Vietnamese Community In Australia / Vic Chapter

Performance Report

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| **Address:** | 1/56 Nicholson Street FOOTSCRAY VIC 3011 |
| **Phone:** | 03 9689 8515 |
| **Commission ID:** | 300715 |
| **Provider name:** | Vietnamese Community In Australia / Vic Chapter |
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# Performance report prepared by

A. Grant, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

**Services included in this assessment**

**CHSP:**

* Social Support Group, 4-BAAIZQB, 1/56 Nicholson Street, FOOTSCRAY VIC 3011

# Overall assessment of Service

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| --- | --- | --- |
| Standard 1 Consumer dignity and choice | CHSP | Not Compliant |
| Requirement 1(3)(a) | CHSP | Compliant |
| Requirement 1(3)(b) | CHSP | Compliant |
| Requirement 1(3)(c) | CHSP | Compliant |
| Requirement 1(3)(d) | CHSP | Compliant |
| Requirement 1(3)(e) | CHSP | Not Compliant |
| Requirement 1(3)(f) | CHSP | Compliant |
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| Standard 2 Ongoing assessment and planning with consumers | CHSP | Not Compliant |
| Requirement 2(3)(a) | CHSP | Not Compliant |
| Requirement 2(3)(b) | CHSP | Not Compliant |
| Requirement 2(3)(c) | CHSP | Not Compliant |
| Requirement 2(3)(d) | CHSP | Not Compliant |
| Requirement 2(3)(e) | CHSP | Not Compliant |
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| Standard 3 Personal care and clinical care | CHSP | Not Applicable |
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| Standard 4 Services and supports for daily living | CHSP | Compliant |
| Requirement 4(3)(a) | CHSP | Compliant |
| Requirement 4(3)(b) | CHSP | Compliant |
| Requirement 4(3)(c) | CHSP | Compliant |
| Requirement 4(3)(d) | CHSP | Compliant |
| Requirement 4(3)(e) | CHSP | Compliant |
| Requirement 4(3)(f) | CHSP | Compliant |
| Requirement 4(3)(g) | CHSP | Not Applicable |
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| Standard 5 Organisation’s service environment | CHSP | Compliant |
| Requirement 5(3)(a) | CHSP | Compliant |
| Requirement 5(3)(b) | CHSP | Compliant |
| Requirement 5(3)(c) | CHSP | Compliant |
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| Standard 6 Feedback and complaints | CHSP | Not Compliant |
| Requirement 6(3)(a) | CHSP | Not Compliant |
| Requirement 6(3)(b) | CHSP | Compliant |
| Requirement 6(3)(c) | CHSP | Compliant |
| Requirement 6(3)(d) | CHSP | Not Compliant |
|  |  |  |
| Standard 7 Human resources | CHSP | Not Compliant |
| Requirement 7(3)(a) | CHSP | Compliant |
| Requirement 7(3)(b) | CHSP | Compliant |
| Requirement 7(3)(c) | CHSP | Not Compliant |
| Requirement 7(3)(d) | CHSP | Not Compliant |
| Requirement 7(3)(e) | CHSP | Not Compliant |
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| Standard 8 Organisational governance | CHSP | Not Compliant |
| Requirement 8(3)(a) | CHSP | Compliant |
| Requirement 8(3)(b) | CHSP | Not Compliant |
| Requirement 8(3)(c) | CHSP | Not Compliant |
| Requirement 8(3)(d) | CHSP | Not Compliant |
| Requirement 8(3)(e) | CHSP | Not Applicable |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the services, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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.

# STANDARD 1 Consumer dignity and choice CHSP Not Compliant

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team analysed evidence which showed the service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers and/or representatives interviewed by the Assessment Team described staff and volunteers as kind, caring and respectful. During interviews with the Assessment Team consumers described in various ways how they are respected, and their culture and diversity valued.

The Assessment Team analysed evidence which showed the service was able to demonstrate services are culturally safe. Consumers and/or representatives interviewed by the Assessment Team stated that volunteers and staff conversed and interacted with them in the Vietnamese language and stated that they could keep up with cultural and community issues when they attend the service. The Assessment Team noted staff were aware of consumers backgrounds and supported them in various ways to attend the service and other activities.

Consumers and/or representatives interviewed by the Assessment Team stated in various ways how their choice to attend one or more of the social support group activities is respected. The Assessment Team interviewed staff who stated when organising programs, they discuss with consumers and/or representatives about their choices.

The Assessment Team analysed evidence which showed the service is a low risk social support program that provides venues for elderly Vietnamese consumers to meet and undertake simple activities such as singing, dancing and socialising. During interviews with the Assessment Team consumers stated attendance at the social support group at least once a week helps them socialise meet others and undertake activities that they enjoy. The Assessment Team noted consumers were observed to be happy singing, dancing and interacting with others in the group.

The Assessment Team analysed evidence which showed the service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Management interviewed by the Assessment Team were aware of and strongly adhered to maintaining privacy of consumers, staff and information.

The Assessment Team analysed evidence which showed the service failed to demonstrate that 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.

For further information and evidence refer to the specific requirement.

The Quality Standard for the Commonwealth home support programme service is assessed as Not Compliant as one of the six specific requirements have been assessed as Not Compliant.

**Assessment of Standard 1 Requirements**

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| Requirement 1(3)(a) | CHSP | Compliant |

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

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| Requirement 1(3)(b) | CHSP | Compliant |

### *Care and services are culturally safe.*

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| Requirement 1(3)(c) | CHSP | Compliant |

*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.*

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| Requirement 1(3)(d) | CHSP | Compliant |

### *Each consumer is supported to take risks to enable them to live the best life they can.*

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| Requirement 1(3)(e) | CHSP | Not Compliant |

*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.*

The Assessment Team analysed evidence which showed the service failed to demonstrate that 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. Multiple examples and pieces of evidence were identified four have been included below.

* Documented consumer information has not been updated in the majority of cases since 2016 when the consumers entered the program. The majority of consumer information is in Vietnamese and so could not be verified.
* Information about the CHSP social support program, internal and external feedback and complaints, fees, privacy, advocacy, My Aged Care and the Charter of Aged Care Rights is not provided to the consumer.
* The service does not provide an information pack to the consumers.
* The information folder provided to the Assessment Team contained out dated information that has now been superseded.

During interviews with the Assessment Team management acknowledged that the service has a number of gaps in their service delivery however they would ensure that all gaps would be addressed in a timely manner.

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| Requirement 1(3)(f) | CHSP | Compliant |

*Each consumer’s privacy is respected, and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers CHSP Not Compliant

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team analysed evidence which showed the service was unable to demonstrate 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.

The Assessment Team analysed evidence which showed the service was unable to demonstrate assessment and planning identifies and addresses the consumer's current needs, goals and preferences, however, could not demonstrate advanced care planning and end of life planning is discussed with consumers.

The Assessment Team analysed evidence which showed the service was unable to demonstrate assessment and planning is based on ongoing partnership with the consumer and/or their representative, and others who are involved in the care of the consumer.

The Assessment Team analysed evidence which showed the service was unable to demonstrate the outcomes of assessment and planning are communicated to the consumer and documented in a brief sheet, which is readily available to the consumer.

The Assessment Team analysed evidence which showed the service was unable to demonstrate care and services are reviewed regularly, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

For further information and evidence refer to the specific requirement.

The Quality Standard for the Commonwealth home support programme service are assessed as Not Compliant as five of the five specific requirements have been assessed as Not Compliant.

**Assessment of Standard 2 Requirements**

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| Requirement 2(3)(a) | CHSP | Not Compliant |

*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.*

The Assessment Team analysed evidence which showed the service was unable to demonstrate 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. Multiple examples and pieces of evidence were identified four have been included below.

* Evidence analysed by the Assessment Team showed consumer documentation contained basic generic information relating to consumers’ personal information, needs and health conditions. The Assessment Team identified significant gaps particularly in relation to assessment and care planning.
* The Assessment Team analysed evidence which showed no assessments or care planning has been documented for transitioned consumers since 2016 and new consumers joining the program are still completing the old documentation even though the program has new assessment and reassessment documentation available.
* The Assessment Team analysed evidence which showed the service has an assessment and reassessment form to capture information specific to consumer goals, preferences and support needs. The Assessment Team noted this form is not currently being used.
* The Assessment Team noted no care plans with goals and strategies to assist consumers in achieving their goal were available for review by the Assessment Team. The Assessment Team noted a generic goal is part of the document filled in by consumers at point of entry to the State Government – Home and Community Care program (HACC), however the Assessment Team noted this program transitioned to the Commonwealth Home Support Programme (CHSP) in July 2017.

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| Requirement 2(3)(b) | CHSP | Not Compliant |

*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.*

The Assessment Team analysed evidence which showed the service was unable to demonstrate assessment and planning identifies and addresses the consumer's current needs, goals and preferences, advanced care planning and end of life planning is discussed with consumers. Multiple examples and pieces of evidence were identified four have been included below.

* During interviews with the Assessment Team consumers were unaware of the existence and meaning of advance care planning.
* Evidence analysed by the Assessment Team showed the service has not provided information or discussed advanced care planning with consumers.
* Evidence analysed by the Assessment Teams showed the service does not have a policy or procedure relating to advance care planning and have not undertaken any form of advance care planning for their consumers.
* During interviews with the Assessment Team staff and management were unaware of the requirements surrounding advance care planning.

During interviews with the Assessment Team management advised that they acknowledge gaps in their delivery of the program and are seeking to rectify with the assistance of a consultant.

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| Requirement 2(3)(c) | CHSP | Not Compliant |

*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.*

The Assessment Team analysed evidence which showed the service was unable to demonstrate assessment and planning is based on ongoing partnership with the consumer and/or their representative, and others who are involved in the care of the consumer. Multiple examples and pieces of evidence were identified four have been included below.

* The Assessment Team noted eight of eight consumer care files evidenced a level of discussion in regard to individual consumers social support needs however the Assessment Team found no care plans that include goals or strategies to achieve them.
* The Assessment Team analysed evidence which showed not all documentation reviewed included consumer preferences. For example, Consumer A’s preference relating to vegetarian meals is not documented in her care plan.
* During interviews with the Assessment Team consumers provided instances where the service had called them to discuss their needs particularly during COVID-19 lockdown periods. However, the Assessment Team noted these discussions were not documented.
* During interviews with the Assessment Team staff stated they had not received any training in assessments and care planning.

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| Requirement 2(3)(d) | CHSP | Not Compliant |

*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.*

The Assessment Team analysed evidence which showed the service was unable to demonstrate the outcomes of assessment and planning are communicated to the consumer and documented in a brief sheet, which is readily available to the consumer. Multiple examples and pieces of evidence were identified three have been included below.

* The Assessment Team noted care supports are communicated verbally amongst staff and volunteers as evidenced through staff interviews with the Assessment Team. However, the Assessment Team noted this information is not documented in documentation available at the point of service delivery.
* The Assessment Team analysed evidence which showed information on consumers dietary requirements, and health issues such as diabetes are not available to staff or volunteers. All information sharing is completed verbally.
* During interviews with the Assessment Team the program coordinator demonstrated familiarity with individual consumers needs but the Assessment Team noted insufficient documentation relating to individual consumers existed.

During interviews with the Assessment Team management stated they are aware of gaps in documentation process.

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| Requirement 2(3)(e) | CHSP | Not Compliant |

*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.*

The Assessment Team analysed evidence which showed the service was unable to demonstrate care and services are reviewed regularly, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Multiple examples and pieces of evidence were identified four have been included below.

* The Assessment Team noted seven of eight consumers documentation sampled did not evidence a review or reassessment of their needs, goals and preference since initially joining the service in 2016 under the HACC program.
* The Assessment Team analysed evidence which showed where a reassessment had been completed, the reasons for the change in care and services were not documented.
* During interviews with the Assessment Team staff confirmed the service does not have a formal reassessment process.
* The Assessment Team analysed evidence which showed the service does not have an assessment and reassessment policy and procedure.

During interviews with the Assessment Team management stated they were unaware that assessment and reassessment was not being undertaken. Management stated to the Assessment Team due to the pandemic a few processes were put on hold and acknowledged the gaps will be addressed.

# STANDARD 3 Personal care and clinical care

# CHSP Not Applicable

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard for the Commonwealth home support programme service is assessed as Not Applicable as seven of the seven specific requirements have been assessed as Not Applicable.

# STANDARD 4 Services and supports for daily living CHSP Compliant

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

During interviews with the Assessment Team consumers stated the social support program supported them to feel less socially isolated and they enjoy being able to engage in activities and socialise with each other. Staff interviewed by the Assessment Team demonstrated they were aware and knowledgeable of the consumers, their care needs, likes and dislikes. During interviews with the Assessment Team staff were able to provide in detail information about consumers and their care needs and how they support consumers to maintain their independence whilst attending the service.

During interviews with the Assessment Team staff described how they recognise when a consumer is feeling low and how they support them through ongoing observations and gentle questioning. Staff described how consumers are supported to attend cultural days and events that are meaningful to them in the community for example, during Lunar New Year, celebrations are held for social support group consumers including lighting of incense sticks in remembrance of their ancestors.

During interviews with the Assessment Team consumers outlined how they have provided input into group activities and their participation in activities they like. Consumer B described how participating in social group activities has helped Consumer B build friendships. Consumer B stated during interviews he is more informed about community news and events and feels more confident with navigating services and supports external to the Vietnamese Community.

During interviews with the Assessment Team staff described the community connections outside of the service environment, for example, consumers attending the group are being linked with consumers attending a Vietnamese temple.

During interviews with the Assessment Team staff demonstrated an in-depth understanding of the consumer’s needs, goals and preferences and promote verbal information sharing between staff and volunteers generally, which was evidenced by positive feedback from consumers. During interviews with the Assessment Team staff described how support needs and changes are discussed directly with consumers, and through their observations of consumers during the program. Evidence analysed by the Assessment Team showed all consumers needs and changes are communicated with staff and volunteers prior to and during scheduled social support programs.

The Assessment Team interviewed consumers who were able to describe instances where the service referred them to other support services with their consent and when appropriate. During interviews with the Assessment Team staff clearly outlined processes for making referrals and for providing information to consumers who may choose a referral. During interviews with the Assessment Team management described the support of consumers including frequent referrals to My Aged Care.

All consumers interviewed by the Assessment Team stated they are satisfied with the meals provided through their social support program and described their input into the food they want to eat. During interviews with the Assessment Team the program coordinator stated that the lunch menu is set weekly in advance and they will interchange food choices dependent on consumer input to ensure variety.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as six of the six applicable requirements have been assessed as Compliant. Requirement 4(3)(g) is Not Applicable and therefore not assessed.

**Assessment of Standard 4 Requirements**

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| Requirement 4(3)(a) | CHSP | Compliant |

*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.*

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| Requirement 4(3)(b) | CHSP | Compliant |

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

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| Requirement 4(3)(c) | CHSP | Compliant |

*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.*

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| Requirement 4(3)(d) | CHSP | Compliant |

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

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| Requirement 4(3)(e) | CHSP | Compliant |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

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| Requirement 4(3)(f) | CHSP | Compliant |

*Where meals are provided, they are varied and of suitable quality and quantity.*

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| Requirement 4(3)(g) | CHSP | Not Applicable |

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 Organisation’s service environment CHSP Compliant

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

All consumers interviewed by the Assessment Team confirmed the service environment optimises their sense of belonging, independence and interaction with others. They spoke positively about the service environments and said they felt a sense of connection and belonging to the group they attend. During interviews with the Assessment Team Consumer C stated he feels very ‘up high’ when he attends the program and the environment is welcoming. It brings spirits of people up and helps people to socialise with each other.

The Assessment Team noted based on their observations during the Quality Audit that the social support group Footscray centre environment is a ground level service with a wheelchair accessible ramp to enter the building and consumers are free to move indoors and outdoors via the entrance to the building. The Assessment Team analysed evidence which showed staff and volunteers assist with cleaning needs after each of the social support group activities. The Assessment Team noted a QR code is present at the entrance to the building and staff discussed a mandatory self-check process for COVID symptoms is carried out with consumers.

The Assessment Team noted based on their observations during the Quality Audit that the program environment was clean, with comfortable seating available. The Assessment Team noted clear signage to bathroom facilities was present and the facilities were observed to be accessible, clean, and unobstructed. The Assessment Team noted a hand sanitiser spray station was present in close proximity to the entrance to the bathroom facilities.

The Assessment Team noted the service has a community bus that is used to transport one consumer at present and this will increase to assist anyone who requires and/or requests transport to the social support group. The Assessment Team noted the bus was observed to be clean, well maintained and had completed regular servicing and maintenance.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

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| Requirement 5(3)(a) | CHSP | Compliant |

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

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| Requirement 5(3)(b) | CHSP | Compliant |

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

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| Requirement 5(3)(c) | CHSP | Compliant |

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 Feedback and complaints CHSP Not Compliant

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Assessment Team analysed evidence which showed consumers are not provided sufficient information relating to external and internal complaints processes, the Assessment Team noted the service failed to provide documented evidence as to how complaints received are documented, actioned and trended for improvement to processes. For additional details and evidence refer to the specific requirements below.

During interviews with the Assessment Team consumers and staff provided examples where staff had advocated on behalf of the consumers to councils and other service providers to assist them access other services such as domestic assistance and meal services. During interviews with the Assessment Team staff stated they discuss feedback, complaints and advocacy with consumers.

During interviews with the Assessment Team management provided an example that involved two written complaints being received from consumers, although these were not documented in a complaint register, the Assessment Team analysed evidence which showed the complaints were investigated, actioned and are being reviewed to implement appropriate processes to meet the consumers expectations.

While the Assessment Team found requirement 6(3)(d) to be met I have had regard to the evidence provided within the Assessment Team report and considered it against the intent of the requirement within the standard and have decided to overturn the Assessment Team’s decision to reflect requirement 6(3)(d) as not compliant for the reasons outlined within the specific requirement below.

The Quality Standard for the Commonwealth home support programme services is assessed as Not Compliant as two of the four specific requirements have been assessed as Not Compliant.

## Assessment of Standard 6 Requirements

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| Requirement 6(3)(a) | CHSP | Not Compliant |

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

The Assessment Team analysed evidence which showed the service was unable to demonstrate that consumers are provided with information and/or encouraged to submit complaints.

The Assessment Team analysed evidence which showed the service does not have a feedback or complaints policy and procedure in place. The Assessment Team also noted based on evidence analysed that the service does not have a system to document written or verbal complaints or feedback received.

During interviews with the Assessment Team management discussed a recent example where consumers had submitted a petition/complaint relating to changing the consumers access to social support groups from weekly to fortnightly. The Assessment Team noted although the investigation and review meets best practice benchmarks there had been no documentations recorded in relation to this.

During interviews with the Assessment Team management advised that complaints are not documented in order to manage the privacy of consumers who proves management has a fundamental misunderstanding of this requirement.

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| Requirement 6(3)(b) | CHSP | Compliant |

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

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| Requirement 6(3)(c) | CHSP | Compliant |

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

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| Requirement 6(3)(d) | CHSP | Not Compliant |

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

While the Assessment Team found requirement 6(3)(d) to be met I have had regard to the evidence provided within the Assessment Team report and considered it against the intent of the requirement within the standard and have decided to overturn the Assessment Team’s decision to reflect requirement 6(3)(d) as not compliant for the reasons outlined below.

The Assessment Team noted within their Assessment Team Report the service failed to provide any documentary evidence as to how complaints received are documented, actioned and trended for improvement processes.

The Assessment Team noted within their Assessment Team Report they requested the President of the organisation to provide information on complaints received, the president stated to the Assessment Team “only he receives the complaints to maintain privacy the complaints are not discussed with anyone in a specific format.”

The Assessment Team analysed evidence which showed the executive management meeting minutes for July 2022 discussed a petition received from the social support group participants. The Assessment Team noted documented information about the petition/feedback was not provided to the Assessment Team with management advising that they like to maintain confidentiality of all feedback.

Based on the above situations and evidence noted by the Assessment Team it is clear to the Decision Maker the organisation and service does not have a fundamental understanding of how feedback and complaints are reviewed and used to improve the quality of care and services and as a result this requirement is Not Complaint.

# STANDARD 7 Human resources CHSP Not Compliant

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team analysed evidence which showed the service was able to demonstrate 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. The Assessment Team noted group activities are supported by six volunteers from the Vietnamese community who can communicate with the consumers utilising their native language which better helps support the consumers.

During interviews with the Assessment Team all consumers discussed in various ways how the program staff and volunteers treat them respectfully and how they can talk to staff and volunteers if they require additional supports. During interviews with the Assessment Team volunteers were able to describe how they are provided with verbal information about consumers and how they support consumers with the provision of fluids, refreshments and or meals.

The Assessment Team analysed evidence which showed the service was unable to demonstrate that staff and volunteers providing services to the social support group had qualifications and knowledge to effectively perform their roles. For additional evidence and examples refer to the below specific requirement.

The Assessment Team noted the service was unable to provide any information on recruitment processes, induction and orientation programs in addition to the service could not evidence that staff and volunteers are trained in the mandatory First Aid training requirements under the CHSP program. For additional evidence and examples refer to the below specific requirement.

While the Assessment Team found requirement 7(3)(e) to be met I have had regard to the evidence provided within the Assessment Team report and considered it against the intent of the requirement within the standard and have decided to overturn the Assessment Team’s decision to reflect requirement 7(3)(e) as not compliant for the reasons outlined within the specific requirement below.

The Quality Standard for the Commonwealth home support programme service is assessed as Not Complaint as three of the five specific requirements have been assessed as Not Compliant.

## Assessment of Standard 7 Requirements

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| Requirement 7(3)(a) | CHSP | Compliant |

*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.*

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| Requirement 7(3)(b) | CHSP | Compliant |

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

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| Requirement 7(3)(c) | CHSP | Not Compliant |

*The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The Assessment analysed evidence which showed the service was unable to demonstrate that staff and volunteers providing services to the social support group had qualifications and knowledge to effectively perform their roles.

During interviews with the Assessment Team management stated the program coordinator has community development and childcare qualifications. However, documentation and evidence viewed by the Assessment Team did not prove or reflect these statements. The Assessment Team noted there was no evidence or documentation relating to qualifications for staff and volunteers kept by the service.

The Assessment Team analysed evidence which showed police checks had not been renewed since 2017 and for some volunteers no police checks had been completed. During interviews with the Assessment Team two volunteers, the program coordinator, office manager and the President of the executive management team stated that they had current police checks however, the service did not have evidence documented and these statements could not be verified.

The Assessment Team noted based on evidence analysed and statements obtained during interviews with staff and management they were unaware of and not knowledgably in the new Aged Care Quality Standards.

During interviews with the Assessment Team management acknowledged that there are gaps in ensuring staff have appropriate qualifications and stated this would be rectified immediately as staff are unable to provide services if they do not have a current police check.

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| Requirement 7(3)(d) | CHSP | Not Compliant |

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The Assessment Team analysed evidence which showed the serviced could not demonstrate food safety, food handling/food service training was offered and/or completed. During interviews with the Assessment Team volunteers confirmed that they have not been provided any training under this program.

During interviews with the Assessment Team volunteers stated they have not been asked to provide information about previous training and qualifications they have completed. During these interviews staff also stated the service has offered no training in relation to the Aged Care Quality Standards, assessment, care planning and/or documentation.

The Assessment Team noted staff were unaware of the need to document assessments, care planning and progress notes to ensure safe delivery of care and services. This is evidence by the fact the Assessment Team noted consumer information has not been updated since their entry to the service in 2016.

During interviews with the Assessment Team the program coordinator stated that all information is ‘in her head’. The program coordinator was able to discuss all consumers needs and verbally inform volunteers and others about consumers’ care. However, the Assessment Team noted documented evidence of the same was not available.

During interviews with the Assessment Team management acknowledged there are gaps in ensuring staff have appropriate training and that this information is not documented and monitored.

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| Requirement 7(3)(e) | CHSP | Not Compliant |

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

While the Assessment Team found requirement 7(3)(e) to be met I have had regard to the evidence provided within the Assessment Team report and considered it against the intent of the requirement within the standard and have decided to overturn the Assessment Team’s decision to reflect requirement 7(3)(e) as not compliant for the reasons outlined below.

The Assessment Team analysed evidence which showed the service does not have a structured performance monitoring system. No further information demonstrating regular assessment, monitoring and review of the performance of each member of the workforce is undertaken was provided to the Assessment Team.

During interviews with the Assessment Team Management provided an example where two staff were experiencing issues working collaboratively together, management explained the steps and process to rectify this situation and the steps implemented to monitor the situation. However, the Assessment Team noted no documented evidence relating to the above example was made available for the Assessment Team to view, analyse and assess during the Quality Audit.

No further information relating to regular assessment, monitoring and review of the performance of each member of the workforce is undertaken by the service was provided in the Assessment Team Report by the Assessment Team.

In the absence of additional information and evidence relating to requirement 7(3)(e) failing to be provided by Assessment Team, the Decision Maker has taken into account evidence and examples provided in Requirements 2(3)(a), 2(3)(d), 2(3)(e), 7(3)(d) and 7(3)(c) that demonstrates regular assessment, monitoring and review of the performance of each member of the workforce is not adequately undertaken and/or completed by the service.

# STANDARD 8 Organisational governance CHSP Not Compliant

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team analysed evidence which showed the service was able to demonstrate that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. During interviews with the Assessment Team management detailed monthly meeting that cover community issues and events along with support for consumers accessing aged care. During interviews with the Assessment Team consumers positively discussed attendance at community activities.

The Assessment Team analysed evidence which showed the organisation’s governing body fails to promote a culture of safe, inclusive and quality care and services and is accountable for their delivery. For further evidence and examples refer to the specific requirement below.

The Assessment Team analysed evidence which showed the organisation failed to implement Effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, including the assignment of clear responsibilities and accountabilities, regulatory compliance, feedback and complaints. For further evidence and examples refer to the specific requirement below.

While the Assessment Team found requirement 8(3)(d) to be met I have had regard to the evidence provided within the Assessment Team report and considered it against the intent of the requirement within the standard and have decided to overturn the Assessment Team’s decision to reflect requirement 8(3)(d) as not compliant for the reasons outlined within the specific requirement below.

The Quality Standard for the Commonwealth home support programme service is assessed as Not Compliant as three of the four applicable requirements have been assessed as Not Compliant. Requirement 8(3)(e) is Not Applicable and therefore not assessed.

## Assessment of Standard 8 Requirements

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| Requirement 8(3)(a) | CHSP | Compliant |

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

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| Requirement 8(3)(b) | CHSP | Not Compliant |

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

The Assessment Team noted meeting minutes provided evidence that the program is discussed, however, based on evidence analysed by the Assessment Team it is clear the executive management are unaware of the requirements under the CHSP program and as a result the Assessment Team found decisions to ensure compliance are not discussed.

Based on the executive management team being unaware of requirements under the CHSP program this requirement is not compliant as the organisation’s governing body cannot promote a culture of safe, inclusive and quality care and services and is unable to be accountable for their delivery if they are not aware of and knowledgeable in the CHSP program.

Additional evidence and justification relating to this requirement being not compliant is located in Requirement 8(3)(c)

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| Requirement 8(3)(c) | CHSP | Not Compliant |

*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.*

The Assessment Team analysed evidence which showed the Service was unable to demonstrate effective governance systems relating to CHSP social support Group services.

**Information Management**

The Assessment Team analysed evidence which showed consumers are not provided with an information pack to assist them to make informed choices. As referenced in Requirement 1(3)(e)

The Assessment Team analysed evidence which showed the service does not have document information on consumers current needs and preferences. As referred to Requirement 2(3)(a), 2(3)(d) and 2(3)(e).

**Continuous Improvement**

The Assessment Team found based on interviews with management that they were able to discuss how improvements to care and services are captured discussed and implemented. Documented evidence of this provided by the Assessment Team includes:

Through feedback from consumers management is currently reviewing its weekly social support program for viability and ongoing service.

The Assessment Team noted to support consumers during the pandemic the service purchased a bus to transport consumers to medical appointments, to get their vaccinations and to deliver food hampers to consumers who were unable to leave the home due to illness or lockdown.

The Assessment Team noted the service has identified that the aged Vietnamese community would appreciate culturally appropriate meals. Evidence analysed by the Assessment Team showed the service is working with Meals on Wheels providers to close the identified gap and provide culturally appropriate meals to consumers.

**Financial Governance**

The Assessment Team noted in the Assessment Team report that no information on the financial viability or reporting of the CHSP program was made available for review by the Assessment Team during the Quality Audit.

During interviews with the Assessment Team management stated that verbal financial reports were provided to the executive management, no evidence was identified by the Assessment Team proving financial reports are documented and available for analysis.

**Workforce governance**

The Assessment team analysed evidence which showed the organisations workforce including the executive management are unaware of the Aged Care Quality and Safety Standards, and the requirements of the CHSP program manual.

The Assessment Team analysed evidence and recorded comments during interviews that showed staff and volunteers are not adequately qualified or trained to provide care and services. Refer to Requirement 7(3)(c).

**Regulatory Compliance**

During interviews with the Assessment Team management stated they are linked to the ethnic peak body and receive updates from them on regulatory compliance, however this was not evident in the ensuring of regulatory compliance.

The Assessment Team noted the service is unaware of the implementation of the new Charter of Aged Care Rights on 1 July 2019. The Assessment Team analysed evidence which showed the service does not provide consumers with the new Charter of Aged Care Rights. Refer Requirement 1(3)(e).

The Assessment Team noted based on evidence analysed that the service is unaware of its requirements in regard to records management of executive management, staff, volunteers and consumers.

The Assessment Team analysed evidence which showed staff and volunteer files are not available and consumer files have minimum or no current information.

Documentation viewed by the Assessment Team evidenced that executive management, staff and volunteers police checks expired in 2017. Statutory declarations requirements under the CHSP program are not met. Refer Requirement 7(3)(d).

The Assessment Team noted the service was unaware of the requirement to have annual bus certification roadworthy undertaken.

**Feedback and Complaints**

The Assessment Team analysed evidence which showed the service does not document complaints, feedback or compliments from consumers in a feedback register. For additional evidence and examples refer to Standard 6.

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| Requirement 8(3)(d) | CHSP | Not Compliant |

*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.*

While the Assessment Team found requirement 8(3)(d) to be met I have had regard to the evidence provided within the Assessment Team report and considered it against the intent of the requirement within the standard and have decided to overturn the Assessment Team’s decision to reflect requirement 8(3)(d) as not compliant for the reasons outlined below.

During interviews with the Assessment Team management stated Management stated that the service does not have a risk management framework or register in place.

During interviews with the Assessment Team management advised that they currently do not have adequate policies and procedures for the service and would be reviewing its processes to implement care planning, risk and abuse and neglect policies and procedures.

The Assessment Team noted the service no system to record and document complaints and/or feedback and as a result are unable to adequately respond to abuse and neglect of consumers.

The Assessment Team analysed evidence which showed the service has no incident management system and/or any other system to documents significant events, complaints and/or feedback.

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| Requirement 8(3)(e) | CHSP | Not Applicable |

*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.*

# 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 1(3)(e) | CHSP | Not Compliant |

*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.*

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| Requirement 2(3)(a) | CHSP | Not Compliant |

*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.*

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| Requirement 2(3)(b) | CHSP | Not Compliant |

*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.*

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| Requirement 2(3)(c) | CHSP | Not Compliant |

*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.*

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| Requirement 2(3)(d) | CHSP | Not Compliant |

*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.*

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| Requirement 2(3)(e) | CHSP | Not Compliant |

*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.*

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| Requirement 6(3)(a) | CHSP | Not Compliant |

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

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| Requirement 6(3)(d) | CHSP | Not Compliant |

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

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| Requirement 7(3)(c) | CHSP | Not Compliant |

*The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

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| Requirement 7(3)(d) | CHSP | Not Compliant |

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

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| Requirement 7(3)(e) | CHSP | Not Compliant |

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

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| Requirement 8(3)(b) | CHSP | Not Compliant |

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

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| Requirement 8(3)(c) | CHSP | Not Compliant |

*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.*

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| Requirement 8(3)(d) | CHSP | Not Compliant |

*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.*