Geelong Barwon Simply Helping

Performance Report

Shop T05a, 222 Fischer Street   
TORQUAY VIC 3228  
Phone number: 03 5261 4808

**Commission ID:** 300905

**Provider name:** Jatoch Pty Ltd

**Assessment Contact - Desk date:** 1 September 2021 to 8 October 2021

**Date of Performance Report:** 4 November 2021

# Performance report prepared by

Loretta Glass, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

**Services included in this assessment**

**Home Care:**

* Geelong Barwon Simply Helping, 26353, Shop T05a, 222 Fischer Street, TORQUAY VIC 3228

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-Compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(d) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-Compliant** |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(d) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The overall Quality Standard is not assessed as only one requirement has been assessed.

The Assessment Team interviewed nine consumers and two representatives. Feedback from consumers, representatives and staff confirmed changes have been made by the service to protect and maintain consumers’ privacy and confidentiality.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 Non-compliant Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*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.*

The Assessment Team reviewed nine consumer files for consumers requiring a level three or higher home care support package.

The Assessment Team noted an improvement in providing electronic care plans and delivery of plans to care staff. However care plans do not consistently document consumers’ assessed needs and risks. A newly implemented electronic feedback form has yet to be evaluated for effectiveness. The Assessment Team received mixed feedback from staff regarding information they receive when attending consumers for short notice service coverage.

### Requirement 2(3)(b) Compliant

*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.*

Consumers and representatives stated during interviews that the service has offered them opportunities to discuss their end of life care needs. Management has created an Advanced care plan register documenting actions and the date of contact with the consumer and partnered with the local health service to access community palliative support and assessments.

### Requirement 2(3)(d) Compliant

*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.*

Consumers and representatives interviewed said they have access to the care plans and have had copies made available to them. Staff confirmed they have copies of care plans and support delivery plans are sent to them electronically.

# STANDARD 3 Non-compliant Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

### Assessment of Standard 3 Requirements*.*

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The service did not demonstrate effective risk management processes are in place to ensure the safety of each consumer. While the service identifies individual consumer's risks, risks mitigation strategies are not completed or effectively monitored and reviewed for all consumers.

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

The Assessment Team reviewed nine consumer files. Consumers and representatives said during interviews that the service has offered them opportunities to discuss their end of life care needs. Two consumers stated they did not wish to talk about their end of life, however, said their family know what is important to them.

### Requirement 3(3)(e) Non-compliant

*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.*

The Assessment Team considered the improvements implemented by the service documenting and communicating information about the consumer’s condition, needs and preferences within the organisation and the work that has been completed in implementing electronic systems. However, due to the initiative being in the early stages of its implementation the service could not fully demonstrate that the contracted management systems are robust and fully embedded into the management systems.

# STANDARD 4 Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The overall Quality Standard is not assessed as only one requirement has been assessed.

## Assessment of Standard 4 Requirements*.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

The service has implemented improvements to ensure information about the consumer's condition, needs and preferences are effectively communicated within the organisation and with others where responsibility for care is shared.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The overall Quality Standard is not assessed as only one requirement has been assessed.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

Management advised that improvements include regular contact over the telephone with consumers and a survey to get feedback direct from consumers and representatives. The organisation has introduced an open disclosure policy and management have other improvements planned. Consumers and representatives interviewed said if they have a complaint they talk to staff or a case manager and the matters are resolved in an acceptable manner.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The overall Quality Standard is not assessed as only two requirements have been assessed.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

Staff education is recorded in a professional development log and this is monitored by human resources at the organisation. A review of the professional development log confirmed a majority of staff had completed a range of online modules.

Consumers and representatives interviewed stated staff explain things to them and that staff know what they are doing.

Staff interviewed advised that they complete the online education modules including compulsory modules.

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

All staff have completed staff appraisals. Management have introduced regular online support worker meetings and made improvements to the education matrices to enable tracking of care staff education.

Staff interviewed confirmed they had recently completed a staff appraisal and they receive emails and newsletters and attend meetings.

Staff commented on the various learning modules they are required to complete and the modules are monitored and discussed during their staff appraisals.

# STANDARD 8 Non-compliant Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

Management advised that improvements include regular contact over the telephone with consumers to gather feedback and to discuss the service provided. Management developed a survey that was mailed out to all consumers to get feedback direct from consumers and representatives. Management plan to introduce a consumer newsletter that will be mailed out to consumers.

### Requirement 8(3)(c) Compliant

*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.*

Governanace systems are in place to meet regularory requirements. For example, recent consumer statements were reviewed by the Assessment Team and had itemised service dates and the costs for the services and care management costs were itemised in the invoices. Management advised that improvements are ongoing with the invoice process being reviewed and streamlined.

### Requirement 8(3)(d) Non-compliant

*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.*

The Assessment Team found the service has implemented improvements in relation to supporting consumers to live in their own home, which aligns with the majority of consumers’ wishes to stay in their own home for as long as possible. However, the service has not put into place effective risk mitigation strategies to ensure that all consumers remain safe. The Assessment Team considered that the service is not managing high impact or high prevalence risks associated with the care of all consumers or always managing and preventing incidents.

### Requirement 8(3)(e) Compliant

*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.*

The service demonstrated improvements have been introduced including the requirement for support workers to provide feedback about consumer care and requiring staff training on the requirements of their roles and compliance with regulatory requirements.

# 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 2(3)(a)

* Ensure care plans consistently document consumers’ assessed needs and risks and the newly implemented electronic feedback form is evaluated for effectiveness.

Requirement 3(3)(b)

* Demonstrate effective risk management processes are in place to ensure the safety of each consumer.

Requirement 3(3)(e)

* Fully implement and embed the management system allowing 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.

Requirement 8(3)(d)

* Implement strategies and ensure there is effective management in place of high impact or high prevalence risks associated with the care of all consumers and ensure incidents are prevented.