Performance

Report

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| Name of service: | Victorian Elderly Chinese Hostel |
| Service address: | 77 Hurtle Street ASCOT VALE VIC 3032 |
| Commission ID: | 3380 |
| Approved provider: | Victorian Elderly Chinese Welfare Society Inc |
| Activity type: | Site Audit |
| Activity date: | 8 February 2023 to 10 February 2023 |
| Performance report date: | 4 April 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 Hostel (**the service**) has been prepared by P Sherin, 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 Site Audit; the Site 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 18 February 2023 acknowledging the assessment team’s findings.

# Assessment summary

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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 | |  |
| 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

Consumers said they are treated with dignity and respect and their identity, culture and diversity is valued by the service. Consumers and representatives expressed satisfaction with how the service creates a culturally safe environment including by maintaining strong ties to Chinese culture to cater to its Chinese consumer cohort. Most staff speak Mandarin or Cantonese. Signs, brochures and posters were observed available in both English and Mandarin around the service. Staff were observed treating consumers with kindness and demonstrated an understanding of individual consumers’ preferences and cultural needs by explaining how they support those needs on a daily basis. The service’s activity calendar reflects celebration of various cultural days of significance to the consumer cohort such as Chinese New Year and activities to cater to their diverse interests including but not limited to Chinese chess, calligraphy and mah-jong.

Consumers provided examples of how staff are aware of and accommodate their individual preferences, enable them to maintain their independence and described how they are encouraged to maintain connections with people important to them. Staff described how they assist consumers to maintain communication with families and friends such as by providing access to a phone in the living area and facilitating phone and video calls. Care planning documentation for consumers reflected information to guide staff in the delivery of care and services individualised to consumer preferences. Information regarding important relationships to the consumer and persons to involve in decision making was included under care planning.

Consumers said they are supported to exercise choice and independence, and to take risks of their choosing. Staff described how they support consumers who choose to partake in risks by conducting risk assessments, discussing the risks with the consumer and implementing strategies to minimise risks and ensure consumer safety. For consumers identified as engaging in activities of risk, there was evidence of completed risk assessments and signed dignity of risk forms in line with the service’s policy and procedures.

Consumers and representatives said they are provided with accurate and timely information, which is communicated in a clear and easy way to understand. Management advised whilst the service has ceased conducting monthly consumer/representative meetings since COVID-19, they have substituted this via a monthly phone call from management to the representative of each consumer. This occurs in addition to any phone calls regarding changes to the consumer and the monthly consumer of the day process. This was confirmed by representatives interviewed by the assessment team. Staff reported they have access to whiteboards, cue cards and translation services to communicate with consumers as required. A range of information was observed available and accessible to consumers including a whiteboard containing updates displayed in the living area, the consumer handbook, weekly menus, activity calendars and brochures located at the entrance of the service.

Consumers and representatives confirmed consumer privacy is respected and expressed confidence in the service’s approach to maintaining confidentiality of personal information. Staff described how they maintain privacy of consumer information such as by adhering to the practice of ensuring handover sheets are only provided to authorised staff and appropriately destroyed following each shift. The Assessment Team observed computer systems to be password protected and staff respecting consumer privacy by knocking on doors before entering and closing doors when providing care.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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. | 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. | 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

Consumers and representatives provided positive feedback on their involvement in the assessment, care planning and review processes stating consumers receive the care and services they need, and they can provide input through formalised conversations and regular feedback. Consumers and representatives were aware they can access a copy of the care plan should they require this and recalled being offered a copy by the service.

Registered staff discussed the assessment and care planning review process and how it incorporates consideration of risks to consumers’ health and wellbeing. Registered staff described how they undertake a care plan review and case conference schedule through a consumer of the day process. Staff were able to describe the needs and preferences of consumers, which aligned to consumer and representative feedback and care planning documentation. Staff confirmed they have access to information regarding outcomes of assessments and reviews via the service’s electronic care management system, and via shift handovers and electronic messaging.

Care planning documentation demonstrated assessments and care plans were individualised to consumer needs, identified risks and captured appropriate risk mitigation strategies. Planning included discussions on end of life care and reflected the involvement of the consumer and representatives. Care planning documentation reflected consultation with other health professionals, external practitioners and specialist services where appropriate. Care plans evidenced regular three-monthly reviews, and when incidents occur or there is any change to a consumer’s needs and circumstances.

# Standard 3

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| Personal care and clinical care | |  |
| 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| 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 |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

Consumers and representatives reported they felt consumers were receiving safe and effective personal and clinical care, tailored to their needs and which optimises their health and wellbeing. Consumers and representatives confirmed staff respond quickly to any changes in a consumer’s health and condition and regularly contact representatives to provide updates and communicate any changes. Consumers and representatives provided positive feedback on staff understanding consumers’ care needs and preferences and confirmed consumers have access to a medical officer, allied health providers and specialist services when required.

The assessment team reviewed care planning documentation including for consumers with falls, weight loss, pain and changed behaviours. There was evidence of the effective management of high impact and high prevalence risks associated with the care of consumers including involvement of specialists, utilisation of clinical equipment and pharmacological and non-pharmacological interventions in place.

Care documentation demonstrated consultation with consumers and representatives regarding end of life wishes and included advance care directives. In the case of one consumer who had recently deceased, palliative care had been provided in line with the consumer’s end of life preferences and wishes. Care documentation reflected prompt and appropriate action taken in response to changes in a consumer’s health including timely referrals to other health professionals and specialists.

Staff described how they provide safe and effective personal and clinical care catering to each consumer’s needs and were able to identify individual consumers’ risks and the strategies used to manage and mitigate these risks. Staff reported they have access to senior clinical staff to receive support and guidance in relation to best practice care and processes or if care needs have changed.

Staff described how care delivery changes for consumers nearing end of life and practical ways in which consumers’ comfort is maximised and dignity preserved when providing palliative and end of life care.

Staff outlined the service’s processes for identifying, responding to, and escalating any changes or deterioration in a consumer’s health and condition. Staff described various referral pathways available for consumers and advised they have access to the electronic care management system, regular shift handovers and a written handover sheet for information and updates regarding any changes to a consumer’s needs and condition. The assessment team observed staff attending shift handover, referring to handover sheets and communicating information regarding changes to consumers’ care and service needs.

The service has documented policies, procedures and an outbreak management plan to guide staff practice in relation to infection control, antimicrobial stewardship and the management of an outbreak. The service has appointed two trained infection prevention and control leads and maintains a vaccination register. Staff demonstrated knowledge of infection control practices relevant to their roles and were observed practicing appropriate infection prevention and control protocol.

Policies and procedures are available to guide staff practice including but not limited to the management of high impact and high prevalence risks, palliative care, psychotropic medication usage, clinical deterioration and referrals.

# Standard 4

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| Services and supports for daily living | |  |
| 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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives felt the service’s lifestyle program supports consumer lifestyle needs and said staff assist consumers to be as independent as possible and encourage participation in activities they may enjoy. Consumers described how they are supported to engage in activities of interest to them and to maintain social and personal relationships including being supported to spend time with family, assisted with phone and video calls to family and encouraged to attend outings. Consumers expressed satisfaction with services and supports for their psychological wellbeing and said staff provide emotional support where required.

Staff demonstrated an understanding of what consumers like to do and the support they require to participate in activities or pursue individual interests. Review of the service’s lifestyle calendar and monthly consumer feedback surveys identify a varied program developed based on consumer input with activities voted as most popular included under the calendar. Various cultural days of celebration such as Chinese New Year are offered as part of the activities calendar. Care planning documentation reflected information about activities of interest to the consumer, social and personal relationships, and strategies to deliver services for daily living and support consumers’ emotional and spiritual needs. The assessment team observed several activities being led by lifestyle staff with consumers actively engaged in the activity.

Consumers and representatives confirmed the service was aware of consumers’ individual preferences and needs, and information was effectively communicated within the service and with other providers when changes occur. Staff described the various ways information is disseminated within the service including via daily handovers and messages in the electronic care management system. Staff have access to referral procedures and described referral pathways in place for consumers should this be required.

Consumers provided positive feedback regarding meals including the taste, quantity and variety of meals served. A monthly rotating menu is implemented with the capacity to accommodate special requests. The menu is designed based on consumer feedback and caters to the taste of the Chinese cohort of consumers. The service conducts quarterly food satisfaction surveys with the recent survey identifying positive feedback from all consumers and representatives participating. Staff described how they are informed of any changes to consumers’ dietary needs and preferences. Care planning documentation confirmed consumers’ dietary requirements are recorded and were consistent with consumer feedback. The assessment team observed meals and drinks served in line with consumers’ dietary needs and preferences as captured under care planning documentation including texture-modified meals and high energy high protein drinks.

Consumers and representatives said they were satisfied with equipment provided for daily living which is suitable to their needs and kept clean and well maintained. Staff described processes for identifying faulty equipment and lodging maintenance requests. Lifestyle activity equipment was observed available for consumer use and in suitable condition.

# Standard 5

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| Organisation’s service environment | |  |
| 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

The service provides a safe, welcoming and comfortable environment for consumers. The environment is easy to navigate, enabling free movement both indoors and outdoors and optimising consumers’ sense of independence, interaction and function. Lounge and dining areas are furnished in comfortable, traditional Chinese style décor and there are several courtyard and garden areas including a small fishpond for consumer use and enjoyment. The service has floor plans and signage in English and Mandarin to support consumers and visitors in finding in their way.

Consumers expressed their satisfaction with the service environment reporting they feel safe and at home living at the service and appreciate how the service is kept clean and well maintained. Consumers said staff are competent in the use of equipment when providing care and services.

The Assessment Team observed consumers moving freely both indoors and outdoors, mobilising independently, accessing courtyards and gardens and socialising in communal areas around the service.

Furniture, fittings and equipment were observed to be clean, well maintained and in good condition suitable for consumer use. The call bell system was observed to be working effectively. Staff advised shared equipment is cleaned and disinfected after each use and described the process for logging any maintenance requests. The maintenance officer described how external contractors are organised for various safety checks and servicing of equipment as per a maintenance schedule. Forms are available at the service’s reception for consumers, representatives and staff to report any identified hazard.

# Standard 6

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| Feedback and complaints | |  |
| 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

Consumers and representatives said they feel encouraged and supported to provide feedback and raise concerns and feel safe to do so. Consumers and representatives expressed the service has a familial culture with an open-door policy to facilitate the provision of feedback and therefore they prefer to provide feedback verbally. Review of the service’s feedback register confirms this. Representatives reported they receive monthly calls from management where they have the opportunity to provide feedback and discuss any concerns. Consumers and representatives were aware of mechanisms for resolving complaints, however preferred to raise any concerns directly with staff or management. Consumers and representatives were confident in the service’s ability to take appropriate action in responding to any complaints made.

Staff described how they act as advocates for consumers by communicating concerns to management on their behalf, encouraging them to provide feedback and assisting consumers to complete feedback forms if required. Most staff speak both English and Cantonese/or Mandarin and were aware of how to access interpreters if required.

Staff and management demonstrated an understanding of the principles of open disclosure and provided examples of where an open disclosure process had been applied in response to complaints and incidents. Review of the service’s documentation identified timely and appropriate response and resolution of complaints.

Management advised consumer satisfaction surveys are conducted regularly to seek feedback from consumers and representatives on care and services. Management described the service’s process in relation to documenting and responding to feedback and complaints gathered via various avenues. Quarterly complaints trends analysis is conducted and reviewed at the board level. Review of the service’s Plan for Continuous Improvement identified improvements made in response to feedback, complaints and suggestions from consumers and representatives.

The service has policies on feedback and complaints management and open disclosure to guide staff practice. The assessment team observed feedback and complaints forms, brochures and posters on access to external complaints agencies and advocacy services available for consumers around the service in both English and Mandarin. This information is also outlined under the service’s consumer handbook.

# Standard 7

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| Human resources | |  |
| 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

Consumers and representatives expressed satisfaction regarding staff numbers and skill mix at the service stating staff are available when needed to provide care and services and attend quickly in response to call bells. Consumers and representatives provided positive feedback in relation to workforce interactions and confirmed staff are kind, caring and treat consumers well.

Staff across various roles said staff numbers are sufficient to provide care and services in accordance with consumer needs and preferences, and they did not feel rushed whilst performing their allocated duties. Staff demonstrated an understanding of consumers’ needs and preferences in line with their cultural and religious identities.

The assessment team observed staff responding promptly to consumer requests and staff interacting respectfully with consumers and engaging with them in a kind and caring manner. Review of call bell response times identifies majority calls are attended to promptly. The service provides staff training and circulates regular reminders on the aged care code of conduct and behavioural expectations. Information on the Charter of Aged Care Rights is displayed in both English and Mandarin at the service.

Consumers and representatives felt staff perform their duties effectively, are well trained and equipped to perform the functions of their roles. Staff described the training, support, and supervision they receive during induction and on an ongoing basis. Staff said they can access additional training as required and are supported by management to do so. Management advised the staff induction process includes various competency tests and mandatory training delivered by management and an external provider.

Review of documentation demonstrates the service maintains position descriptions for each role and monitors national criminal history checks, Australian Health Practitioner Regulation Agency qualifications and staff vaccinations. Review of staff training records identifies staff receive mandatory training on topics including but not limited to the serious incident response scheme, elder abuse, restrictive practices, infection control and outbreak management, manual handling and fire safety.

Management advised staff performance is monitored through observations, competency assessments and appraisals, analysis of clinical data and internal audits, and feedback from consumers and representatives. Staff competency is assessed regularly in line with annual staff training. Policies and procedures are available for guidance in the monitoring and management of staff performance. Staff confirmed they had undergone performance appraisals that included feedback from supervisors and a discussion on areas for improvement. Review of performance appraisals identified these were up to date.

# Standard 8

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| Organisational governance | |  |
| 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. | 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 |
| 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 |

Findings

The service engages consumers and representatives in the development, delivery and evaluation of care and services via regular surveys and encouraging submission of feedback via feedback forms, monthly phone calls with management and one on one discussions with staff. Consumers said they considered the service is well run and they can provide feedback and input into care and service delivery which is considered by management.

Management advised Board reports are prepared monthly capturing information including but not limited to clinical and incident data, quality improvements and overall performance of the service. The organisation uses this information to ensure compliance with the Quality Standards and to promote a culture of safe, inclusive and quality care and services.

The service demonstrated governance systems and processes in place in relation to information management, continuous improvement, financial governance, workforce management, regulatory compliance, and feedback and complaints.

The service captures results from surveys and internal audits, incident reporting and clinical trend analysis, and feedback from consumers and other stakeholders under its continuous improvement log. A risk register is maintained recording all data related to risks for reporting and risk management and mitigation purposes. Critical incidents are investigated to identify underlying procedural issues or gaps in staff knowledge. This information is reported to the regional management and the Board to identify changes to policies, procedures and training required.

The service has a documented clinical governance framework and policies and procedures on restrictive practice, open disclosure and antimicrobial stewardship. Policies and procedures are also available to guide staff practice in relation to the management of high impact and high prevalence risks, supporting dignity of risk, and incident management and reporting. Staff are required to sign a declaration that they have read and understood these policies and procedures. Staff demonstrated a shared understanding describing how they applied the procedures relevant to their role.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)