**Performance**

**Report**

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| Name: | Jemima Home Services |
| Commission ID: | 201510 |
| Address: | Level 1, 255-259 Pacific Highway, NORTH SYDNEY, New South Wales, 2060 |
| Activity type: | Quality Audit |
| Activity date: | 8 November 2023 to 9 November 2023 |
| Performance report date: | 12 December 2023 |

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: 9843 Jemima J Pty Ltd  
Service: 27832 Jemima J Pty Ltd

**This performance report**

This performance report for Jemima Home Services (**the service**) has been prepared by Gill Jones, Decision Maker, 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, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 4 December 2023.

# 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 applicable** |
| **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

The service demonstrated consumers are treated with dignity and respect and their identify, culture, and diversity are valued. A consumer she is always treated with respect and kindness during her scheduled visits and enjoys her interactions with the care workers. Staff receive education on culture and recognising diversity in their induction.

The service demonstrated that the services they provide are culturally safe. Consumers and representatives described what is important to them and how the service ensures this is delivered in a culturally safe way. Staff stated they receive training in cultural safety and the service handbook shows the service’s commitment to diversity.

Consumers and representatives interviewed said they felt supported to exercise their choice and independence. Care workers demonstrated knowledge and understanding of consumer choices and could describe how they support consumers to make informed choices about their care and services.

Consumers and representatives provided feedback in relation to how the service enables consumers to live their best life. Care workers described the support and assistance measures to ensure consumers are as safe as possible, while living their best life. The Assessment Team sighted evidence of referrals to review and implement recommendations such as supplying consumers with live life alert systems and aids to support consumers live at home.

Information provided to each consumer is current, accurate and timely and is in a form that consumers can easily understand. Consumers provided positive feedback about timely communication. Consumer statements are provided monthly and are easy to read and understand.

Consumers privacy is respected, and personal information is protected. Consumers and representatives confirmed that they feel their information is secure and kept private. Computers are password protected with screen savers in place and computers locking automatically when not used. The service has policies and procedures to guide staff and sub-contractors with information relating to privacy and confidentiality including processes for staff to follow.

The Approved Provider provide a response to the Assessment Team’s report on 4 December 2023 indicating their support for the Assessment team’s findings. Based on the information in the Assessment Team’s report I find Standard 1 fully compliant.

**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

Assessment and planning considers risks to the consumer and informs safe delivery of care. Clinical assessments are completed with eligible consumers and covers falls, skin integrity, mental health, and nutrition. Home risk assessments and a protocol of what to do if the consumer is not at home or does not respond to a scheduled visit are in place.

The service was able to demonstrate assessment and planning covers identifying the needs, goals, and preferences of the consumer. The information is captured at the initial care planning meeting and updated based on the outcomes of the clinical assessment and recommendations of the review of all clinical documentation by the clinical nurse consultant. Overall, consumer goals in care plans were generic although the services and supports required to meet the goals are detailed, specific and individualised. Feedback was provided to management who acknowledged the goals were generic and advised they would work with consumers to develop individualised goals. Currently advanced care planning is discussed with the consumer and/or representative when the care manager assesses the time is right. The care manager acknowledged the need to discuss this as early as possible after receiving feedback from the Assessment Team and said she would give an information brochure during these conversations.

The service was able to demonstrate assessment and planning is performed in partnership with the consumer and those they wish to be involved in their care. The services and supports provided by others, like family members or contracted services are included in the background information, not in the care plan itself. As a result, the consumer does not see this information. The service advised they are in the process of incorporating the information referred to in the background information into the consumer’s care plan to ensure it is covers all care and services provided.

The service was able to demonstrate that outcomes of clinical and other assessments are provided to the consumer and/or representative and discussed with them. The outcomes of planning are included in the care plan. Once the care plan is finalised and signed by the consumer or their representative, consumers and/or representatives receive a copy in the post. Not all consumers could recall receiving a copy of their care plan and management stated they will review their processes for this.

The service was able to demonstrate that care and services are reviewed regularly for effectiveness and when circumstances change. Care plans are reviewed 6 monthly alternating between a phone call and a face-to-face visit at the consumer’s home. When a change in supports and services is only short term, the change is communicated to carers via an email. The care plan is not updated, and carers cannot access their emails via the app they use on their phone but can access them elsewhere. The care manager acknowledged this presents a risk and will be making changes to the phone app so short-term changes are recorded and carers can access this information through the app.

The Approved Provider provide a response to the Assessment Team’s report on 4 December 2023. In this response the Approved Provider indicated some learnings were identified during the audit, they have implemented those immediately and continuing to work through their processes to refine and improve. Based on the information in the Assessment Team’s report I find Standard 2 fully compliant.

# 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

The service was able to demonstrate that consumers receive safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being. Care supports and services are tailored to the needs of the consumer and optimise their health and well-being. Clinical assessments undertaken result in the provision of safe clinical care. Personal care provided seeks to maximise the consumer’s independence.

The service was able to demonstrate that high prevalence risks associated with the care of the consumers is effectively managed. Care plans have a risk alert that pops up as soon as a care worker opens a consumer’s care plan on their mobile app. Care workers are provided with training on managing consumer risks.

The service has a booklet it provides to consumers on end-of-life care and has appropriate policies available. Whilst end of life care was not currently being delivered there was evidence that the service was engaged with consumers who were palliating. Management advised the involvement of the service tends to increase as the consumer’s condition deteriorates and more care worker supports are required.

The service was able to demonstrate that the deterioration of consumer’s health and condition is recognised and responded to in a timely manner. Changes observed by care workers are reported to the office and escalated to the care manager. The care manager reviews all care workers shift reports that they are required to complete after each shift on their mobile app. Training is provided on writing shift reports to ensure relevant information is captured by care workers.

The service was able to demonstrate that information about the consumers condition, needs and preferences is documented and shared within and external to the organisation as required.

Care workers document notes each shift as a hard copy in a file at the consumer’s home for other care workers to refer to if needed. Care workers, managers and other relevant staff have access to consumer’s background information that covers supports and services being provided by others such as physiotherapy. Physiotherapy, OT, nursing and other allied health services are provided by a sub-contract arrangement. The service receives comprehensive reports from these providers every 6 to 8 weeks with updates provided at the time whenever changes are made. The care plan is updated as required with the involvement of the consumer and/or representative.

The service was able to demonstrate they refer to other services. The service makes referrals for allied health based on the recommendations from the clinical assessments and the reviews undertaken by the RN consultant. Evidence was provided to demonstrate recommendations for referrals are discussed with consumer’s and/or representatives. The service does not track from when the referral was received to when it was completed. This was discussed with the care manager who will develop a tracking sheet to assist in ensuring referrals are completed.

The service was able to demonstrate the minimisation of infection related risks to prevent and control infection. The service has policies and procedure for infection control and to minimise the spread of infections. Infection control training, including COVID-19 is provided annually to all staff. With regards to antimicrobial stewardship, the service knows when a consumer is on antibiotics however, they do not keep a record of individual consumer’s antibiotic use over time.

The Approved Provider provide a response to the Assessment Team’s report on 4 December 2023. In this response the Approved Provider indicated some learnings were identified during the audit, they have implemented those immediately and continuing to work through their processes to refine and improve. Based on the information in the Assessment Team’s report I find Standard 3 fully compliant.

**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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The service demonstrated that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimises their independence, health, wellbeing, and quality of life. Consumers said they are provided with companionship, travel, and social outings. Staff explained how they listened to the preferences of consumers. Care plan reviews indicated the preferences for daily living supports are documented for consumers.

The service demonstrated that services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being. Consumers and representatives gave positive feedback about how the service provides this. Care plans included these consumer needs.

The service supports consumers to participate in their community in a way that interests them and to have social and personal relationships. Staff advised that during the initial assessment the goals for the consumer are established, including any social activities that are important to them, and they use this information to help guide and achieve these goals. The preferences are then documented in the consumer’s care plans.

The service demonstrated information about consumers is communicated within the organisation and with others who are responsible for the consumer’s care. The mobile app for care workers was observed by the Assessment Team to have comprehensive information documented about the consumer. Care plans were reviewed and showed the condition, needs and preferences recorded.

The service demonstrated timely and appropriate referrals to other organisations and providers of care and services. Feedback received from consumers described the effective and timely referral process. A review of care documentation evidenced timely and appropriate referrals are made in response to the support needs of the consumers.

The service demonstrated that where equipment is provided, it is safe, suitable, clean, and well maintained. Evidence viewed for sampled consumers confirmed that assistive devices and mobility aids provided were assessed by either an occupational therapist or physiotherapist and deemed safe and suitable by the consumers.

The Approved Provider provide a response to the Assessment Team’s report on 4 December 2023 indicating their support for the Assessment team’s findings. Based on the information in the Assessment Team’s report I find Standard 4 fully compliant.

# 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

The service demonstrated that consumers, representatives, and care workers are encouraged and supported to provide feedback and make complaints. Consumers, representatives, and care workers advised they can contact the administration officer, care team leader, management, or the after-hours coordinator at any time with their concerns.

The service demonstrated that consumers are made aware of and have access to advocates, language services, and other methods for raising and resolving complaints. Consumers and representatives knew how to access interpreter services if needed.

The service demonstrated that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Consumers and their representative’s feedback on their experience of the complaints management process was good. The service has an open disclosure policy in place. Care workers and management interviewed were able to explain the importance of saying sorry, acknowledging the complaint or feedback, owning up to the issue, listening, and providing transparency in working with the consumer to find a solution.

The service demonstrated all feedback and complaints are followed up personally by management, which is then used to improve the quality of care and service. Consumers and representatives said the service seeks their feedback about the services that are delivered. Management interviewed said the positive and negative feedback registered is reviewed daily in the shift feedback reports.

The Approved Provider provide a response to the Assessment Team’s report on 4 December 2023 indicating their support for the Assessment team’s findings. Based on the information in the Assessment Team’s report I find Standard 6 fully compliant.

# 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

The service has a consumer centred approach and utilises an electronic scheduling system to plan and enable the workforce. The preferences of consumers are captured in the initial interview when entering the service and this is placed in the scheduling system. Scheduling staff then match the consumer with the right staff member who has the experience and attributes required. The people and culture manager and the education and mentoring manager assist with this process. This ensures care and services are safe and of the right quality.

All consumers and representatives said that workers are always kind, caring and respectful and value their identity, culture, and diversity.

The service ensures the workforce is competent and has the qualifications and knowledge to effectively perform their role. Staff are provided with a two-day orientation programme which consists of one day of theory and a second day of hands-on skill education and assessment of competency. Consumers and representatives interviewed gave positive feedback about the capability of care workers.

The Assessment Team found the workforce was recruited, trained, equipped, and supported to deliver quality care and services. Management explained how staff are provided with education about the quality standards provides and supported to fulfil their role. All care workers confirmed they had received recent training including training in dementia and the Serious Incident Response Scheme (SIRS). An oversight was identified in that the manager responsible was not checking the register of banned workers before recruiting new staff. This feedback was provided to management who acted immediately to develop a prompt for this on the recruitment checklist. Whilst the check for banning orders has been missed no workers who have been recruited were on the banned list. All other human resources processes where found to be in place. There has been no consumer impact as a result of this omission which has now been rectified.

The service is providing regular assessment of the performance of all staff members at the service. All care workers said they had completed an annual appraisal and found the experience supportive and positive. Performance appraisals for care workers were observed in employment files.

The Approved Provider provide a response to the Assessment Team’s report on 4 December 2023. In this response the Approved Provider indicated some learnings were identified during the audit, they have implemented those immediately and continuing to work through their processes to refine and improve. Based on the information in the Assessment Team’s report I find Standard 7 fully compliant.

# 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

Consumers and representatives were able to provide examples of times they had provided feedback both formally and informally. The organisation provides the opportunity for consumers and representatives to provide feedback through care plan reviews and the annual satisfaction survey conducted to inform the development and delivery of care and services. The service could demonstrate how this information is used to develop and improve services. The service is currently developing a consumer advisory board and two representatives have been identified as agreeing to participate.

The organisation promotes a culture that is safe inclusive and prioritises quality care and services. Regular meetings occur with staff and in these various meetings reflection is encouraged and the risks to consumers are discussed and monitored. An incident management system is in place to ensure the safety of consumers when incidents occur. The service was able to demonstrate the safety of the consumer is paramount with timely investigation, review and actions occurring following an incident. All staff are provided with orientation, mandatory and ongoing training and support. The organisation has a range of policies and procedures in place. Newsletters are provided to staff and consumers and representatives outlining best practice. The organisation promotes equality and diversity in their home care client package handbook that speaks about services being sensitive to individual preferences and circumstances.

The Assessment Team found the organisational wide governance systems are effective.

In relation to information management there are four systems - an electronic scheduling system, a consumer file system, an app on care workers phones and a system where policies and procedures are stored ensuring staff can access the information they need.

In relation to continuous improvement the organisation has a continuous improvement form that is completed when improvements are identified. This is then incorporated into one large plan for continuous improvement that is monitored by the risk and compliance manager.

In relation to financial governance the service has developed an electronic financial spreadsheet to monitor their finances. The organisation was able to demonstrate funds are being spent appropriately to deliver care and services. Systems are in place to monitor consumers with large amounts of unspent funds.

In relation to workforce governance all consumers and representatives said they were satisfied with the quality of the workforce. An issue about not checking the banned worker register was addressed immediately with steps introduced to prompt this action from now on.

In relation to regulatory compliance the organisation is a member of the Aged and Community Care Providers Association (ACCPA) and receives regular updates about changes in legislation.

In relation to feedback and complaints the organisation has a register for positive feedback and negative feedback. The negative feedback register demonstrates investigation occurs to find the root cause of the complaint to rectify it as soon as possible and results in quality improvement, as appropriate.

The Assessment Team found the organisation has risk management systems and practises in place that are effective in managing high impact high prevalence risk for consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents including the use of an incident management system.

There have been no episodes of abuse and neglect of consumers. There is an elder abuse policy in place and education regarding elder abuse is provided to all staff. The service has policies relating to supporting consumers to live the best life they can such as culture, diversity, independence, and advocacy.

The organisation has a clinical governance framework in place, however, this needs review and further development. Clinical indicators are not currently collected and no internal audits were seen. However, the organisation demonstrated that clinical risk is managed effectively.

The organisation has an antimicrobial stewardship policy in place, is minimising the use of restraint, and utilises an open disclosure approach in relation to feedback and complaints. Care workers document what medications consumers are taking including antibiotics as part of their medication monitoring and have had recent education in relation to this with a new medication monitoring tool developed.

The Approved Provider provide a response to the Assessment Team’s report on 4 December 2023. In this response the Approved Provider indicated some learnings were identified during the audit, they have implemented those immediately and continuing to work through their processes to refine and improve. Based on the information in the Assessment Team’s report I find Standard 8 fully compliant.

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)