**Performance**

**Report**

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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: | Assessment Contact - Desk |
| Activity date: | 22 February 2023 |
| Performance report date: | 24 March 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 Victorian Elderly Chinese Community Services (**the service**) has been prepared by G. McNamara, 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:**

* Community and Home Support, 25619, 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 Assessment Contact - Desk; the Assessment Contact - Desk 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 2 Ongoing assessment and planning with consumers | 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 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Three of the five specific requirements of this Standard were assessed and I have found all three to be Compliant. As not all requirements were assessed an overall rating for the Quality Standard is not provided.

Regarding requirement 2(3)(b)

The service demonstrated that it ensures consumers and representatives are involved in assessment and planning of their activities, with risks to consumer’s well-being considered and informing the safe and effective delivery of social supports at the centre.

Consumers interviewed said that the social supports and meals provided at the service meet their goals and preferences and that instructors, volunteers and the service manager know them very well and are very accessible should they want contact with them. The Assessment team sighted the consumer membership form which includes an activity planner where consumers list their current situation, goals, and actions to achieve these and outcomes. Management explained they would not routinely initiate an end-of-life discussion as this would not be culturally appropriate for its Chinese cohort because of long standing traditions. To meet this requirement the service now includes Advanced Care Planning prompting through the inclusion of an Advanced Care Planning printed pamphlet, translated in Chinese and English, in the consumer information pack and consumers acknowledge receipt of this by signing the form.

The Assessment team sighted signed Advanced care plan pamphlets included in five consumer care plans. The Volunteer job description for an activity support worker which provides detailed information on how to support consumers according to their care plan.

Regarding requirement 2(3)(d)

The service also showed that it works in partnership with consumers to ensure activity planning processes are inclusive of consumers wishes. Consumers said they have been offered a copy of their membership. For example, one consumer said that when their membership details are updated, they are given a copy The Assessment Team reviewed consumer care documentation which described each consumer’s needs, goals and preferences and any other notes that would assist with safe care and service delivery. Progress notes of changing health conditions were observed. All care plans reviewed by the Assessment team listed the consumer’s preferred language for communication of either Mandarin, Cantonese and/or level of English proficiency and if an interpreter is required. Management advised any changes to consumer details, for example, mobility or health concerns, is documented through progress notes into their care plan, and then this information is then shared with relevant staff both verbally and via an electronic chatgroup. The chatgroup is accessible to volunteer leaders and activity coordinators daily and committee members can also have access.

Regarding requirement 2(3)(d)

The service further demonstrated that it is guiding staff and volunteer practice through a range of mechanisms both formally and informally. Management advised of the following mprovements at the service since the Quality Audit in 2022 to ensure all consumer membership forms and care plans are reflective of the consumer current goals, needs and preferences and these are reviewed regularly and when consumer circumstances change:

* Updated care planning documentation to capture risk assessments and current health conditions
* Care plans are reviewed six monthly
* All care plans have an expiry date listed
* Expiry dates are recorded in a Microsoft calendar and alert via email is sent one week prior to the expiry date
* The care plan calendar is monitored weekly
* Progress notes are added to consumer care plans.

The service Information booklet describes the service will review consumer details annually, or more often, depending on the consumer requirements.

The Assessment team sighted the Care plan for a consumer, which lists the plan development date 25 November 2022 and a review date of 20 May 2023.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

Two of the five specific requirements of this Standard were assessed and I have found both to be Compliant. As not all requirements were assessed an overall rating for the Quality Standard is not provided.

Regarding requirement 8(3)(c)

Information Management

The service has moved from paper-based files to storing consumer information on a shared drive. Staff responsible for care and service delivery have access to the shared drive. Consumers are provided with information about the collection of their data on membership forms and its uses and disclosure of their personal information. The Assessment team sighted the link to the service’s privacy policy on the consumer membership form.

Continuous Improvement

The service has a continuous improvement register which is updated regularly, and includes recommended improvements identified by the Commission and internally. For example, the service changed the cleaning contractor due to performance concerns.

Financial Governance

The service has financial governance systems and processes to manage the finances and resources required to deliver quality services. For example, consumers can choose how they make payments for meals and activities and co-contributions. The service demonstrated effective financial reporting processes to give the governing body the assurance they require to be satisfied of compliance with their obligations as an approved provider of CHSP services.

Workforce Governance

The service demonstrated governance systems and processes to ensure workforce arrangements are consistent with regulatory requirements, including meeting police checks. For example, the Assessment Team observed current certification for staff including but not limited to, police and criminal checks for Committee members, staff and volunteers and relevant qualifications for specific roles, for example, food safety handling certificates for staff preparing meals.

Management said they know when certifications are due because they monitor the certification register that shows end dates and then notify the relevant staff or volunteers until it is complete. They also confirmed police checks are conducted externally and the service is alerted via an email before expiry dates. Management advised all staff completed ALIS training face to face in November 2022.

Regulatory Compliance

Management said since the Quality audit of September 2022 the service has:

* Updated its policies and procedures to incorporate the Aged Care Standards and other regulatory updates such as Serious Incident Response Scheme (SIRS).
* Implemented a process of monitoring the Department of health and Commission websites.
* Ensured all consumers receive and sign acknowledgment of receiving the Charter of Aged Care Rights and Advanced Care Planning information.
* Ensured all relevant changes regarding regulatory compliance and changes to legislation are communicated to the board monthly.

The Assessment team sighted the Providers:

* New policy on the Aged Care Quality Standards and (SIRS). The SIRS policy provides an overview of incident management and reporting responsibilities.
* Feedback and Complaint Policy incorporating Open disclosure, updated in December 2022.

Feedback and Complaints

The service has several avenues for consumers to provide feedback and complaints. This includes through the manager, a feedback and complaint form or more informally during care plan reviews. The service has a register of complaints and feedback, and this is regularly updated on the status of each issue and actioned in a timely manner.

Regarding requirement 8(3)(d)

The organisation has implemented a series of training, policies, and procedures into their organisation to assist with identifying and managing risk. For example:

* Care plans have been updated to incorporate risk identification. Internal policies and procedures, for example, the SIRS policy has been introduced and training has been conducted to educate staff in identifying, reporting, and escalating consumer risk.
* Management reported having attended elder abuse and neglect training via online modules provided by the Commission, through ALIS.
* The Assessment Team sighted the services Incident register which had been updated to capture whether an incident is reportable. In addition to incidents the register captures changes in consumer wellbeing or observed deterioration.

Interviewed staff confirmed incidents are reported and appropriate notations are recorded on the consumer’s progress notes on the same day.

The Assessment Team sighted copies of recent minute notes from the Sub-Committee Meeting dated February 2023 which contains topics of discussion pertaining to reportable incidents, continuous improvement, and the Quality audit. The manager said the most high-impact or high prevalence risks associated with their consumers are social isolation and environmental risks.

No consumers, board member or the manager expressed concerns regarding risk at the service.

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