**Performance**

**Report**

**1800 951 822**

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| Name of service: | Victorian Elderly Chinese Community Services |
| Service address: | 187-189 Victoria Street WEST MELBOURNE VIC 3003 |
| Commission ID: | 300765 |
| Home Service Provider: | Victorian Elderly Chinese Welfare Society Inc |
| Activity type: | Quality Audit |
| Activity date: | 15 September 2022 to 19 September 2022 |
| Performance report date: | 11 October 2022 |

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 Victorian Elderly Chinese Community Services (**the service**) has been prepared by J Taylor, 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

**CHSP:**

* Social Support Group, 4-B6TSDWL, 187-189 Victoria Street, WEST MELBOURNE VIC 3003
* Social Support Individual, 4-GX4KPXN, 187-189 Victoria Street, WEST MELBOURNE VIC 3003

# 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.
* the provider’s response to the assessment team’s report received on 10 October 2022 and 11 October 2022.

# 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **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 | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

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| 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. |
| 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. |
| 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. |
| 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. |
| 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. |

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

All consumers interviewed said they are treated with dignity and respect and valued as individuals with their own identity and culture. All consumers interviewed stated they enjoyed attending the activities provided by the service.

Staff interviewed demonstrated how they ensure consumers are treated with dignity and respect in practice through taking time to speak with consumers, listening to consumers without bias and including consumers in discussion about how to best be assisted. Staff demonstrated their familiarity with individual consumer needs and said they are able to communicate with consumers in their preferred language. For example:

* Three consumers interviewed stated they felt staff know their backgrounds and provide a culturally specific program they enjoy attending.

The service demonstrated consumers are enabled to independently make and communicate choices and decisions about how services are delivered and who is involved in their care. This was support by consumer feedback provided to the Assessment Team.

Consumers interviewed described in various ways how the service supports them to live their best life. The service demonstrated when adjustments are made to delivery of the social support group activities to cater to individual consumer needs regarding mobility and potential falls risks.

The service demonstrated information is provided to consumers via an information pack which included information on advocacy services, internal and external complaints, an activities calendar and privacy information. The service advised all consumers had been provided with and signed a copy of the Charter of Aged Care Rights.

Review of consumer files evidenced consumer information is maintained confidentially and password protected, and staff described how they ensure consumer privacy is maintained.

Based on the evidence sighted by the Assessment Team, the Quality Standard for the Commonwealth Home Support Program (CHSP) service is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

# 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. | Non-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. | Non-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. | Non-compliant |

Findings

The service demonstrated that assessment and planning, including consideration of risks to the consumers health and well-being informs the delivery of safe and effective care and services. Consumer risks identified are discussed with the consumer and documented in their care plan.

The service was unable to demonstrate an understanding of advanced care planning. Advance care planning and end of life planning is not discussed during the assessment or review process.

The service was able to demonstrate that consumers and/or representatives are involved in the assessment of consumers care and services. All Consumers interviewed for this requirement stated they are involved in the assessment of their care needs; however, they have chosen not involve family.

The service was unable to demonstrate that consumers are provided with a copy of their individual care plan. The Assessment Team note limited progress notes documented to advise who was involved in consumer care plan reviews.

* A consumer file reviewed identified a care plan dated 7 July 2022 stating they were feeling lonely by staying home most of the time as their partner did not like to go out. The consumer has limited English and has difficulty communicating. A goal documented for this consumer was to engage with respite for their partner in order for them to participate in social activities. An outcome documented on the consumer file was for staff home visits to occur in order for the consumer to feel they have connection and networking with other services. The Assessment Team noted no progress notes or referrals documented in the file.

The service did not demonstrate care and services are reviewed regularly for effectiveness, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. For example:

* Review of care plans did not mention who was involved in the reviews or note if a copy of the care plan was given or offered to consumers. Review of six consumer files identified consumers are initially assessed when they commence on the program. Six-month reviews of care plans are the only formal review conducted by the service.

Staff described the review process where care plans are reviewed every 6 months. Care plan reviews are conducted either at the social support group or via telephone. There is no formal reassessment when consumers needs change with limited information documented to determine who was involved in the care plan review.

In response to the Assessment Report, the service advised a printed “Advance Care Planning Pamphlet” in both English and Chinese has been provided to consumers. The service stated that care planning is discussed with consumers and a copy of the plan is provided to consumers and includes the consumers signature. The service advised that additional reviews and reassessments will occur if a change in the condition of occurs or at the request of a consumer.

Based on the evidence sighted by the Assessment Team, the further information provided by the service and acknowledging the work underway, the Quality Standard for the Commonwealth Home Support Program (CHSP) service is assessed as Non-Compliant as three of the five specific requirements have been assessed as Non-Compliant.

# Standard 3

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

**Findings**

The service does not provide personal or clinical care under their CHSP funding therefore this Standard is deemed Not Applicable.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

The service demonstrated each consumer gets safe and effective services and supports for daily living that meets the consumer’s need, goals and preferences and optimises their independence, health, well-being and quality of life. For example, one consumer advised they enjoy attending Tai Chi and described how this assists him to maintain his independence and improves his health and mobility.

Staff interviewed described how they identify consumers who live alone or who may experience low mood and spoke about two consumers who attend the program to alleviate social isolation. Consumers interviewed spoke about the positive impact to their mental health.

All consumers interviewed stated in various ways their enjoyment in participating in the social support group activities and confirmed consumers have direct input into the activities program and are able to choose the activities they wish to participate in. For example, consumers attending the program on the day of the audit were also offered the opportunity to go out for lunch as a group.

Staff demonstrated an understanding of consumers conditions, needs and preferences and described how this is communicated between staff and volunteers, such as via care plan documentation and verbal discussion with volunteers. Consumers interviewed, and files reviewed, did not indicate that referral to other services was required. The service indicated that where a potential need for other services were identified, there are processes in place to refer consumers to My Aged Care.

The service does not provide meals or equipment to consumers.

Based on the evidence sighted by the Assessment Team, the Quality Standard for the Commonwealth Home Support Program (CHSP) service is assessed as Compliant as five of the five specific requirements have been assessed as Compliant. Two requirements have been deemed to be Not Applicable.

# Standard 5

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| Organisation’s service environment | | 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 |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

All consumers interviewed advised the service environment was comfortable and appropriate for individual consumer needs and said they felt a sense of connection and belonging to the groups they attend. The Assessment Team observed gentle and respectful interactions between consumers, staff and volunteers.

The service was observed to be clean, well maintained and there was clear access for consumers to both levels of the building. The service demonstrated where consumers have mobility issues, services are provided on the ground floor to enable all consumers access to activities.

Observation by the Assessment Team found furniture, fittings and equipment were clean and well maintained. The service advised that staff and volunteers maintain a cleaning schedule between activities with a professional clean occurring weekly.

Based on the evidence sighted by the Assessment Team, the Quality Standard for the Commonwealth Home Support Program (CHSP) service is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The service demonstrated that consumers are supported to provide feedback and complaints, with all consumers interviewed confirming they feel supported to provide feedback. The service evidenced information is provided to consumers via an information pack which contained information on how to make complaints, both internally and externally; advocacy and interpreter services.

While the service had not had any formal complaints over the past 12-month period, feedback from consumers confirmed the service acts on verbal feedback and resolves in a timely manner.

The service did not have an Open Disclosure Policy however, staff demonstrated an understanding of the principles of open disclosure when discussing how complaints and feedback are managed. For example:

* Consumers provided feedback seeking the Tai Chi class to be longer than one hour. The Assessment Team noted the feedback was recorded and discussed with the instructor and the Board. A number of options were discussed with consumers and a decision made to hold and additional class on a second day. Consumers were happy with this outcome and can now elect to attend both days if they choose.

The service demonstrated that feedback from consumers is used to improve the quality of care to consumers and this was supported through feedback provided by consumers interviewed.

Based on the evidence sighted by the Assessment Team, the Quality Standard for the Commonwealth Home Support Program (CHSP) service is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service demonstrated the program coordinators, staff and volunteers have been part of the service for an extended period of time. All consumers interviewed were satisfied with the care and support they receive to undertake different activities run by the service.

All consumers interviewed stated they felt staff were good, helpful and supportive. Consumers said they appreciated that they could get services during lockdown such as video calls from staff, shopping delivered to them and information translated in Chinese, so they could understand the restrictions. Consumers said this helped them a lot as they felt very isolated.

The service demonstrated staff involved in providing social support activities have been with the service for an extended period and effectively deliver services.

The service evidenced staff have completed First Aid and CPR training over the past 12-month period and cultural diversity training. The Assessment team sighted position description statements for all positions within the service.

The Assessment Team sighted performance assessments completed for all staff and volunteers.

Based on the evidence sighted by the Assessment Team, the Quality Standard for the Commonwealth Home Support Program (CHSP) service is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-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. | Non-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. | Not applicable |

Findings

The service demonstrated that consumers are informed and involved in the evaluation of care and services. The service evidenced consumers input into activities such as invitations to Chinese community leaders and nurses to their events to discuss what is happening in the community and to provide information and feedback on health issues such as diabetes and dementia.

The service demonstrated the Board receives a monthly report from the service coordinator where any identified concerns are discussed and addressed. The Assessment Team sighted board meeting minutes and financial reporting which confirmed the service has oversight of the safe, inclusive and quality care provided by the service.

The service did not demonstrate effective governance systems in relation to information and regulatory compliance.

**Information management**

The service does not have information management systems in place that include provision of information to consumers and staff. Information management under CHSP program did not provide robust information on how consumers are supported to receive appropriate care and service delivery.

* The Assessment Team noted staff were unable to located assessment and review information on consumer files, at the time of the assessment.
* The service did not demonstrate a process on how consumer information is provided to staff and volunteers to support consumers undertaking activities. While management interviewed advised information is communicated verbally, there were no progress notes in consumer files reviewed to indicate information had been communicated. For example:
  + A consumer informed the Assessment Team about a deterioration in their hearing and vision. Whilst the consumer file documents this information it was not evident how staff and volunteers were made aware of changes to his care.

**Continuous Improvement**

The service evidenced a continuous improvement register that is reflective of identified improvements for the service by management.

**Financial governance**

The service evidenced the Board receives a monthly finance report from the coordinator and the service advised all reporting to the Department of Health and Aged Care is provided via the established electronic systems in place and as per requirements.

**Workforce governance**

As provided in Standard 7, the service evidenced processes in place relating to workforce governance.

**Regulatory compliance**

The service did not demonstrate that monitoring of compliance against regulation and legislative changes occurs. Management interviewed advised the service receives information from the Department of Health and Aged Care and this information is discussed with staff, volunteers and consumers however, the service was unable to provide evidence of changes being implemented based on this information. For example:

* The service had not updated the policies and procedures to reflect the new Aged Care Quality Standards. All policies and procedures viewed referred to the Victorian ‘Home and Community Care’ (HACC) standards and were last updated in 2003.
* While consumers sign the Charter of Aged Care Rights in Chinese, they stated they had not received a copy of this document for their reference.
* The Assessment Team noted that police-checks for staff, volunteers and the Board had expired in 2019.

**Feedback and Complaints**

The service demonstrated processes in place to address feedback and complaints however, as policies and procedures have not been updated, the service does not have current information on ‘Open Disclosure’.

The service did not demonstrate the service has an effective risk management system in place. The service did not evidence a documented risk register or risk framework and matrix. While the service has an incident register in place, the Assessment Team noted incidents such as falls or changes in consumers care needs are not documented in the register or in individual consumer files. For example:

* A consumer’s carer contacted the service to advise of a cognitive decline however no further action was taken to address this, such as a referral for further assessment nor has a reassessment of this consumers’ needs been undertaken.

In response to the Assessment Report, the service advised progress notes will be regularly updated to record the effectiveness of the activity program for individual consumers and note any changes and referrals. A process will be implemented to ensure care plan and progress notes are available to staff and volunteers, where required. The Policy and Procedure Manual will be updated to include the Aged Care Quality Standards and the CHSP Manual 2022-23, published by the Department of Health and Aged Care. The service confirmed an Open Disclosure framework will be incorporated into the services Feedback and Complaint Policy and Procedures.

Police checks for staff; volunteers and the Board are underway and will be uploaded to the services electronic file management system once completed.

Based on the evidence sighted by the Assessment Team, the further information provided by the service and acknowledging the work underway, the Quality Standard for the Commonwealth Home Support Program (CHSP) service is assessed as Non-Compliant as two of the four specific requirements have been assessed as Non-Compliant. One requirement was deemed to be Not Applicable and therefore not assessed.

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)