**Performance**

**Report**

**1800 951 822**

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| Name of service: | Umbrella Home Care Packages |
| Service address: | 39 Abernethy Road BELMONT WA 6014 |
| Commission ID: | 500226 |
| Home Service Provider: | Umbrella Multicultural Community Care Services Inc. |
| Activity type: | Quality Audit |
| Activity date: | 29 September 2022 to 3 October 2022 |
| Performance report date: | 20 October 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 Umbrella Home Care Packages (**the service**) has been prepared by S Bickerton, 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 Packages (HCP):**

* Umbrella Home Care Packages, 23589, 39 Abernethy Road, BELMONT WA 6014

**Commonwealth Home Support Packages (CHSP):**

* Domestic Assistance, 4-87LCUOK, 39 Abernethy Road, BELMONT WA 6014
* Flexible Respite - Care Relationships and Carer Support, 4-87LCURN, 39 Abernethy Road, BELMONT WA 6014
* Home Maintenance, 4-87MPZDH, 39 Abernethy Road, BELMONT WA 6014
* Personal Care, 4-87LCUHT, 39 Abernethy Road, BELMONT WA 6014
* Social Support - Group, 4-87MPZGA, 39 Abernethy Road, BELMONT WA 6014
* Social Support - Individual, 4-87MPZJO, 39 Abernethy Road, BELMONT WA 6014
* Transport, 4-87LCUL6, 39 Abernethy Road, BELMONT WA 6014

# 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
* the provider’s response to the assessment team’s report received 19 October 2022

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Standard 1

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| --- | --- | --- | --- |
| 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

At the time of performance report decision, the service was:

* Demonstrating that consumer choice and dignity is respected, and culturally safe care is delivered
* Evidencing that consumers are provided written information to understand their care and services
* Demonstrating utilisation of a dignity of risk approach to support consumers in living the best life they can
* Evidencing the provision of contemporary and accurate information to consumers and representatives
* Evidencing consumer privacy is protected and personal information is stored securely

# 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

At the time of performance report decision, the service was:

* Demonstrating assessment and care planning process support staff in delivering safe and effective services, including the use of information from external sources
* Demonstrating outcomes of assessment and care planning is communicated to consumers and documented in care plans to guide staff practise
* Evidencing consumer goals are recorded and considered when guiding service delivery
* Demonstrating that advanced care planning is discussed and recorded
* Evidencing care plan and assessment documentation is consistently reviewed, and subject to episodic review when consumer circumstances change

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

Findings

At the time of performance report decision, the service was:

* Demonstrating it understands the needs, goals and preferences of consumers nearing the end of their life, and maintaining consumers dignity, comfort and respect to cultural preferences
* Evidencing policies and processes that guide staff in supporting personal and clinical care

At the time of performance report decision, the service was not:

* Demonstrating the delivery of safe and effective clinical care that is best practice
* Demonstrating that consumers with clinical care requirements are being reviewed regularly
* Demonstrating effective management of high impact and high prevalence consumer risk
* Evidencing the completion of risk assessments
* Demonstrating effective utilisation of its incident management system to report, review and identify opportunities for improvement
* Demonstrating consumer reassessments are conducted following changes in physical, or mental health
* Evidencing referrals to health professional are consistently sought when issues are identified

The service did not demonstrate delivery of safe and effective personal and clinical care that is best practice. For example:

* Assessments specific to each consumer identified risks is not completed, and consumers with identified clinical issues are not regularly reviewed
* Comprehensive assessments conducted by registered nurses are recorded in consumer progress notes, however, additional assessments where not evidenced when the need for further review was identified
  + One consumer with pain, continence issues, and reduced appetite was identified with areas of risk by the Aged Care Assessment Team in March 2022.
  + This consumer care plan did not evidence strategies to assist the consumer to maintain continence or access continence aids, additionally, it did not evidence pain management strategies or strategies to monitor and encourage nutritional intake
* Service policies and procedures did not evidence comprehensive guidelines to guide staff practise in delivering services to consumers receiving clinical care.
  + The service policy related to the management of a consumer pain did not indicate who is responsible for the assessment and management of a consumer with pain

The service did not demonstrate effective management of high impact and high prevalence risks. The assessment team evidenced consumer falls, weight loss, and behaviours of concern are inconsistently recorded in consumers information packages and care plans. Additionally, when information was found to be recorded, associated strategies to guide staff practise were not consistently evidenced. For example:

* Support workers for one consumer demonstrated an understanding of the needs of a consumer impacted by high prevalence and high impact risks. However, did not demonstrate an understanding of other relevant consumer risks including monitoring and management of weight loss, continence management or changes in cognition or behaviours of concern

The service did not demonstrate effective use of its incident management system to report, review and identify opportunities for improvement. For example:

* One consumer explained being reluctant to attend the services social centre, as they described experiencing difficulties managing continence, citing a previous incident at the social centre
* The services incident report register did not indicate an incident had been reported, and the service staff did not demonstrate awareness of the consumers issues around continence management

The service did not demonstrate changes or deterioration in consumers cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. For example:

* The service did not evidence effective recognition and response to changes in consumers health or condition in a timely manner.
  + One consumer experienced a continence related incident at the services social centre that went unnoticed by service staff
* Referrals to health professional are not consistently sought when issues are identified such as continence advisors, dietician or speech pathologist. For example:
  + One consumer with mobility difficulties, pain, incontinence, poor appetite and swallowing difficulties had not been referred to external services
* Service policies and procedures regarding deterioration of consumer condition do not guide staff practice. For example:
  + The assessment team evidenced that available policies include: managing delirium, high risk care, managing pain, client behaviour management and managing pressure injuries.
  + These policies did not evidence details to guide staff practise in the event changes in consumer’s cognitive or physical function, capacity or condition is recognised

The service demonstrated is timely and appropriate referrals are made internally including referrals to the social support centre and other group social activities. However, referrals to external providers such as allied health services to address clinical needs do not consistently occur. For example:

* One consumer with mobility difficulties, pain, incontinence, poor appetite and swallowing difficulties had not been referred to health professionals such as continence advisors, dieticians or speech pathologists
* Service staff advised external consultants are access including physiotherapy, occupational therapy and podiatry services on a regular basis. However, this information is not always documented in care plans

Whilst consumer and representative feedback indicated referrals to other services are initiated by the service, this was not evidenced consistently for all consumers.

In response to the assessment teams report and initial findings, the service evidenced a series of immediate improvements had been implemented, including a rigorous plan for continuous improvement, an action plan for clinical care, and a service optimisation team to support and measure progress. The service indicated a commitment to remedy the identified non-compliance expediently.

I find the services response instils confidence and trust, and I also note consumers and representatives of the service provided vastly positive feedback across the different assessed Aged Care Standards. The corrective measures underway at the service will require validation and re-assessment to measure future compliance with this standard.

# 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. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

At the time of performance report decision, the service was:

* Demonstrating the provision of safe and effective consumer supports for daily living
* Demonstrating consumers are supported to remain connected to their communities and participate in things that interest them
* Evidencing embedded processes communicate information with staff and others to ensure services meet consumers preferences and needs
* Evidencing referrals are made, assessments are completed, and equipment is provided that meets the specific requirements and is fit for purpose for consumers

# 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

At the time of performance report decision, the service was:

* Demonstrating the service environment is welcoming and easy to understand
* Demonstrating consumers can move around freely and safely in a safe and well-maintained environment
* Evidencing regular inspections are undertaken and maintenance is conducted to ensure the environment is safe and fit for purpose

# Standard 6

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| --- | --- | --- | --- |
| 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

At the time of performance report decision, the service was:

* Evidencing the provision of information to consumers and representatives to provide feedback and make complaints
* Evidencing the provision of information on advocacy, translation services and external organisations
* Demonstrating feedback and complaints are recorded, monitored, and used to implement improvements in the quality and safety of care and services
* Demonstrating the use of and an open disclosure approach in addressing complaints

# 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

At the time of performance report decision, the service was:

* Demonstrating the workforce is planned to ensure enough staff with the necessary skills are available to deliver safe and quality care and services
* Demonstrating the provision of consumer care that is kind, caring, and consistent
* Demonstrating embedded processes ensure competency of staff and others providing care and services
* Evidencing the workforce is monitored and performance managed, with staff being supported to have the skills and knowledge to perform their roles

# 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. | Non-compliant | Non-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. | Non-compliant | Non-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. | Non-compliant | Non-compliant |

Findings

At the time of performance report decision, the service was:

* Evidencing consumers are engaged to be part of consultation, development and evaluation of their care and services
* Evidencing the board is provided with information, and disseminates information, driving a culture of safe and quality care and services
* Evidencing embedded governance systems monitor and manage financial and workforce governance, continuous improvement, regulatory compliance and feedback and complaints

At the time of performance report decision, the service was not:

* Demonstrating information management systems include its social centre, and provide adequate information for staff to understand consumer’s needs and preferences
* Evidencing policies and processes identify risk and ensure risk is communicated
* Evidencing incidents are being consistently reported and followed up in a timely manner
* Evidencing staff utilise embedded policies and processes to guide assessment, care planning and reviews
* Evidencing support of informed medication choices for consumers in reducing antibiotics

The service did not demonstrate information management systems are effective in providing staff with relevant information to guide care and services, including strategies to manage consumer needs at the social centre. Staff did not demonstrate consistent information sharing occurs across the service.

The service did not demonstrate effective systems are embedded to manage high impact and high prevalence consumer risk. Service staff did not demonstrate adherence to the services assessment and planning (Safe Delivery) policy, and associated processes to identify and record high impact, high prevalence consumer risks. Where risk is identified by the service, it was not evidenced as being communicated to staff, with associated management and mitigation strategies absent.

Incidents were evidenced to be reported by staff at the service, although this was identified as being inconsistent, with one consumer incident occurring at the services social centre going unreported and unaddressed.

The service did not demonstrate that all staff understand and utilise organisation policy and processes on antimicrobial stewardship. Clinical staff did not demonstrate sufficient understanding in supporting consumers to have informed choices about their medications including considerations to reduce antibiotic use.

The service has a clinical governance framework in place which sets out roles, responsibilities and accountabilities for staff and subsequent policy and processes. However, all staff did not demonstrate utilisation of this policy to guide their practice.

While the service is collating clinical data against individual consumers and using this information to discuss at management and coordinator meetings, it was not collated or trended to identify patterns to further support consumers and provide opportunities for staff education.

In response to the assessment teams report and initial findings, the service evidenced a series of immediate improvements had been implemented, including a rigorous plan for continuous improvement, an action plan for clinical care, and a service optimisation team to support and measure progress. The service indicated a commitment to remedy the identified non-compliance expediently.

I find the services response instils confidence and trust, and I also note consumers and representatives of the service provided vastly positive feedback across the different assessed Aged Care Standards. The corrective measures underway at the service will require validation and re-assessment to measure future compliance with this standard.

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