**Performance**

**Report**

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| Name: | Serbian-Social Services and Support |
| Commission ID: | 300530 |
| Address: | Shop 4, 350 Main Road West, ST ALBANS, Victoria, 3021 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 4 October 2023 |
| Performance report date: | 13 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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:

Provider: 8700 Serbian-Social Services and Support Inc

Service: 25790 Serbian-Social Services and Support Inc - Community and Home Support

**This performance report**

This performance report for Serbian-Social Services and Support (**the service**) has been prepared by A. Grant, 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 Assessment contact (performance assessment) – non-site report was informed by 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 | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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. | **Not Applicable** |
| Requirement 1(3)(b) | Care and services are culturally safe | **Not Applicable** |
| 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. | **Not Applicable** |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | **Not Applicable** |
| 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. | **Not Applicable** |

Findings

Consumers and representatives stated information provided to them was clear and easy to understand in addition to information being provided in both English and Serbian to assist with communication. A representative when interviewed by the Assessment Team stated management came to their home and spoke Serbian to them and explained the services available in detail, and answered any questions, the consumers and representative were then provided with documentation in both Serbian and English.

When interviewed by the Assessment Team management stated since the quality audit in April 2023, many improvements have been made to ensure they meet this specific standard. For example, a welcome pack has been developed and is now issued that provides consumers and representatives with detailed information regarding the services available, feedback and complaints, contact details of the service, local services that have Serbian speaking staff, Charter of Aged Care Rights, advanced care planning, advocacy contacts and My Aged Care brochures regarding other services available.

The Assessment Team analysed the welcome pack and observed the information to be clear and easy to understand, was available in both English and Serbian and provided consumers with enough information to enable them to make choices. The Assessment Team noted the service distributes a calendar each month providing details of upcoming social activities. Representatives interviewed stated it was informative and enables consumers to identify activities of their choice to attend. The Assessment Team noted brochures included in the welcome pack were current, relevant to the service and set out in a clear and easy to read format.

The Assessment Team noted multiple consumer files were reviewed, and a signed Charter of Aged Care Rights documents was located in each file. The Assessment Team noted the document is provided to the consumer in both Serbian and English languages.

# 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. | **Not Applicable** |
| 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. | **Not Applicable** |
| 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. | **Not Applicable** |
| 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. | **Not Applicable** |

Findings

All representatives interviewed provided positive feedback on the support and services their family members receive. Most representatives confirmed the consumers received regular assessments of their service needs and that support workers knew them well and provided services that were safe and effective. For example, a representative stated the service coordinator discussed at length the preferred and safest way for the consumer based on his circumstances should mobilise when transferring in and out of volunteer’s vehicles. The representative stated an assessment of the consumers high risk of falls was completed by the coordinator.

Management stated since the quality audit in April risk assessments and progress notes have been introduced to guide staff and volunteers in providing safe and effective care and services. Management stated risk assessments are conducted based on the outcome of the formal assessment and some of the risk assessments include falls, health, alcohol and drugs and home safety.

The Assessment Team analysed multiple care plans and found all consumer files sampled included home safety assessments for consumers receiving individual social support, falls risk assessments for consumers identified as having falls in the past, health assessments and progress notes.

Evidence analysed by the Assessment Team showed staff and volunteers are provided with a coordination plan to inform them of consumer background, goals, detailed care directives, and other services in place (with other providers).

The Assessment Team analysed several policies and procedures to guide staff in delivering safe and effective care. This included dementia, falls, diabetes, and high blood pressure.

# 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. | **Not Applicable** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **Not Applicable** |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | **Not Applicable** |
| 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. | **Not Applicable** |

Findings

The Assessment Team noted all staff and volunteers are provided with a comprehensive face to face induction which includes an introduction to their role, service values, organisational chart, CHSP services, expected work standards, confidentiality and privacy, emergency procedures, complaints, WHS, duty of care, training in dementia, COVID 19, My Aged Care services, falls, process of ageing, communication skills and safe driving.

During the quality audit undertaken in April 2023, it was identified that volunteers had not completed any first aid training. The Assessment Team noted the service has organised multiple group first aid training days and more than half of all staff/volunteers have completed their training (certificates sighted). The remaining staff/volunteers are scheduled to complete the training over the next two weeks with two more group classes organised.

Further, management provided evidence of multiple staff and volunteers who have completed training in the Aged Care Quality Standards through the commissions ALIS education portal.

The Assessment Team sighted evidence of staff and volunteers police checks, car registrations and insurance, the Assessment Team noted they were all valid except one volunteer who is currently overseas on extended leave.

# 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. | **Not Applicable** |
| 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. | **Not Applicable** |
| 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. | **Not Applicable** |
| 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

Evidence analysed by the Assessment Team showed the service has organisational wide governance systems to monitor processes such as information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

Information Management

Evidence analysed by the Assessment Team showed the service has information management systems in place that include rostering and email. Consumer information is maintained in hard copy files and is kept securely in locked cabinets. Information privacy policies exist and are implemented as noted by the Assessment Team. Following the quality audit undertaken in April 2023, personal details such as drivers’ licence, Medicare card details, etc have been removed from consumer files. Management stated the services website is currently being updated and they are looking at several electronic client management systems to transfer data from hard copy to electronic storage in the future when budgets allow.

Continuous Improvement

The services plan for continuous improvement (PCI) was sighted by the Assessment Team. The improvements identified have been captured using staff, volunteer, management and consumer feedback. The current PCI includes improvements such as all staff to complete ALIS training and investigating electronic client management systems. The plan includes the responsible person/people and planned completion dates. The board has oversight of the PCI and is discussed at each meeting.

Financial Governance

The governing board is provided with financial statements prior to each meeting which includes CHSP funding and expenditure. CHSP finance is managed by the services manager and assistant manager who provide the reports to the board bimonthly for oversight. Following feedback from the quality audit conducted in April 2023, consumers receiving HCP packages from other service providers and who are not being topped up with CHSP funding, are now paying full cost recovery for attending social group programs. The Assessment Team sighted board meeting reports and minutes from July 2023 and it was evident that discussions and oversight of CHSP funding is being undertaken.

Workforce Governance

The Assessment Team sighted the services organisational chart, copies of signed staff code of conduct and the staff and volunteer induction form. The onboarding process to recruit staff is sound and copies of first aid certificates, driver’s licence, insurance and police checks are captured and maintained. Since the quality audit conducted in April 2023, more than half of the staff and volunteers have completed first aid training and the remaining staff/volunteers are scheduled to attend classes over the next two weeks. In addition, staff and volunteers are provided with coordination plans which have identified risks and strategies and guidance to mitigate these.

Regulatory Compliance

Management reported there has been no adverse findings by another regulatory agency or oversight body in the last twelve months. The organisation maintains up to date information on regulatory requirements through government departments, funding bodies, and sector newsletters. Legislative changes are reviewed by the managing director who makes the relevant changes which are then endorsed by the Board.

Since the quality audit conducted in April 2023, documentation sighted by the Assessment Team provided evidence that:

* All police checks for board members have been completed, except for one that is currently overseas on extended leave;
* All consumer records sampled included a signed copy of the Charter of Aged Care Rights and representatives interviewed said they had received a copy;
* All consumers have now been registered and approved through My Aged Care and new consumers are being assisted with their referrals to My Aged Care prior to receiving services;
* The services 12-seater bus has up to date public transport roadworthy certificate (as sighted); and
* HCP consumers who do not have CHSP top up funding are using services at full cost recovery.

Feedback and Complaints

The organisation’s feedback and complaints system support consumers to provide feedback. The service provides many options for consumers to provide feedback and/or raise a concern, including via email, in person, phone or by paper-based form. Information is provided to consumers when they commence services on how they can provide feedback to external organisations and engage advocates if required. Feedback and complaints are discussed at management level and details are provided to the board for oversight.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)