**Performance**

**Report**

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| Name: | Rainbow The Multicultural Aged Care Program |
| Commission ID: | 500058 |
| Address: | 33 Eighth Avenue, MAYLANDS, Western Australia, 6051 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 7 November 2023 to 8 November 2023 |
| Performance report date: | 15 January 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

Home Care Packages (**HCP**) included:  
Provider: 522 West Australian Association of Polish Women Inc  
Service: 19186 Rainbow The Multicultural Aged Care Program

**This performance report**

This performance report for Rainbow The Multicultural Aged Care Program (**the service**) has been prepared by M Kalra, 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 11 December 2023.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary for Home Care Packages (HCP)

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

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

# Areas for improvement

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 6(3)(d) – The service ensures to review feedback and complaints or identify associated continuous improvement opportunities to improve the quality of care and services, including documenting improvements linked to feedback, complaints or incidents in the service’s continuous improvement plan.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Not applicable |
| Requirement 1(3)(b) | Care and services are culturally safe | Not applicable |
| 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. | Not applicable |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Not applicable |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

* Regarding requirement 1(3)(e)

The service was found non-compliant in relation to requirement 1(3)(e) following a Quality Audit in April 2022. Evidence in the Assessment Contact report dated 7 November 2023 to 8 November 2023 supports the service is now compliant with requirement 1(3)(e).

Consumers and representatives said they were happy with the information that is provided to them, participate in making decisions about the care and services they receive, and felt comfortable to call the service if they needed to understand the information provided. Consumer care plans contained description of the care and services to be delivered based on their needs and preferences. Management advised, and review of documentation confirmed budgets were now created monthly and legend was added to the monthly statements to make it easier for consumers to understand.

* Regarding requirement 1(3)(f)

An additional requirement 1(3)(f) was added to the scope of Assessment Contact and the Assessment Team recommended requirement 1(3)(f) was not met. I have considered the Assessment Team’s findings; the evidence documented in the Assessment Contact report and the Approved Provider’s response and find the service compliant for requirement 1(3)(f).

While the service had systems and processes to protect confidentiality of information, the Assessment Team brought forward concerns relating to consumers’ personal information not being kept confidential. Management said support workers got sent a text message with a snip of the consumers’ care plan if any changes occurred or received emails informing them of any changes. Some support workers were posted a copy of the consumers’ care plan or service delivery timetable to their home, based on their preference. Some consumers also received a copy of their care plan by post. Management could not describe how the consumers’ personal information was kept confidential by support workers. However, consumers interviewed did not raise any concerns about confidentiality of their personal information.

The Approved Provider’s response of 11 December 2023 noted posting of paper documentation to consumers and support workers was a past practice. Based on preference, the service now either emails or delivers hard copies of care plans to consumers by support workers or other service staff with updates to approve and sign. The service is also introducing a new electronic management system in February 2024 and in the meantime, all service employees have been advised to keep only electronic copies sent to them.

I am satisfied with the Approved Provider’s response, acknowledge the actions undertaken and consider the service has implemented effective systems and processes to protect consumers’ confidentiality of personal information. Therefore, I find requirement 1(3)(f) is compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Not applicable |
| 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. | Not applicable |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service was found non-compliant in relation to requirements 2(3)(a), 2(3)(b), and 2(3)(e) following a Quality Audit in April 2022. Evidence in the Assessment Contact report dated 7 November 2023 to 8 November 2023 supports the service is now compliant with these requirements.

* Regarding requirement 2(3)(a)

Consumers and representatives interviewed advised the care and services available to them is discussed with them prior to the commencement of the service. Care documentation showed specific needs and preferences are incorporated into the consumers care plan which is developed in partnership with the consumer. Assessment and care planning documents where risks are identified follow the organisation’s assessment and planning policy guidelines and include medical, emergency plan including pandemic, communication and sensory, cognition and social supports, complex care, behaviour support practices, clinical risks, poly pharmacy risk and advanced care planning. Care documentation used in the assessment and review process prompts staff to identify alerts that may be related to allergies, medical conditions, infectious conditions, falls, nutritional needs or health and safety issues. Support workers interviewed described individual consumer’s routine, needs and preferences, consistent with consumer care planning documentation.

* Regarding requirement 2(3)(b)

Consumers and representatives interviewed stated staff discuss their goals and preferences with them and this information is recorded in their care plans. The Assessment Team noted electronic and paper-based care plans have consumer specific goals and strategies. A review of consumers care documentation noted advanced care planning was discussed with the consumers and their representatives and their response is recorded in care plans. Support workers interviewed said they were aware of each consumer’s needs, goals and personal preferences as this information is recorded on the care plan.

* Regarding requirement 2(3)(e)

Consumers and representatives interviewed said staff regularly communicated with them about the service they received, and reviews were completed to make changes to meet their current needs. Support workers interviewed advised when they identified changes to a consumer’s condition, they reported to their coordinator, which resulted in reviews being conducted and care plans/alerts being updated. Management reported formal reviews occurred annually and described the process and under what circumstances a review or reassessment may be required. The service had policy and procedures to guide staff in timeframes for annual, regular, or ad hoc review of consumers, including changes to the consumer’s goals, preferences, or health needs.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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. | 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. | 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

The service was found non-compliant in relation to requirements 3(3)(a), 3(3)(e) and 3(3)(g) following a Quality Audit in April 2022. Evidence in the Assessment Contact report dated 7 November 2023 to 8 November 2023 supports the service is now compliant with these requirements.

* Regarding requirement 3(3)(a)

All consumers interviewed reported satisfaction with the personal and clinical care they received. Most consumers and representatives interviewed were satisfied they were able to access a male or female support worker who spoke the same language or were able to request a preferred staff member for personal care. Consumer care plans and assessments reviewed showed the care provided for each consumer was individualised, safe and effective in optimising their health and well-being. Consumer care plans were developed from information that is gathered on admission from a range of sources including discharge summaries, aged care assessments and information from the consumer and nominated representatives. The service used subcontracted registered nurse to provide clinical care service to their consumers and was in the process of recruiting a registered nurse. Policies and procedures were available to staff to assist in identify risks and ensure strategies to manage those risks were documented in consumer care plans.

* Regarding requirement 3(3)(e)

Consumers/representatives confirmed their needs and preferences were effectively communicated to, as they did not usually have to repeat the same information to new care workers. They also confirmed care worker usually knew if anything had changed regarding their care. Support workers said they were provided information about consumers and where there were changes on the consumer care plan, through emails and phone calls, and via text message. For all consumers sampled, documents including assessments, care plans and progress notes provided detailed information to support effective and safe sharing of the consumer’s care. Consumer care documentation and progress notes reviewed noted routine evaluation of care provision including routine monitoring or identification of issues such as following a fall or when specific clinical issues were identified.

* Regarding requirement 3(3)(g)

Support workers confirmed they had completed training on infection control and use of personal protective equipment (PPE). They stated they followed standard precautions when caring for consumers. Staff had access to PPE including masks and hand sanitiser. The service had infection control policy and procedures and a COVID-19 management plan available to all staff that assisted to identify, prevent, and control infection and provide best practice transmission-based precautions. The service had an antimicrobial stewardship policy and procedure, and oversight of antibiotic use was achieved by clinical staff constantly giving education to consumers. Management said consumers were provided with information to make informed decisions on the use of antibiotics and the information was also included in the consumer handbook.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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. | Not applicable |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

* Requirement 4(3)(g)

An additional requirement 4(3)(g) was added to the scope of Assessment Contact and the Assessment Team recommended requirement 4(3)(g) was not met. I have considered the Assessment Team’s findings; the evidence documented in the Assessment Contact report and the Approved Provider’s response and find the service compliant for requirement 4(3)(g).

The Assessment Contact report identified the service did not demonstrate a risk or occupational assessment was conducted prior to the purchase of equipment, specifically before the purchase of a cordless vacuum cleaner for a named consumer. The report noted each consumer was required to purchase a cordless vacuum cleaner from their HCP funds.

The Approved Provider’s response of 11 December 2023 noted that vacuum cleaners were identified as low risk assistive technology and did not require professional advice, setup, or training for effective use. The response stated the service promoted reablement and self-respect for consumers, and consumers did not express satisfaction undergoing an assessment process for a cordless vacuum cleaner. The response noted it was consumers’ choice to purchase the vacuum from their HCP funds, including for the named consumer who made the decision to buy the cordless vacuum cleaner.

I do not consider the concern relating to the purchasing of cordless vacuum cleaner from the HCP funds relevant to this requirement, therefore, have not considered it while making my decision for this requirement.

In relation to the completion of risk or occupational assessment for the named consumer, I find it is an area of improvement for the service to ensure where equipment is provided to the consumer, it is based on the consumer’s assessed need through an assessment process. Since no further named consumer examples were brought forward by the Assessment Team, I do not consider this deficiency alone demonstrates equipment provided to consumers was not safe, suitable, clean, or well-maintained. Therefore, I find requirement 4(3)(g) is compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Not applicable |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Not applicable |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

The service was found non-compliant in relation to requirements 6(3)(c) and 6(3)(d) following a Quality Audit in April 2022. Evidence in the Assessment Contact report dated 7 November 2023 to 8 November 2023 supports the service is now compliant with requirement 6(3)(c). However, ongoing non-compliance was identified for requirement 6(3)(d).

* Regarding requirement 6(3)(c)

Consumers and representatives reported being satisfied by the way in which the service responds to complaints. Staff described how they will try and resolve concerns raised as soon as possible and demonstrated an understanding of the open disclosure process in providing an apology, investigating the matter, actioning changes, and keeping the consumer or representative informed throughout the process, The service has policies and procedures in place for the management of complaints, including an open disclosure policy.

* Regarding requirement 6(3)(d)

The Assessment Team were not satisfied that outcomes of feedback and complaints are recorded in the service’s continuous improvement plan. While management provided examples of feedback from consumers and representatives and how they have been used for continuous improvement, review of the continuous improvement plan did not evidence any improvements linked to feedback or complaints received from consumers or their representatives. The service was not recording incidents, feedback or complaints which could then feed into quality systems and assist with the identification of continuous improvement opportunities.

The Approved Provider’s response of 11 December 2023 acknowledged the service’s continuous improvement plan needs to be updated on a regular basis. The response also stated every incident and accident, and associated mitigation strategies will now be recorded in the service’s continuous improvement plan.

While the service may be using feedback from consumers and representatives to inform improvements, there was a lack of supporting documentation to show how the service reviews feedback and complaints or identifies associated continuous improvement opportunities to improve the quality of care and services. I note the Approved Provider’s planned actions, however, they need time to demonstrate suitability and effectiveness. Therefore, I find requirement 6(3)(d) is non-compliant.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Not applicable |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not applicable |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service was found non-compliant in relation to requirements 7(3)(a), 7(3)(c) and 7(3)(e) following a Quality Audit in April 2022. Evidence in the Assessment Contact report dated 7 November 2023 to 8 November 2023 supports the service is now compliant with these requirements.

* Regarding requirement 7(3)(a)

Consumers and representatives interviewed said they have regular support worker who know what is important to them. They said staff turn up on time and they are very happy with the care and services they receive. Support workers interviewed confirmed they have enough time to do their job and described how they have time to provide services as requested by consumers. Support workers said they generally have the same consumer on a week-to-week basis and know what is important to them. They said the service tries to match them with consumer from the same cultural background. Management interviewed said services are tailored to consumer’s needs. Consumers choose the time and duration of the services they need and gave the example of a consumer who chooses to have 1-hour services a day for personal care.

* Regarding requirement 7(3)(c)

Consumers and representatives interviewed confirmed they feel confident the workforce is trained, competent and skilled to provide the services required. Support workers interviewed could explain their qualifications and experience and how they know what they should do during each shift. Staff described face-to-face training that is relevant to their roles including new staff completing buddy shifts. Support workers said they have monthly training covering a wide range of topics. Management advised they verify that subcontractors are competent through reference and relevant documentation checks at recruitment. The service uses a manual record of staff qualifications, competencies, and police checks, and is working towards introducing an electronic system which will automictically generate reminders when training and renewal of licences for example are due.

* Regarding requirement 7(3)(e)

Consumers and representatives interviewed said the service regularly request feedback on new staff that deliver care and services. Staff confirmed they have a regular performance review.

Management confirmed that all new staff must go through the usual selection processes as required under their policies, including reference checks. Management confirmed that all staff undergo regular performance reviews, consistent with the service’s performance management policy and procedure that indicates staff performance would be monitored on an ongoing basis and through regular reviews. Management said they will regularly ask for feedback from consumers and representative about the staff delivering care and service.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Not applicable |
| 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 applicable |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The service was found non-compliant in relation to requirements 8(3)(c), 8(3)(d) and 8(3)(e) following a Quality Audit in April 2022. Evidence in the Assessment Contact report dated 7 November 2023 to 8 November 2023 supports the service is now compliant with requirements 8(3)(d) and 8(3)(e). The Assessment Team recommended requirement 8(3)(c) was not met. I have considered the Assessment Team’s findings; the evidence documented in the Assessment Contact report and the Approved Provider’s response and find the service compliant for requirement 8(3)(c).

* Regarding requirement 8(3)(c)

While the service has functional governance systems in place for financial governance, workforce governance, regulatory compliance, and feedback and complaints, the Assessment Team brought forward deficiencies in relation to information management and continuous improvement governance systems.

In relation to information management, the service did not adhere to their privacy and confidentiality procedures, as outlined under requirement 1(3)(f). The Approved Provider response is also detailed under Requirement 1(3)(f), which notes the service has implemented effective systems and processes to protect consumers’ confidentiality of personal information. I consider this deficiency alone does not demonstrate ineffective organisation wide governance systems in relation to information management.

In relation to continuous improvement, the service’s continuous improvement plan did not evidence any improvements linked to feedback or complaints received from consumers or their representatives. However, management were able to provide examples of continuous improvement actions undertaken in response to consumer feedback or complaints. The Approved Provider’s response for this concern is detailed under requirement 6(3)(d).

The Assessment Team noted not all language used in the service’s documentation and policies was inclusive or demonstrated a partnership approach with the consumers. No consumer feedback was brought forward in relation to this concern. The Approved Provider’s response noted the service will review terminology used at staff meetings and training and will remind staff about using more inclusive language. I accept the Approved Provider’s response and consider this deficiency alone does not demonstrate ineffective organisation wide governance systems.

Overall, I consider the service has systems, policies, and procedures that demonstrate effective information management and continuous improvement governance systems. Where issues relating to continuous improvement plan documentation have been identified, they have been considered under requirement 6(3)(d). Therefore, I find requirement 8(3)(c) is compliant.

* Regarding requirement 8(3)(d)

The service demonstrated there are systems in place for assessments to be completed using validated clinical assessment tools and other available information to identify high impact and high prevalence risks. Consumer care documentation showed that risks to consumers are managed individually and outlined in each consumer’s care plan. The service has procedures and tools to guide staff including serious incident response scheme reporting guidelines and to report and record incidents on the incident management register. Review of meeting agendas and minutes showed clinical indicator trends and the processes adopted to mitigate risk are reported to the board.

* Regarding requirement 8(3)(e)

The service evidenced it has a clinical framework in place which includes the service’s response to supporting each consumer’s care and clinical needs. The framework and associated policies include processes for open disclosure, minimisation of restrictive practices and antimicrobial stewardship. Management said they have no consumers subject to restrictive practices. Staff receive restrictive practices training and know to report the use of restrictive practices if observed to be in use by the consumer or their representative. A review of care documentation showed that an open disclosure approach is used and documented when things go wrong. The service discusses clinical data and trends incident reports monthly in meetings with the board to discuss improvements/actions to be undertaken.

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