Just Better Care Gippsland

Performance Report

60 Prince Street
ROSEDALE VIC 3847
Phone number: 03 4114 3000

**Commission ID:** 301046

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

**Assessment Contact - Desk date:** 1 September 2021 to 9 September 2021

**Date of Performance Report:** 3 November 2021

# 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:**

* Just Better Care Gippsland, 26829, 60 Prince Street, ROSEDALE VIC 3847

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | 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 a review of documents and interviews with staff, consumers/representatives and others.
* The Approved provider’s response to the Assessment Contact - Desk report received 20 October 2021

# STANDARD 2 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

The service was found Non-compliant in one of the five requirements under this Quality Standard at the last visit.

The focus of this desk assessment was to assess the service’s progress in returning to compliance in the non-compliant requirement.

The service was able to demonstrate that improvements have been made and the deficits previously identified have been addressed.

The requirement assessed is now Compliant.

An overall rating for the Quality Standard is not provided as not all requirements were assessed.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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 found overall assessment and planning identifies the care and service needs of consumers. Care plans provide appropriate guidance for staff to deliver care and services in line with consumers’ needs, goals and preferences. Consumers interviewed feel included in the assessment and planning process. Community support workers stated they have enough information to guide care and services. The service has reviewed all of the current consumers’ care files, service requirements and schedules.

Ten out of eleven consumer care documentations reviewed had a suite of nursing assessments including falls risk, activities of daily living and pressure injury risk have been completed by the services’ registered nurse consultant.

There was sufficient evidence to demonstrate the service has embedded the falls risk assessment and equipment assessment into the initial assessment process and that clear information is provided to support workers to enable them to understand consumer risk and use appropriate mitigation interventions, including information about consumers’ allergies and dietary requirements.

The response submitted by the Approved provider demonstrates ongoing actions including the commencement of a registered nurse in the role of operations manager who will continue to embed and strengthen consumer assessment and care planning processes.

I have reviewed the information provided and on balance I am satisfied that this requirement is Compliant.

# STANDARD 3 NON-COMPLIANTPersonal 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

The service was found Non-compliant in two of the seven requirements under this Quality Standard at the last visit.

The focus of this desk assessment was to assess the service’s progress in returning to compliance in the non-compliant requirements.

While the service was able to demonstrate that improvements have commenced, actions have not yet been fully implemented to ensure effective management of risk associated with the care of each consumer and communication with other providers involved in consumers’ care is not consistent to ensure the service has current and comprehensive information about consumers’ needs and risks.

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

### 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 Assessment Team reviewed the management of high impact and high prevalence risks associated with the care of each consumer. Clinical documentation identifies risks that could impact on the consumers’ health and wellbeing are being assessed, for example, falls and pressure injury risk. Appropriate referral and assessment of purchased equipment was reviewed, with consumers expressing satisfaction with the process.

However, the service was unable to demonstrate adequate strategies, interventions or action plans to manage potential risks to consumers requiring medication management or who have swallowing problems.

The response submitted by the Approved provider acknowledges the identified deficits in these areas and provides information about ongoing actions planned to strengthen these areas including an audit of all consumers to identify risk, review of the nursing assessment process to ensure appropriate and timely assessments are conducted and review of care plans to ensure that relevant strategies are documented.

### 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 found that the service has improved the information about consumers’ condition, needs and preferences. It is documented and is provided to the community support workers via an electronic application on their mobile telephones. Regular feedback from contracted service providers is also readily accessed. However, the Assessment Team found that, information from brokered nursing services and allied health providers such as podiatrists, is not regularly communicated within the organisation and does not inform the care required for the consumers.

Care planning documentation for eleven sampled consumers was reviewed for information about the individual consumers, and how it is communicated within the organisation. Each care file contained dated notes that detailed communication including emails received from contracted service providers and phone calls, both incoming and outgoing, concerning the consumer’s condition, requested care and services. Staff feedback forms were provided for consumers who receive in-house care and services.

The support workers employed by the service provide feedback following every shift on care and services provided and any risks, concerns or issues identified during their shift. This information is reviewed daily by care managers and responded to in a timely manner. Examples of feedback included requests to reschedule consumer visits, requests for transport to appointments and complaints raised by the consumer and addressed by the service management. The majority of the contracted service providers, who provide personal care, domestic assistance, home maintenance and gardening are providing regular feedback on consumers’ wellbeing, and the outcome of contracted care and services.

However, brokered nursing services and other allied health providers who are providing clinical care do not provide regular feedback. In addition, brokered nursing services do not provide information to inform interventions and strategies for the consumer’s care. The managing director stated the service is still working with contracted service providers, including the brokered nursing services to provide regular feedback on the consumer’s clinical care and services provided.

The response submitted by the Approved provider notes that the service continues to actively seek information from the multidisciplinary team involved in the care of consumers.

I have reviewed all the information provided and I have come to a different view from the Assessment Team. On balance I find this requirement is Non-compliant. Whilst acknowledging the improvements made by the Approved provider in ensuring support workers have sufficient information to provide safe and individualised services to consumers, lack of information from nursing and allied health professionals involved in consumers’ care, compromises staff’s ability to provide care and services to consumers that adequately mitigate risk and are safe and individualised.

# STANDARD 8 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

The service was found Non-compliant in two of the five requirements under this Quality Standard at the last visit.

The focus of this desk assessment was to assess the service’s progress in returning to compliance in the non-compliant requirements.

The service was able to demonstrate that improvements have been made and the deficits previously identified have been addressed.

The requirements assessed are now Compliant.

An overall rating for the Quality Standard is not provided as not all requirements were assessed.

## Assessment of Standard 8 Requirements

### 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.*

The Assessment Team found that organisation was able to demonstrate a governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The service has planned and implemented appropriate processes to strengthen the feedback process and accountability of contracted service providers.

The Assessment Team reviewed the provided contract management documentation last modified on 1 June 2021 and a spreadsheet of collated information from contracted service providers. The spreadsheet included information from four contracted service providers and included currency of police checks, annual training completed and supplied staff holding a current driver’s license.

A process for regular the regular consumer feedback from subcontracted service providers and sole traders has been effectively implemented with most contracted service providers.

However, the managing director stated regular feedback processes have not been effective with the brokered community nursing services. The manager stated the conversation continues with the nursing services to implement and establish a feedback process on the clinical care a number of consumers are receiving.

The Assessment Team reviewed eleven consumer’s care documentation which evidenced regular feedback is being provided by a sole trader and two other subcontracted service providers.

Following a clinical incident involving a consumer, the organisation terminated the contract with the subcontracted provider as the expected standards of quality and safe care provision were not met and the incident was not reported to the Approved provider in a timely manner.

The plan for continuous improvement submitted by the Approved provider notes ongoing review of all sub-contracted party’s compliance with contractual requirements.

I have reviewed all the information provided and I am satisfied that this requirement is Compliant as the Approved provider has developed and implemented processes to ensure accountability of all contracted service providers for service delivery. While not all service providers at providing requested information to date, I consider that the Approved provider is working with these service providers and will be able to demonstrate appropriate accountability measures are in place through addressing the deficits identified in Requirement 3 (3) (e).

### 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.*

The Assessment Team found that the Approved provider was able to demonstrate improvement to the financial management processes including the budgeting tool and financial statements. Financial statements issued to consumers include the contracted service providers itemised accounts. The majority of consumers interviewed stated the statements are easier to understand with the itemised invoices included. The service demonstrated strengthened feedback processes to meet the services’ expected standards for safe and quality care and services.

Processes have also been strengthened to ensure subcontracted service providers and sole traders are providing information to satisfy the Approved provider that contracted providers’ staff are meeting the necessary compliance including police certificates and expected annual training and education. The subcontracted service agreement has been revised to ensure subcontractors are providing regular consumer feedback and the provision of evidence to support contracted staff annual police checks, hold current driver’s license, insurances and collect information on vaccination status of both in-house and subcontracted staff. This information is maintained and kept current by the Approved provider.

I have reviewed all the information provided and I am satisfied that this requirement is Compliant as the Approved provider was able to demonstrate that governance systems in relation to financial statements and regulatory requirements in relation to the use of contracted service providers have been implemented.

# 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.

* Ensure that high impact or high prevalence risks associated with the care of each consumer are managed appropriately. In particular consider consumers with swallowing difficulties and consumers who require assistance with medication management.
* Ensure information about the consumer’s condition, needs and preferences is documented and communicated within the organisation and with all contracted service providers. Ensure all contracted service providers provide regular feedback about the consumers’ needs and preferences.