**Performance**

**Report**

**1800 951 822**

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| Name of service: | Geelong Barwon Simply Helping |
| Service address: | Shop T05a, 222 Fischer Street TORQUAY VIC 3228 |
| Commission ID: | 300905 |
| Home Service Provider: | Jatoch Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 11 October 2022 |
| Performance report date: | 26 October 2022 |

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.

**This performance report**

This performance report for Geelong Barwon Simply Helping (**the service**) has been prepared by S Bickerton, 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.

# Services included in this assessment

**Home Care Packages (HCP):**

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

# Material relied on

The following information has been considered in preparing the 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

# Assessment summary for HCP

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

# Other relevant matters:

Non-compliance of requirements 2(3)(a), 3(3)(b), 3(3)(e), and 8(3)(d) was identified during an assessment contact conducted on 1 September 2021.

# 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 |

Findings

At the time of performance report decision, the service was:

* Evidencing assessment and planning considers consumer risks and informs the delivery of safe and effective care and services

The service demonstrated that assessment and planning policies and processes had recently undergone review and had been updated to ensure consumer care plans consistently document assessed consumer needs and risks. Since previous assessment contact in September 2021, the service evidenced service reviews and improvements had been implemented. For example:

* Risk tools have been implemented for all consumers, considering individual vulnerabilities. The services tool guides regular reviews of consumer care and the development of strategies to address risks and make referrals to other services. The service reviews these measures annually or as required to monitor implemented strategies
* Weekly case management meetings have been introduced to discuss consumer care needs and enable case managers and service management to understand and act on changing consumer requirements
* Electronic care systems have been embedded to monitor consumer care plans and alert service staff when reviews are required
* Embedded processes guide service management in conducting regular consumer welfare checks

The service evidenced detailed consumer records to substantiate the detailed improvements.

In relation to contracted services; the service evidenced contractor agreements have undergone review and additionally there has been a reduction in contracted services being utilised. Contracted services are subject to audits by the service to ensure compliance and adherence to policies and processes.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |

Findings

At the time of performance report decision, the service was:

* Evidencing the management of high impact and high prevalence consumer risks
* Evidencing consumer information is documented and communicated to inform care delivery

The service demonstrated effective risk management processes are embedded. For example:

* The service developed and implemented a risk tool for all consumers that considers consumers individual circumstances. This was evidenced to be reviewed regularly and as required, with strategies developed and implemented to address risks and make referrals to other services if required.

The service demonstrated that information about consumer condition, needs and preferences is documented and communicated. For example:

* The service evidenced the introduction of consumer care delivery plans to inform service staff of consumer risks and guide them in monitoring these risks. Service staff have access to these plans and associated information via mobile device. Additionally, service management evidenced ‘risk alerts’ can be entered to alert staff to important information in a timely manner.
* The service evidenced consumer feedback can be submitted by service staff on request via mobile device, and this triggers a workflow to conduct a consumer service review.
* The service demonstrated each consumer has a repository at their residence that includes emergency care plans, support delivery plans, advanced care plans and medication summaries.

# Standard 8

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| Organisational governance | | HCP |
| 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 |

Findings

At the time of performance report decision, the service was:

* Demonstrating effective risk management systems are embedded

The service demonstrated effective risk management systems are embedded across the organisation. For example:

* The service evidenced all consumers have emergency care plans that include detailed information of relevant general practitioners, family members, and representatives
* The service demonstrated its governance structure had been contemporaneously reviewed and enhanced to introduce clinical governance guidelines, policies, and escalation processes

One consumer received clinical palliative care from the service, and the consumer representative provided positive feedback regarding care delivery.

The service demonstrated a recently introduced and optional self-management operating model for consumers had been implemented. Associated documentation evidenced detailed care plans, updated care agreements, and the charter of aged care rights.

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)