**Performance**

**Report**

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| Name: | Geelong Barwon Simply Helping |
| Commission ID: | 300905 |
| Address: | T15a The Dunes Village, TORQUAY, Victoria, 3228 |
| Activity type: | Quality Audit |
| Activity date: | 1 May 2024 to 2 May 2024 |
| Performance report date: | 3 June 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: 8766 Jatoch Pty Ltd  
Service: 26353 Geelong Barwon Simply Helping

**This performance report**

This performance report for Geelong Barwon Simply Helping (**the service**) has been prepared by Danielle Utting, 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 Quality Audit report was informed by a site assessment, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 22 May 2024

# Assessment summary for Home Care Packages (HCP)

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

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 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives said they are treated with dignity and respect. Information related to cultural background and preferences is collected during the initial assessment and documented in the care plan. Support workers explained how they access consumer information, care preferences and choices.

Consumers and representatives said staff understand their culture, values, diversity, and what is important to them. Care planning documentation contained culturally safe care information for each consumer and staff receive mandatory training on cultural safety. A diversity and inclusion framework and related policies are available to guide staff practice.

Consumers and representatives explained how the service supports them to exercise choice and independence. Support workers described they ways they support consumers to make choices and maintain their independence. Management said consumers have the option to choose fully managed or self-managed home care package (HCP).

Consumers said they are supported to live their best life. Support workers had access to information about risk mitigation strategies on the consumer’s care plan. Management described the risk assessment process, which included developing strategies in consultation with the consumer, and ongoing monitoring.

Consumers and representatives said they receive accurate and timely information from management and support workers. Management described the varied ways they communicate information to consumers. Preferred communication methods were documented on consumers’ care plans. For consumers with managed HCP, monthly statements included itemised expenses, care administration fees and care management fees.

Consumers and representatives were confident the service respects their privacy and confidentiality, and their personal information is treated confidentially. Management and support workers explained how they confidentially store and access consumer information. Staff employed at the service complete the mandatory training covering privacy and confidentiality. The service had policies relating to privacy, respect and confidentiality to guide staff practice.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives were satisfied the service seeks to understand consumer needs and preferences. Validated assessment tools were used to identify and assess consumer risks. Consumers were referred to the clinical care coordinator and/or community nursing services for clinical assessments. Support workers demonstrated an understanding of consumer needs and risks enabling them to provide appropriate service delivery. Care planning documentation evidenced risk assessment completion using validated tools.

Consumers and representatives said their current care needs, goals, and preferences are met. Care planning documentation included current needs and preferences, including end-of life care preferences. The service referred consumers to their general practitioner or local health service to discuss an advance care directives. Support workers said they know what is important to the consumers they look after and have access to up to date information in the consumers care plan.

Case managers said they review care plans annually or when consumers request a change or there is a change in care needs. Consumer care plans are updated in the electronic management system and new copies provided in consumer’s homes. Case managers meet weekly to monitor incidents, referrals and discuss consumers with changing care needs the need reviews completed.

Consumers and representatives were satisfied staff communicated the outcomes of assessment and planning to them and said they received a copy of the care plan. Case managers explained how they meet with consumers and their representatives to discuss consumer’s care needs through an initial assessment process, and ongoing regular and as-required care reviews. All staff said they have access to care documentation through the electronic information system.

Consumers and representatives said they have regular contact with case managers and are satisfied that care and services are reviewed and assessed for effectiveness. Case managers detailed the schedule of consumer care plan reviews and outlined regular review processes in line with the service's care planning policies and procedures. Management explained the review process to identify any risks, concerns, incidents, and changes in care needs, which are escalated to case managers.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | 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 |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives were satisfied with the personal and clinical care they receive, which meets their preferences and needs. Staff understood consumer’s care needs and demonstrated knowledge of consumers' care preferences. Clinical care is referred to community nursing or allied health professionals. Management confirmed support workers have access to best practice guidelines and procedures on the online management system.

Consumers and representatives said the service provides safe care and manages risks effectively. Management explained that up to date information about consumers risks, alerts and strategies is available in consumer’s homes. The service completes a risk and vulnerability tool to determine risk on admission and during annual review. Policies and procedures are available to guide staff in the management of high-impact or high-prevalence risks.

Consumers and representatives confirmed case managers regularly consult with them in relation to their needs, goals, and preferences. Care planning documentation included advance care directives. Clinical staff detailed strategies for consumers nearing the end of life including pain medication, increasing services and being there to support the family. Case managers said they refer consumers to local palliative care services when needed. The service has an advance care plan policy.

The review of care documentation shows staff take appropriate action in response to deterioration or changes in a consumer’s health and well-being. Staff described how they identify, act, and communicate deterioration or changes in a consumer’s condition. The service has a policy to support the identification and management of clinical deterioration. Case managers said consumers with complex care needs are reported to the clinical coordinator or community nursing for further guidance.

Case managers and support workers described how they share information regarding consumers within the service, and with other health professionals and services who deliver care. Care documentation included reports from external services such as medical specialists and other health professionals.

Consumers and representatives were satisfied that when needed, the service enables appropriate individuals, other organisations, and service providers to become involved in care and service delivery. Case managers described the process for referring consumers to allied health professionals in response to changes in consumer condition. Care documentation evidenced timely referrals were made in response to an identified need, including referrals to Dementia Support Australia, medical practitioners, allied health professionals and health educators

Consumers and representatives were satisfied with the staff's actions to prevent infection, including wearing gloves and masks and performing hand hygiene. Staff completed hand hygiene, infection prevention, and Personal Protective Equipment (PPE) training. The service develops emergency plans, including COVID-19 planning with all consumers and their representatives.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives said the services they receive help them to maintain independence and quality of life. Support workers and case managers described the activities and outings most important to consumers. Management explained how the support they provide optimises consumer independence and quality of life and that they link consumers to social supports which align with goals and preferences.

Consumers and representatives were satisfied that staff consider their emotional, spiritual, and psychological well-being. Case managers described how they provide reassurance to consumers and complete checks of consumers known to experience low moods and/or anxiety. The service has a policy on safe and effective care which includes information on providing psychological, spiritual and emotional support.

Consumers and representatives said consumers are assisted to participate in social activities, shopping, lunch, or other activities they enjoy. Care documentation reflected consumer’s participation in programs and activities to meet their needs, goals, and preferences.

Consumers and representatives said support workers know their daily needs and how to provide support tailored to their preferences. Regular communication with others responsible for consumer’s care, including representatives, staff, and other services as appropriate was recorded in care planning documentation.

Consumers and representatives confirmed they had been referred to other care providers and services when required. Care documentation showed examples of referrals to a range of services and supports for daily living. Management described the assessment and referral process, for example linking consumers with social support groups, counselling services, or older person advocacy networks (OPAN).

Consumers and representatives said the service supports them in purchasing equipment, arranging quotes and accessing repair and maintenance when required. Care planning documentation evidenced referral to external allied health professionals for assessment and recommendations in response to consumers assessed needs or requests.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives said they feel comfortable raising complaints and providing feedback. Support workers explained how they forward consumer complaints and feedback to managers. The service had a policy on managing feedback and a mandatory annual learning module on how to deal with complaints. Weekly case manager meeting minutes evidenced complaints and feedback included on the agenda.

Consumers and representatives said they are provided with information related to external advocacy, language services and internal and external complaint methods at the initial meeting. Management said the information is contained within a folder provided at the first meeting and as required. The service had a policy containing information on advocacy service use for consumers.

Consumers and representatives were happy with the complaint process and could describe open disclosure having taken place. Open disclosure processes were followed. One representative said the service issued an apology and explanation in response to their complaint. The service has a policy regarding the process for open disclosure.

Consumers and representatives were able to identify improvements to care and services resulting from feedback and complaints. Management explained how they use information from consumers and representatives to identify opportunities for improvement. Complaints management processes evidenced the service acknowledging the complaint in a timely manner and investigation by a care manager. The outcome of the investigation was documented in the feedback register and the consumer’s file.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives said the service consults with them to find suitable support workers who can provide the care they require. Support workers said they have enough time on their schedules to provide the care required and contact management if the situation changes. Rostering staff described how they have access to the information they need to ensure appropriate support workers are sent to consumer’s homes. Management explained alignment of workforce planning with HCP growth. A clinical coordinator completes assessment and planning of clinical care needs. Allied health staff are sourced externally as required.

Consumers and representatives said staff treat them respectfully and with kindness. Management said discussions with on-going discussions with consumers are undertaken to ensure the care they are receiving from support workers is kind and respectful

Consumers and representatives said they were confident support workers are competent. Management said personal care is provided by qualified support workers. At the time of the Quality Review Audit the service did not have contracts or agreements in place with the services providing care and services. Management acknowledged and included an action on the Plan for Continuous Improvement (PCI). The approved providers response to the Assessment team report confirms commencement of actions to address this. The service is seeking legal advice as to contracting arrangement options.

The service provides training and education modules for new employees which are completed prior to commencement. Ongoing mandatory training was undertaken annually, and compliance monitored by management. Evidence was provided in relation to reference checking and qualification documentation validation.

Staff employed by the service undergo supervision, monitoring and performance review. Management said informal discussions occur at any time and can be prompted by managers or support workers. Performance reviews are undertaken annually by line managers for all staff. A review of documentation identified compliance for all staff. The service has a workforce policy which includes information related to monitoring and review of staff.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| 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. | Compliant |
| 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 |
| 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 |
| 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 |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives said they are provided with opportunities to be involved in the development of new services and evaluation of current services. Management said they look for opportunities to involve consumers in all areas of service delivery. The quality advisory board agenda includes de-identified incidents, feedback, complaints and trends.

The service demonstrated the governing body and quality advisory body promote a culture of safe and inclusive quality care and services. The service is part of a franchise which provides additional organisational structures and committees which support the service. The service’s continuous improvement committee is held monthly and complaints, feedback and incidents trends are analysed and discussed. The franchise continuous improvement committee is attended by a manager from the service. At this meeting audit results, incidents, complaints and site audit reviews are monitored and reviewed.

The service demonstrated effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Staff confirmed they have access to information relevant to consumers using the electronic password protected application. Policies and procedures are accessed using a different application. Management said interpreters are organised as required and as requested by consumers and representatives.

Management explained how they use consumer feedback, regulatory and legislative changes, organisational change and incidents to determine activities for continuous improvement. The service maintains a PCI.

The service has a finance committee is responsible for development and management of budgets and growth projections. A review of documentation identified regular discussions with consumers regarding unspent funds and explanations of monthly statements.

The service demonstrated there are effective systems and practices to ensure the workforce is competent, skilled, and equipped with the knowledge to effectively undertake their roles. The service monitors information regarding the currency of staff certifications. Position descriptions contained information regarding necessary qualifications, required tasks and role description. Performance management is undertaken to ensure staff adhere to the organisations values and systems.

Management described how they stay up to date with regulatory and legislative changes. Staff are notified of changes via email and when required relevant education and policies are sourced. Support workers explained the education and information provided in relation to the introduction of the Serious Incident Response Scheme and the Aged Care Code of Conduct.

The service demonstrated there was an effective process to document feedback and complaints. Management described the system for investigation of complaints and feedback, which includes open disclosure. The continuous improvement committees, both within the service and the franchise, receive trended complaints data reports which are used to identify improvement opportunities.

The service has an effective risk management system in place. The service assesses and manages consumer risk, provides education and ongoing training in relation to abuse, neglect, high-prevalence and high-impact risk. Incidents are recorded in the electronic management system captures and reviewed by management and executive staff. Incident report trends are reviewed by the continuous improvement committee internally and at franchise level. The service maintains a vulnerable consumer list containing comprehensive information in relation to assessed risk.

The service has a clinical governance framework and policies and procedures in place that support antimicrobial stewardship, minimising use of restraint and open disclosure. Management explained how they review medical practitioner summaries and specialist reports to identify prolonged antibiotic use. The service had no consumers subject to restrictive practices and there was a policy in place detailing restrictive practice relevant to aged care providers. The service has an open disclosure policy and management have undertaken education. Support workers and managers described the process of open disclosure following incident.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)