Just Better Care Brisbane East

Performance Report

3368 Pacific Highway
SPRINGWOOD QLD 4127
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**Commission ID:** 701067

**Provider name:** Just Better Care Australia Pty Ltd

**Assessment Contact - Site date:** 22 December 2020

**Date of Performance Report:** 20 January 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 8 COMPLIANTOrganisational 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

To understand how the organisation understood and applied the requirement within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Consumers were satisfied with the care and services provided. Sampled consumers interviewed advised they participated in an annual Consumer Satisfaction Survey. Consumers and their representatives were able to partner in improving care and delivery of services. Consumers were engaged in the development, delivery and evaluation of care and services and were supported in that engagement.

Management demonstrated they understood this requirement and had implemented processes to ensure consumers are engaged in the development, delivery and evaluation of care and services.

Interviews with management and consumers and review of documents and records identified consumers were engaged with the service through experience surveys, regular review of consumer budgets in consultation with consumers and their representatives and feedback and complaints processes.

The organisation had systems and processes to monitor its service provision to ensure it delivered safe, inclusive and quality care and services. The organisation demonstrated it had effective governance systems. The organisation also demonstrated it had effective risk management systems and practices and effective clinical governance systems to ensure consumers received safe and effective clinical care.

The organisation is a franchise establishment with an overarching governing board. The Board was accountable for the delivery of safe and quality care and services. To achieve this accountability the Board had created a governance framework.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## 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.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### 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.*

### Requirement 8(3)(d) 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.*

### 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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.