**Performance**

**Report**

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| Name: | Umbrella Home Care Packages |
| Commission ID: | 500226 |
| Address: | 39 Abernethy Road, BELMONT, Western Australia, 6014 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 15 November 2023 to 16 November 2023 |
| Performance report date: | 12 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: 2706 Umbrella Multicultural Community Care Services Inc.  
Service: 23589 Umbrella Home Care Packages  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9455 UMBRELLA MULTICULTURAL COMMUNITY CARE SERVICES INC  
Service: 27168 UMBRELLA MULTICULTURAL COMMUNITY CARE SERVICES INC - Care Relationships and Carer Support  
Service: 27167 UMBRELLA MULTICULTURAL COMMUNITY CARE SERVICES INC - Community and Home Support

**This performance report**

This performance report for Umbrella Home Care Packages (**the service**) has been prepared by J.Renna, 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 performance report dated 20 October 2022 in relation to the Quality Audit undertaken from 29 September 2022 to 3 October 2022.

The provider did not submit a response to the Assessment contact (performance assessment) – site report.

# Assessment summary for Home Care Packages (HCP)

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 3 Personal care and clinical care | 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

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

Findings

Requirements (3)(a), (3)(b), (3)(d) and (3)(f) were found non-compliant following a Quality Audit undertaken from 29 September 2022 to 3 October 2022, as the service was unable to demonstrate:

* best practice, tailored, safe or effective care were provided to each consumer that optimised their health and well-being.
* high impact or high prevalence risks associated with the care of each consumer were effectively managed
* timely recognition and response to deterioration or change in consumers’ mental health, cognitive or physical function, capacity or condition
* referrals to other care and service providers were timely and appropriate.

The Assessment Team’s report for the Assessment Contact undertaken from 15 November 2023 to 16 November 2023 included evidence of actions taken by the service to address the non-compliance. These include, but are not limited to, purchasing a suite of validated assessment tools, reviewed policies and procedures, recruited staff with relevant expertise, implemented a register to monitor consumer risk, staff training and education, and established a quality clinical care working group. The Assessment Team was satisfied these improvements were effective and recommended Requirements (3)(a), (3)(b), (3)(d) and (3)(f) met.

Consumers said they receive the care they want and need, and felt staff worked with them to achieve their health goals. Staff provided practical examples of how they provide best practice care and the mechanisms used to support this, including access to up-to-date information. Management described the process for understanding consumers’ care needs to support tailored and best practice care delivery. Care plans demonstrated safe and effective care was being provided to sampled consumers.

Consumers and representatives said staff are attentive to any changes in the consumer’s condition and promptly escalate to management as required. Staff were knowledgeable of consumers’ risks, specifically in relation to weight loss, continence management, behaviours and cognition, and were able to describe associated mitigation strategies. The risk register and sampled care detailed consumers’ risks and included strategies to guide staff in minimising associated impact to the consumer.

Documentation showed timely identification and response to deterioration. Staff were knowledgeable of the organisation’s processes for managing deterioration.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(d) and (3)(f) in Standard 3 Personal care and clinical care.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| 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 | Compliant |

Findings

Requirements (3)(c), (3)(d) and (3)(e) were found non-compliant following a Quality Audit undertaken from 29 September 2022 to 3 October 2022, as the service was unable to demonstrate:

* effective organisation wide governance systems in relation to information management
* effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers
* that staff understood and used the organisation’s policy and process for antimicrobial stewardship.

The Assessment Team’s report for the Assessment Contact undertaken from 15 November 2023 to 16 November 2023 included evidence of actions taken by the service to address the non-compliance. These include, but are not limited to, recruited staff with relevant expertise, updated the governance framework, reviewed processes relating to collation/analysis of data and information management, implemented a register to monitor consumer risk, staff training and education, and established a quality clinical care working group. The Assessment Team was satisfied these improvements were effective and recommended Requirements (3)(c), (3)(d) and (3)(e) met.

The service demonstrated there are governance systems in place relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has policies and processes in place to guide staff across the governance systems and staff have received relevant training to assist them to do this. Staff said they have access to relevant information for consumers and have access to policies and procedures through the service’s intranet system. Management explained how governance is managed within the service and how the Board is involved in decision making.

Effective risk management systems and practices are in place to identify, assess and manage risks to the health, safety and well-being of consumers. Regular meetings are held to trend and review includes and respond to risk. Incidents are reported, recorded and actioned promptly. Staff said they had received training in incident reporting and could explain what they would do when an incident occurred. Incident reporting showed evidence of staff understanding their responsibilities for reporting and acting upon incidents. Staff were knowledgeable of elder abuse and described the process for reporting any suspected or actual abuse to consumers. Sampled care plans demonstrate consumers are supported to live the best life they can. Processes are in place that support consumers to make decisions which involve an element of risk.

The organisation’s clinical governance framework includes processes for open disclosure, management of restrictive practices and antimicrobial stewardship. Staff showed an understanding of antimicrobial stewardship principals, how restraint is to be minimised and open disclosure practices.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(c), (3)(d) and (3)(e) in Standard 8 Organisational governance.

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)