**Performance**

**Report**

**1800 951 822**

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| --- | --- |
| Name of service: | Vietnamese Social Support Services |
| Service address: | Unit 1, 6-12 South Road BRAYBROOK VIC 3019 |
| Commission ID: | 300162 |
| Home Service Provider: | Australian Vietnamese Women's Association |
| Activity type: | Quality Audit |
| Activity date: | 12 December 2022 to 14 December 2022 |
| Performance report date: | 18 January 2022 |

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

**This performance report**

This performance report for Vietnamese Social Support Services (**the service**) has been prepared by M Murray, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Vietnamese HCPs Eastern Metro, 19008, Unit 1, 6-12 South Road, BRAYBROOK VIC 3019
* Vietnamese HCPs Western Metro, 19010, Unit 1, 6-12 South Road, BRAYBROOK VIC 3019
* Vietnamese HCPs - North, 19009, Unit 1, 6-12 South Road, BRAYBROOK VIC 3019

**CHSP:**

* Community and Home Support, 25452, Unit 1, 6-12 South Road, BRAYBROOK VIC 3019

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **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

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

I have relied on the evidence in the Assessment Team report to form my view on compliance. This evidence is summarised below.

Consumers expressed in different ways that they are respected and valued as individuals. Feedback included culturally based demonstrations of respect by staff in the use of appropriate Vietnamese pronouns when addressing consumers. The staff group are bi-lingual, speaking Vietnamese and English. Staff demonstrated familiarity with consumers’ individual cultural needs and described examples of how they deliver culturally safe care and support consumers. Consumer file documentation is reflective of identified risks and appropriate risk mitigation strategies are documented. Staff and care workers interviewed described how they would support consumers who choose to take risks. Information is shared appropriately and its confidentiality is maintained.

I am satisfied based on this evidence that the service complies with the Requirements outlined in the table above.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

I have relied on the evidence in the Assessment Team report to form my view on compliance. This evidence is summarised below.

Consumers and representatives were consistent in their feedback that assessment and care planning is collaborative and results in well planned care and services, commenting positively on the communication and consultation between consumers, representatives and staff. Care workers interviewed demonstrated an awareness of what is important to each consumer, including their needs and preferences for care. Care documentation is reflective of current assessments and related needs. The care plan is readily available to the consumer and emergency plan instructions are available to care workers at the point of care. Staff demonstrated the regular review of consumer’s needs to ensure effective continuity of care and immediate review in response to a change in circumstance, or where an incident impacts on care needs or preferences (for example, package upgrade, hospitalisation, incident, assessment reports from allied health or feedback from consumers).

I am satisfied based on this evidence that the service complies with the Requirements outlined in the table above.

# Standard 3

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| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Not applicable |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Not applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Not applicable |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not applicable |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Not applicable |

Findings

I have relied on the evidence in the Assessment Team report to form my view on compliance.

The service does not provide personal or clinical care as a part of the Commonwealth Home Support Programme.

The evidence relating to Home Care Packages is summarised below.

Consumers provided feedback they are receiving supports that meet their current clinical needs and care goals. Consumers are also confident any deterioration in health would be recognised, for example one described a change in mental health resulting in new care strategies.

The Assessment Team found the clinical care across a range of disciplines satisfactory including for consumers living with dementia, diabetes, chronic pain, depression and Parkinson’s disease. The Assessment Team also found the risk of falls and choking for consumers is appropriately managed.

Management and staff interviewed said high impact, high prevalence risks included falls risk and health deterioration of consumers. A vulnerable consumer list is maintained by the care manager.

Care documentation showed that the delivery of care is monitored by the service for its quality and to identify any emerging risks. Detailed instructions to guide staff in managing risks are provided to care workers. Care workers described individual consumer’s risks and explained the tasks and techniques they use to manage risks during care saying they had enough information to manage risk.

Referrals to other health practitioners are relevant and timely and include palliative health services when required. Communication and information exchanged between services supporting consumers’ wellbeing is evident. Consumers, staff and management are aware of relevant infection control measures and said protocols are adhered to.

I am satisfied based on this evidence that the service complies with the Requirements outlined in the table above for Home Care Packages.

# Standard 4

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| --- | --- | --- | --- |
| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

I have relied on the evidence in the Assessment Team report to form my view on compliance. This evidence is summarised below.

Consumers and representatives said in different ways that the services and supports for daily living are safe, effective and support consumer wellbeing and quality of life. Staff described how they tailor service and support delivery to meet the needs of consumers within the scope of the services offered. Care documentation noted consumer goals and included strategies to achieve goals, independence and quality of life. Strategies included social support groups, one to one social support, respite, transport services, shopping, home modifications, lawn mowing and food services.

Consumers and representatives said that consumers are assisted to participate in the community, such as celebrate Lunar New Year, shopping and to do activities they like and enjoy. Interviewees noted the fact staff are bi-lingual and speak the same language as consumers is very beneficial.

Care documentation evidence consumer interests guide service development, such as poetry reading, discussion groups on social interests and politics, singing, dancing, barbeques and social outings.

Social support staff record consumers’ participation in the group and record individual participation of consumers in activities that meet their identified goals. Care workers provided examples of how consumers are being supported to do things of interest to them and described providing emotional support if a consumer is feeling low.

The Assessment Team found information is appropriately shared and referrals to other support services are timely.

Consumers are satisfied with meals and said equipment provided to them by the service is well maintained and fit for purpose.

I am satisfied based on this evidence that the service complies with the Requirements outlined in the table above.

# Standard 5

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| --- | --- | --- | --- |
| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

I have relied on the evidence in the Assessment Team report to form my view on compliance. This evidence is summarised below.

Consumers said in various ways they feel welcome and safe at the service and are greeted respectfully by staff who know them well.

Staff said they arrive prior to consumers to prepare the multipurpose room with appropriate and correctly spaced seating, ensure the area is clean, well-lit and warm and ensure consumers are greeted on arrival.

Consumers expressed satisfaction with the safety and cleanliness of the environment and said in various ways that they can move freely indoors and outdoors.

The social support group has a range of suitable equipment to meet the individual needs of consumers and uses well maintained and clean service buses to transport consumers.

I am satisfied based on this evidence that the service complies with the Requirements outlined in the table above.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

I have relied on the evidence in the Assessment Team report to form my view on compliance. This evidence is summarised below.

While most consumers had not had a need to make a compliant they all felt they knew how to do so and would get support from staff if need be. Consumers or representatives who had raised concerns said that staff apologised and were very responsive in working toward a resolution to improve the delivery of care and services.

Management and staff discussed proactive measures to encourage consumers to provide feedback and make complaints. For example, forms have been differentiated by colour to help highlight the different types of feedback.

Consumers and representatives are supported to use any available means of communication they require or prefer. Consumers who do not like writing are encouraged to contact the service staff directly by phone at any time of the day, or have a face to face meeting.

Feedback and complaint forms, reply paid envelopes and a list of direct contact details for service staff are provided and kept in the consumer’s home folder.

Other internal and external complaints avenues (in Vietnamese and English) including website contact forms and details for external organisations are also provided. The consumer handbook explains the ‘grievance procedure’ which outlines ways to comment and complain.

All staff have received training in documenting complaints and feedback in the electronic system. The organisation has a feedback and complaint handling procedure to guide staff in responding to feedback and following the escalation process when relevant to address concerns.

As a result of increased feedback by Home Care Package consumers on excluded package items, in additional to dealing with individual consumer questions, information was re-circulated to staff to improve everyone’s understanding of the guidelines.

I am satisfied based on this evidence that the service complies with the Requirements outlined in the table above.

# Standard 7

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

Findings

I have relied on the evidence in the Assessment Team report to form my view on compliance. This evidence is summarised below.

Consumers receiving HCP and CHSP services, generally expressed satisfaction in various ways on the consistency and competency of staff to meet their care and service needs and preferences.

Care workers interviewed said they always have time to complete required tasks and would let the service know if this changed. Care managers conduct ‘welfare checks’ with consumers to ensure satisfaction with the delivery of services by care workers.

Management discussed appropriate staffing arrangements to meet the assessed needs of consumers. The service has a range of recruitment strategies tailored to attract suitable candidates and position descriptions set out the knowledge and qualifications relevant to job roles and service expectations of staff including a commitment to meeting consumers’ needs, upholding consumer rights as individuals and consumer centred practices. The service is going through a growth phase and is closely monitoring balancing new consumer needs with staff availability.

Staff undertake an induction and a range of mandatory and other training, and demonstrated confidence in undertaking their roles.

Staff performance is observed through monitoring day to day operations, regular performance reviews, feedback received from internal teams, along with consumer feedback and incident analysis. Management described the performance monitoring of sub-contracted workers through consumer feedback and the Assessment Team noted evidence that regular meetings with subcontracted providers are undertaken to enable discussion on any performance concerns.

I am satisfied based on this evidence that the service complies with the Requirements outlined in the table above.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Not applicable |

Findings

I have relied on the evidence in the Assessment Team report to form my view on compliance. This evidence is summarised below.

Consumers described how their views on service development and delivery are sought. The Committee of Management oversee the strategic direction of the organisation and endorse decisions and priorities for the service in conjunction with the leadership team. Designated Committee of Management members also sit on organisational sub-committees including finance, risk and compliance.

The Assessment Team reviewed governance systems and found them effective in providing the governing body with accurate, relevant and timely information to inform their strategic and other decisions, such as areas for review or improvement. The Committee is aware of key indicators such as falls, complaints and receive regulatory updates from their peak body and various other sources.

The service demonstrated an organisational risk management framework and risk matrix, with systems and practices to oversee risk and ensure consumers are not subject to abuse or neglect and have the opportunity to live life to the fullest.

Brokered services are similarly monitored to ensure safe and quality care and services are delivered. The service conducts ongoing monitoring of staff provided by sub-contracted service providers to ensure that they meet probity checks.

All staff, management and the Committee of Management members have had training or are completing training on the Aged Care Quality Standards.

A clinical governance framework guides care delivery to consumers in receipt of a Home Care Package. The Assessment Team found the framework effective in ensuring the quality and safety of clinical care for consumers.

I am satisfied based on this evidence that the service complies with the Requirements outlined in the table above.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)