**Performance**

**Report**

**1800 951 822**

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| Name: | Vietnamese Community in Australia / Vic Chapter |
| Commission ID: | 300715 |
| Address: | 1/56 Nicholson Street, FOOTSCRAY VIC 3011 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 9 April 2024 |
| Performance report date: | 28 May 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8782 Vietnamese Community in Australia-Victoria Chapter Inc  
Service: 26005 Vietnamese Community in Australia-Victoria Chapter Inc - Community and Home Support

**This performance report**

This performance report for Vietnamese Community In Australia / Vic Chapter (**the service**) has been prepared by Peter Frangiosa, 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 Assessment contact (performance assessment) – site 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 7 May 2024.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 8 Organisational governance | Not Compliant |

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

# Areas for improvement

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

**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.

# Standard 8

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| --- | --- | --- |
| Organisational governance | | CHSP |
| 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. | Not Compliant |

Findings

Requirement 8(3)(b)

Requirement 8(3)(b) was found non-compliant following a Quality Audit undertaken from 25 July 2022 to 27 July 2022. The service did not demonstrate:

* 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’s report for the Assessment contact undertaken on 9 April 2024 includes the following information regarding identified deficiencies.

* Committee of Management members advised the Assessment Team they were unaware of the outcome of the previous quality audit conducted on 25 – 27 July 2022, and did not have access to the previous report.
* Members of the Committee of Management discussed their role stating they meet monthly, and they have an agenda and meeting minutes are taken. However, Management was unable to provide any evidence of meetings minutes or agendas. The Assessment Team provided additional time for the service to submit meetings minutes or agendas in support of the assessment, with the following submitted.
  + Committee of Management meeting minutes dated 7 March 2024 and the 2023 Annual report. The minutes provided included a discussion on staffing the Community Centre and amendments to their constitution.
* Assessment Team interviews with the President and Committee of Management, established they did not have an understanding of the Aged Care Quality Standards or the upcoming Strengthened Quality Standards or funding responsibilities with regards to the CHSP program.
* The President and Committee of Management was unaware of the governance responsibilities with regards to the CHSP program or its funding.

The Assessment Team recommended Requirement 8(3)(b) not met based on the lack of evidence and understanding of the governance responsibilities.

The provider provided information in response to the Assessment Team’s report, including:

* Meeting minutes (18 April 2024 and 2 May 2024) providing and explanation regarding deficiencies in governmental oversight, including.
  + No continuity leadership and management due to the changeover of executive teams since 2016.
  + There was no proper hand-over from the previous executive team which led to the unawareness of such requirements and action plan to ensure Vietnamese Community in Australia (VCA), Victoria meet the requirements or to have suitable action plan or preparations as required.
  + It was identified that no documentation (both hard copies and electronically) kept by previous executive team).
* Responses against the Aged Care Quality Standards addressing each previously identified non-compliance identified in the Quality Audit conducted on 25 – 27 July 2022, and remediative action, specific to Requirement 8(3)(b).
  + Encouraging consumers to actively participate in program planning and provide feedback to the services.
  + The Executive Team will be receiving a report from the Manager of Social & Community Services with education to ensure their understanding of the Aged Care Quality Standards and requirements which will assist them in supporting the community members.
  + Identifying a list of Policies & Procedures and awareness of those documents in assisting Management in their administration of organisational responsibilities.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response which shows the organisation’s governing body does not; promote a culture of safe, inclusive, and quality care and services or is accountable for their delivery.

Whilst I appreciate the provider’s explanation and evidence of proactive steps to respond to deficiencies identified, I also acknowledge the significant work that is required to ensure that the Board and management are aware of, and able to implement the requirements associated with this standard. I note action dates provided in meeting minutes attest to a desire to implement significant improvements in a relatively short time period across a complement of requirements, previously identified as not met, including 1(3)(e), 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d), 2(3)(e), 6(3)(a), 6(3)(d), 7(3)(c), 7(3)(d), 7(3)(e), 8(3)(b), 8(3)(c) and 8(3)(d).

For this determination on compliance, I have utilised information relevant only to Requirement 8(3)(b), due to the service having made no tangible improvements on all previously assessed non-compliant requirements from the Quality Audit conducted on 25 – 27 July 2022.

The intent of this requirement states the governing body of the organisation is responsible for promoting a culture of safe, inclusive, and quality, care and services in the organisation. The governing body of the organisation is also responsible for overseeing the organisation’s strategic direction and policies for delivering care to meet the Quality Standards.

It is the organisation’s governing body that enables this through its leadership, decisions made, and directions set for the organisation. It will be reflected in how the organisation communicates it’s meaning and purpose to the workforce, consumers, and those outside the service.

I have considered the provider’s response which demonstrates commencement of a proportionate and practical response for the type of services delivered, however, at the time of my finding, these actions have not been fully implemented or embedded.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement 8(3)(b) in Standard 8 Organisational governance.

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