**Performance**

**Report**

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| Name: | 365 Care |
| Commission ID: | 201291 |
| Address: | 6 Macquarie Avenue, Penrith, New South Wales, 2750 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 15 September 2023 |
| Performance report date: | 29 November 2023 |

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: 8914 Jovicare Pty Ltd  
Service: 26167 365 Care  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9982 Jovicare Pty Ltd  
Service: 27976 Jovicare Pty Ltd - Community and Home Support

**This performance report**

This performance report for 365 Care (**the service**) has been prepared by A. Grant, 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) – non-site report was informed by review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the assessment team’s report received 12 October 2023

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

Findings

Following a Quality Audit in March 2023, Requirement 8(3)(c) was determined to be not compliant based on the following deficiencies:

* Incidents, feedback and complaints data was not reported or reviewed by the governing body;
* An inadequate feedback and complaints framework which failed to inform the review, analysis, trending and oversight of feedback and complaints, as well as the insufficient use of feedback and complaints data to inform the organisations continuous improvement plan;
* An inadequate incident management framework that failed to effectively record and trend incidents to inform the organisations continuous improvement plan including improvements to increase the safety and quality of care and services; and
* Ineffective workforce governance including inadequate oversight of subcontractor service delivery and inconsistent records of internal staff compliance.

Evidence analysed by the Assessment Team during this Assessment Contact showed the organisation demonstrated that in the time since the Quality Audit undertaken in March 2023, the service has reviewed processes and then implemented significant changes to ensure adequate workforce governance of staff compliance records and subcontractor service oversight, and effective reporting, trending, analyses and oversight of incidents, feedback and complaints.

Management when interviewed by the Assessment Team stated that following receipt of the non-compliance finding in April 2023, the Leadership Team commenced planning to address the concerns presented. Management advised that a Chief Operating Officer was appointed to support the governing body in decision making and to provide guidance. Management also reported that the continuous improvement plan was updated, with tasks allocated to departments for action.

Information Management

Evidence analysed by the Assessment Team showed the organisation utilises an electronic client management system for the rostering of services and case management duties. Management when interviewed stated that the organisation secured and implemented an electronic human resources system for improved oversight and management of staff compliance. The Assessment Team noted the organisation has also maintained their access to an online learning platform and are documenting training records within the electronic human resources system.

The Assessment Team analysed the electronic human resource system and noted the following:

* Compliance documentation for four sampled internal staff; and
* A detailed continuous improvement plan.

Workforce Governance

Management when interviewed by the Assessment Team stated that the implementation of the electronic human resources system has streamlined the organisation’s recruitment and onboarding process, noting that within the past week nine new staff members have attended induction and six of those are ready to provide services.

Management when interviewed by the Assessment Team stated that the organisation has reviewed and rectified previously missing compliance documentation for subcontractor staff. Management stated and the Assessment Team noted the organisation now has copies of service agreements, police checks, certificates of insurance, skills competencies and mandatory training for subcontracted staff. The Assessment Team analysed sampled subcontracted staff documentation and found the organisation is effectively maintaining their compliance documentation in the electronic client management system.

Management when interviewed stated, and sampled documentation analysed by the Assessment Team showed, that internal clinicians have up-to-date police check and current Australian Health Practitioner Regulation Agency (AHPRA) registration recorded in their electronic human resources system.

Management when interviewed by the Assessment Team stated that the organisation now actively seeks feedback from internal and subcontracted staff.

Documentation analysed by The Assessment Team showed:

* Compliance documentation for four sampled internal staff;
* Compliance documentation for two sampled subcontracted staff;
* Detailed continuous improvement plan; and
* Service Agreement contracts between the organisation and their brokered service providers.

Feedback and complaints

Management when interviewed by the Assessment Team acknowledged that during the Quality Audit in March 2023, an inadequate understanding of how to effectively use the client management system to record complaints and feedback had impacted the organisation’s capacity to consistently record, trend and analyse feedback and complaints.

Management advised that the service has now developed a central feedback category within the client management system, and that training was provided to staff regarding effective complaints and feedback recording. The Assessment Team analysed and noted the updated feedback category in the client management system did exist.

Management when interviewed by the Assessment Team stated that complaints and feedback involving internal or subcontracted staff are actioned promptly, with responses undertaken in line with open disclosure practice and outcomes documented in the client management system.

Management when interviewed by the Assessment Team stated improvements to encourage clients to send feedback include:

* Adjusting HCP monthly statements to include a feedback form; and
* Implementing a web-based digital feedback system.

Management when interviewed by the Assessment Team stated that to improve oversight of complaints and feedback data the organisation has:

* Developed categories within the complaints and feedback report to improve trend analysis and targeted audits;
* Ensured continued review of complaints and feedback data at executive management meetings; and
* Included continued review of feedback and complaints to the continuous improvement plan.

Documents analysed by The Assessment Team included:

* Feedback analysis report;
* Organisational chart;
* Board agenda and meeting minutes 14 August 2023; and
* Complaints and feedback register.

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