access.

Based on this evidence, I find the provider compliant with all Requirements in Standard 1 Consumer dignity and choice

# Standard 2

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

Findings

The service was able to demonstrate that its care planning practices are individualised and consider consumer risk and identify consumers’ needs, goals and preferences.

Documentation evidences that risks, such as mobility issues, falls history, cognitive impairment, hearing or visual impairment, nutritional needs and skin integrity are identified during the assessment processes and strategies are developed to support the consumer’s wellbeing in light of any risk that is evident.

Advance care planning is offered by the service and consumer interviews confirmed that there is general awareness of the availability of this service if required.

Consumers said they are active partners in care planning and risk assessment practices and that this involves any others, including family or friends, that they wish to include and felt the care plan reflected their needs, goals, and preferences. Progress notes evidenced that others responsible for the consumer’s care, for example, allied health professionals, are involved in care planning when appropriate.

Consumers are given a copy of their care plan and relevant information is held at social support centres. Staff said care plan information guides their delivery of services and it is reliably accurate and up to date.

The Assessment Team found assessment and care planning is kept up to date, that consumers are reviewed regularly (at a minimum of yearly intervals) and in the event of a change in circumstance, or post hospitalisation, re-assessments are triggered.

Based on this evidence, I find the provider compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

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

Findings

Consumers are satisfied with the personal and clinical care provided and said that care is aligned to their personal needs and preferences, including choices around who provides their care.

The service coordinators said they make referrals to nursing and allied heath staff for the assessment of clinical needs and for recommendations on best practice strategies.

The Assessment Team reviewed care delivered to consumers with wounds, consumers living with dementia and consumers that are at a high risk of falling, and found the care delivered to be effective.

Consumers described in various ways how risk management is applied in their day to day care. Staff described how consumer risks are identified and lead to the implementation of risk mitigation strategies for consumers. The service maintains a vulnerable person risk register.

Consumers on an end of life pathway are referred to specialist palliative care services with care coordinated by the Multicultural Service Centre, who also provide additional support services and emotional support for the consumer and their family.

Care staff demonstrated a strong understating of their roles and responsibilities around identifying and reporting any consumer deterioration. Escalation processes and clinical review resulted in referrals to general practitioners, psychologists and the local hospital for various consumers to support their wellbeing and minimise the risk of further deterioration. The service has guidelines on clinical deterioration to facilitate early recognition and an appropriate response.

Care staff said they have sufficient guidance to provide effective personal and clinical care that meets consumer’s needs and preferences. The Assessment Team reviewed a number of consumer files that showed effective sharing of information with other agencies who are involved in the consumer’s care.

Timely and appropriate referrals to other clinical and support services are made for home care consumers. Where consumers on the commonwealth home support program need additional services the organisation uses the My Aged Care portal to request other services.

The Assessment Team found that the service is observing appropriate infection control protocols. Clinical care staff receive infection control training at regular intervals and consumers reported that care staff undertake infection control precautions, including hand washing and using masks and other relevant equipment.

Based on this evidence, I find the provider compliant with all Requirements in Standard 3 Personal care and clinical care.

# Standard 4

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| Services and supports for daily living | | HCP | 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

The service was able to demonstrate that consumers receive services and supports that support them to live the life they choose.

Consumers and care workers described how care planning is designed to encourage active lifestyles and to encourage and support activities that are meaningful and important to the consumer. The service runs several day centres where activities are specifically designed and run based on consumers’ identified preferences and interests.

The Assessment Team reviewed a number of consumer files and identified that there is a strong focus on individual consumer needs and preferences and that appropriate assessments are undertaken to establish consumers’ capability to partake in activities of choice.

Consumers relayed that the service cares about their happiness and safety and that care staff show genuine interest in their wellbeing and provide support where required. Care staff said they can spend extra time with a consumer if they are distressed or feeling low.

Care workers displayed a strong understanding of the importance of supporting consumers to do the things they like to do and said the service encourages strong relationships with consumers and ensures that sufficient time is allotted to allow for staff to engage in these activities with consumers. Management spoke to the Assessment Team specifically about the importance of consumers remaining connected to community and being involved in social or cultural activities of their choosing. The service co-ordinates transport to various religious ceremonies to allow consumers to continue to practice their individual faith and beliefs.

The Assessment Team reviewed consumer documentation and are satisfied that the service is undertaking appropriate and timely referrals to providers of other care and services and are supporting consumers to engage in activities in the community.

The service does not provide any meals.

Consumers expressed that they are able to access safe and appropriate equipment to assist with their mobility or improve their quality of life. The provision of equipment is based on occupational therapist assessments and on the advice of other allied health professionals.

Based on the above evidence, I find the provider compliant with all Requirements in Standard 4 Services and supports for daily living.

# Standard 5

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| Organisation’s service environment | | HCP | 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 | 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. | Not applicable | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Compliant |

Findings

The Assessment Team visited a day centre run by the service. Observations and interviews confirmed the environment is easy to navigate and understand, with directional signs in place to support navigation for consumers and visitors. The Assessment team observed support workers welcoming consumers at the entry to the Morley day centre.

The service environment at the centre was safe, clean, well maintained and enabled free movement. Outdoor areas have level pathways for access, and sitting areas that are well maintained. Consumers were observed freely moving around the centre and had access to different areas.

Staff were said they would report any maintenance issue to the maintenance officer.

Management said the service has processes in place to ensure that maintenance and cleaning takes place regularly. Daily cleaning occurs and workers regularly sanitise high touch areas throughout the day.

Furniture and equipment is monitored for its safety and if an item is found unsafe it is tagged and placed out of use. Regular checks other safety aspects also occur, such as testing fridge temperatures.

The Assessment Team observed furniture to be suitable for the range of consumers attending the service.

Based on the above evidence, I find the provider compliant with all Requirements in Standard 5 Organisation’s service environment.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

The service demonstrated it has effective feedback mechanisms and is supporting consumers to provide feedback and make complaints in a variety of ways.

Consumers said they know how to provide feedback and make a complaint and feel comfortable doing so. Support workers said they try to resolve complaints with consumers in the first instance. If support worker cannot resolve the complaint, they encourage the consumer to call the office to raise any issues or concerns.

Management said consumers can also use their website, which is multilingual, participate in surveys, attend consumer consultation meetings or speak to care coordinators.

Consumers and representatives said they have access to advocates and can also request support workers who speak their first language.

Staff demonstrated how they have referred consumers to advocates and third party complaint organisations when required.

The service’s complaints process and policy guide staff actions in managing complaints. Consumers and representatives who had made a complaint or given feedback to the service said they were satisfied with the actions taken.

The Assessment Team found when things do go wrong the service uses an open disclosure approach, provides an apology and undertakes corrective actions.

Based on the above evidence, I find the provider compliant with all Requirements in Standard 6 Feedback and Complaints.

# Standard 7

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| Human resources | | HCP | 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

The Assessment Team found the service was able to demonstrate that its workforce is planned to deliver safe and quality care and services. A roster review undertaken found no unfilled shifts in the month prior to the quality audit. Management said that the capacity of the service to meet the needs and preferences of a consumer is considered before the service accepts a new referral.

Consumers said they are treated with kindness and respect by everyone in the organisation. Staff were observed to speak respectfully about consumers and their representatives. Management described how the organisation started 40 years ago with the aim of using a collaborative approach to support new migrants and build an inclusive society. That approach included recognising the contribution the elderly have made during their lives and thanking them by providing the services they need while respecting and understanding their backgrounds and experience.

A review of training records showed that staff had completed training in areas such as the aged care workers code of conduct, cultural awareness and preserving dignity.

The service demonstrated that processes and systems are in place to ensure that all members of the workforce, including contracted or brokered staff, are competent and have the qualifications and knowledge to effectively perform their roles.

Consumers said support workers are skilled and know what they are doing.

Management said that the qualifications and competencies required for each role are identified and are verified during the recruitment process.

The Assessment Team viewed service agreements with contractors that provide third party clinical care and gardening services which demonstrated that the service monitors the competency and qualifications of staff providing care and services who are not direct employees of the organisation.

Staff discussed doing mandatory training during their onboarding process and were able to describe training they had recently completed, including first aid, manual handling, dementia awareness and medication support.

Training materials reviewed showed that service coordinators complete a comprehensive induction program that includes training in the Quality Standards.

All staff complete an annual performance review with their supervisor.

Based on the above evidence, I find the provider compliant with all Requirements in Standard 7 Human Resources.

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

The service was able to demonstrate that it has effective organisational governance systems that support the governing body to make decisions for the organisation.

Consumers feel engaged in the development and delivery of services and regularly use feedback mechanisms. Client satisfaction surveys are undertaken and the results are submitted to the board to inform continuous improvements.

The service’s governing body promotes a culture of safe, inclusive and quality care and services through ‘hands on’ oversight of the service. The service is an established member of the CALD (culturally and linguistically diverse) community, providing tailored services to consumers from many different cultures and backgrounds. The board have completed leadership training and make time to engage directly with consumers.

The Assessment Team found the service has sufficient organisation wide governance systems in place to support information management, continuous improvement, workforce governance, regulatory compliance, financial governance and feedback and complaints. The service maintains an active continuous improvement plan.

There are systems and practices in place to support effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can. A vulnerable consumer register notes consumers who need greater support when circumstances which might place them at risk arise. The service has a serious incident response procedure and a procedure for managing abuse or neglect.

The organisation’s clinical governance framework guides staff in relation to education and training, clinical effectiveness, open disclosure, restrictive practices and risk management. The service maintains a suite of policy and procedural documents to guide staff in these matters.

A clinical review committee monitors trends in consumer outcomes.

Based on the above evidence, I find the provider compliant with all Requirements in Standard 8 Organisational governance.

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)