**Performance**

**Report**

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| Name: | Triple A Care (Australian Asian Association of WA) |
| Commission ID: | 500077 |
| Address: | 275 Stirling Street, PERTH, Western Australia, 6000 |
| Activity type: | Quality Audit |
| Activity date: | 7 March 2024 to 8 March 2024 |
| Performance report date: | 5 April 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: 1404 Australian Asian Association of Western Australia Inc  
Service: 19272 Triple A Care (Australian Asian Association of WA)  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9441 AUSTRALIAN ASIAN ASSOCIATION OF WESTERN AUSTRALIA INC  
Service: 27175 AUSTRALIAN ASIAN ASSOCIATION OF WESTERN AUSTRALIA INC - Community and Home Support

**This performance report**

This performance report for Triple A Care (Australian Asian Association of WA) (**the service**) has been prepared by R Beaman, 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.

# 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;
* an email dated 21 March 2023 confirming the provider was not submitting a response to the assessment team report.

# 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 | **Compliant** |
| **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 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 | 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

Consumers and representatives confirmed consumers have choice in making decisions about how they would like care delivered and in which way. Consumers confirmed they are treated with dignity and respect; their culture is valued by staff and care and services are delivered in a culturally safe manner. Observations confirmed care and services are delivered in a way that protects consumers’ privacy and consumers are confident their personal information is kept confidential.

Staff demonstrated understanding of consumers’ identity, their needs, goals, and preferences for care delivery, and described ways in which they supported consumers to take risks in a safe manner, exercise choice in their care delivery and how information is provided to help consumers make decisions about care. Staff confirmed they receive regular training in relation to consumer choice and decision making.

Consumer care documentation confirmed needs, goals and preferences for care and consumer choice is recorded in all domains for care to guide staff delivering care. Consumers’ personal information was observed to be kept confidential in a secure electronic care management system requiring passwords for access. Where consumers exercise choice to take risks to do the things they wish to, staff were observed supporting those and care documentation recorded the risks and strategies to support the safe delivery of care.

For reasons detailed above, I find Standard 1 Consumer dignity and choice compliant.

# 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

Consumers and representatives confirmed assessment and planning is done in partnership with them, outcomes are communicated, and they were confident staff considered risks associated with consumers’ health and condition in developing their care and services plan. Consumers were satisfied assessments of their care and services were current and confirmed they have access to their own care and services plan within their homes and staff update those when required. Consumers confirmed their assessments and care planning was regularly discussed and was current.

Staff demonstrated understanding of the assessment and planning processes in place and described ways in which they supported consumers to partner in the development of their care and services. Clinical staff confirmed the assessment process for consumers commences on admission and care and services are reviewed at six monthly intervals or when a change or incident occurs. Documentation confirmed care and services is reviewed when a change or incident occurs. and care documentation for two consumers who had recent hospital transfers was observed to be updated in relation to assessments on their return.

Documentation confirmed validated risk assessment tools are used to undertake consumer assessment and planning and risks to consumer care, including skin integrity, falls and weight loss are considered and strategies to mitigate those included. Consumer care plans demonstrated evidence of discussion about outcome of care and included services provided by other organisations and providers of care, including allied health where required or requested.

For reasons detailed above, I find Standard 2 Ongoing assessment and planning with consumers compliant.

# 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 | Compliant |
| 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 | Compliant |

Findings

Consumers and representatives confirmed personal care was delivered to consumers in a way they were satisfied with and was right for them. Consumers were confident any risks to their health and well-being were managed appropriately by staff. Consumers confirmed they did not have to repeat information about their care and services and were satisfied staff referred them other providers of care appropriately. Infection control measures were in place and staff were practicing those at day centres. Consumers were satisfied staff adopted appropriate infection control measures when delivering care and services in the home, including wearing masks when they attend for care delivery.

Documentation confirmed consumers’ personal and clinical care needs are recorded on individual care plans and progress notes are used by staff to record any changes in condition, referrals required, or care delivered. Documentation confirmed staff recognise and respond to clinical deterioration appropriately and in a timely manner and care planning documentation included strategies to manage high impact and high prevalence risks to consumer care.

Staff demonstrated knowledge of consumers’ needs, goals and preferences for care delivering and described ways in which they adapt service delivery to meet the personal and clinical care needs of consumers. Staff described the process they take to refer consumers when they identify a change in condition, or an incident occurs. Staff confirmed they receive regular training, including for infection control and other clinical care areas.

For reasons detailed above, I find Standard 3 Personal care and clinical care compliant.

# 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. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers were satisfied the services and supports for lifestyle they received promoted their independence and confirmed they felt safe using equipment provided, including when at the day centres. Consumers were satisfied with the lifestyle program, felt there were enough activities, could do things of interest to them and were happy with the quality and quantity of meals and the dining experience. Observations confirmed consumers were able to participate in the lifestyle program and have social connections of their choosing at the day centres. Consumers were confident they were referred to other service providers appropriately and confirmed their information was accurately communicated. Consumers confirmed activities organised through the day centres are respectful of cultural sensitivities and celebrate their different cultures.

Staff have knowledge of consumers’ needs, goals, and preferences in relation to the delivery of and engagement with lifestyle care and services and described ways they support consumers to maintain their independence. Staff described the ways in which they provide additional emotional support to consumers when they identify they need it and how they encourage and support consumers to do things of interest to them through the lifestyle program. Staff confirmed equipment used to support consumers with lifestyle services is maintained regularly and checked for safety prior to each use.

Documentation confirmed consumer preferences, likes and dislikes for activities and meals are recorded in care documentation, including specific dietary requirements. Consumer care documentation confirmed referrals to other providers of care are done in consultation with consumers and representatives, in a timely manner and information is communicated appropriately to ensure continuity of services and supports for daily living.

Equipment provided to consumers at day centres to interact and engage with the lifestyle program was well maintained, clean, safe to use and fit for purpose.

For the reasons detailed above, I find Standard 4 Services and supports for daily living compliant.

# 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. | Compliant | 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. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The service has two day centres that are accessible to consumers to use for social supports and engagement with lifestyle program. Consumers and representatives confirmed the day centres are welcoming, easy for consumers to access and navigate and clean. Consumers confirmed they were comfortable accessing the service’s day centres and were confident any issues requiring maintenance are resolved in a timely manner. Observations showed day centres were clean, accessible, and welcoming to consumers and their representatives, and consumers were able to access all areas indoors and outdoors.

Documentation confirmed maintenance is undertaken in a timely manner and any hazards related to equipment is reported by staff for resolution. A regular cleaning schedule is maintained for the service’s day centres, and all cleaning is undertaken by staff on a regular scheduled routine of works.

Staff described the service environment in day centres as welcoming and provided examples of how they support consumers to access and engage in the services offered socially at those. Staff confirmed they maintain a regular cleaning regime at the day centres and if any issues are identified requiring maintenance, they escalate those for fixing.

For reasons detailed above, I find Standard 5 Organisation’s service environment compliant.

# 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

Consumers confirmed they felt comfortable in providing feedback, including making complaints and confident staff action those in a timely manner. Consumers and representatives were satisfied with the way complaints were handled by the service and felt confident their information was used to make improvements. Documentation confirmed information about advocacy and accessing language services is included in the consumer agreement and handbook.

Staff demonstrated understanding of the feedback and complaints system and described the process they follow when a consumer makes a complaint to them to escalate that for resolution. Staff are aware of advocacy services and how to support consumers to access those.

The service maintains an electronic feedback and complaints log where all feedback, including complaints are recorded. Documentation confirmed complaints are actioned in consultation with the complainant and their satisfaction is evaluated as part of that process. Management provided examples of where consumer feedback and complaints have been used to improve care and services.

For the reasons detailed above, I find Standard 6 Feedback and complaints compliant.

# 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

Consumers and representatives confirmed there were enough staff to deliver care and services to consumers in a way they preferred and needed and were confident staff were competent and well trained to do the roles they were delegated. Consumers confirmed their work schedules were adhered to and care and services were delivered in a respectful manner by kind and caring staff.

Staff demonstrated knowledge of consumers’ needs, goals, and preferences for care and service delivery, and described the likes and dislikes for care of specific consumers. Staff confirmed they receive regular training and can request additional training through their formal performance discussions or informally to management.

Documentation confirmed the right number and mix of staff are rostered to undertake scheduled work activities, and regular discussion of staffing levels occurs. The workforce is recruited based on skills and knowledge. The service has a system in place to monitor staff have the appropriate qualifications for the designated role they are recruited to undertake. Management described the performance appraisal system and confirmed regular assessments of performance are completed and a formal review is done annually. Documentation confirmed staff development and upskilling is regularly discussed with staff to identify training opportunities.

For reasons detailed above, I find Standard 7 Human resources compliant.

# 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

Consumers confirmed they are consulted in the development, delivery, and evaluation of care and services through surveys they complete. Consumers and representatives were confident the service was well run by competent and knowledgeable staff. Documentation confirmed consumer satisfaction surveys are completed at regular intervals with results discussed at various committee meetings, including a quality care advisory group to drive continuous improvements.

The service has an executive committee that is the governing body. The executive committee meets at regular intervals and discusses a range of operational issues reported though the quality and clinical meetings, including consumer risk, currency of care plans and monthly budgets. An annual report is prepared and published annually which includes all elements of the service’s operation to ensure accountable of care and services.

Management confirmed the service has an organisational governance system which includes risk management and a clinical governance framework. Documentation confirmed the service has an effective incident management system that captures and analyses incidents for trends and to prevent further recurrence. Staff confirmed they have been trained in recognising and responding to abuse and neglect and described the process they would follow to report an incident.

Documentation showed risks to consumers, including clinical, high impact or high prevalence risks are recorded on consumer records, with mitigation strategies documented to prevent harm and maintain consumer safety. The service has a suite of policies and procedures to guide staff practice that are reviewed when any changes in legislation occur or as required. Management confirmed where incidents occur, a root cause analysis is undertaken to identify the cause or trigger of the incident and any mitigation strategies documented.

For reasons detailed above, I find Standard 8 Organisational governance compliant.

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