**Performance**

**Report**

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| Name: | Jim's Home Care |
| Commission ID: | 301130 |
| Address: | 111 Thistlethwaite Street, SOUTH MELBOURNE, Victoria, 3205 |
| Activity type: | Quality Audit |
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| Performance report date: | 13 September 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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9232 Jim's Home Care Pty Ltd  
Service: 27456 Jim's Home Care

**This performance report**

This performance report has been prepared by L Glass, 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 services it operates, 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 service outlets, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 12 September 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 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

Consumers and representatives confirmed they are treated with respect at the service, describing that staff know them well. Staff work regularly with the same consumers and understand their identities and backgrounds. The service attempts to match staff to consumers with consideration to gender preference and culture, and if a cultural match is not possible staff make efforts to learn about the consumer’s cultural background and meet their cultural needs.

Consumers and representatives confirmed they are involved in care planning and have opportunities to exercise choice. Consumers choose who to nominate as their representatives and are provided with recommendations from the service to support decision-making regarding care. During care delivery staff seek consumer guidance on what they wish to do during each visit.

The Assessment Team report indicated consumers are supported to take risks, where this enables them to engage in desired activities. Staff discuss safety considerations and implement risk mitigation strategies with consumers to optimise safety. Positive representative feedback was received regarding the support provided for consumers to continue enjoying their chosen activities.

Consumers receive timely and clear information from the service, including copies of their care plans and monthly statements detailing services provided. Staff check consumer understanding of care arrangements. Information is provided regarding Home Care Package (HCP) costs, what can be funded through an HCP, and the reimbursement process.

Consumer privacy and confidentiality are respected at the service. Consumers and representatives are satisfied staff are considerate of consumer’s personal information, information is only accessible to those who require it and only shared with consumer consent.

# 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

Consumers and representatives indicated the service seeks to understand consumer needs and preferences through the assessment and care planning process. Risk is identified and assessed and validated risk assessment tools are used. Risk assessments and reports from allied health professionals are considered and risk mitigation strategies are documented.

The Assessment Team report reflected the service’s assessment and care planning process incorporates discussion of advance care planning. Consumers are provided with information regarding advanced care plans, and changing needs towards the end of life are considered.

Consumers and representatives confirmed they are involved in the assessment and care planning process. Care managers and where appropriate a registered nurse meet regularly with consumers to discuss and review care plans. Consumers demonstrated an understanding of services received. Care documentation identified those involved in the assessment and care planning process including input from health professionals such as physiotherapists.

Consumers and representatives understood the care and services received and indicated they had received a copy of the consumer care plan. They were satisfied with the communication from staff. Staff have access to care plans at the point of care via mobile devices.

Care and services are reviewed within the first 3 months of a consumer’s entry to the service, then at 6 or 12 months dependent on the HCP level. Additional reviews occur if consumer needs or circumstances change, for example following hospital admission. Care managers also conduct informal reviews if staff raise concerns regarding a consumer.

# 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

Consumers and representatives expressed satisfaction with the personal and clinical care received. Staff are knowledgeable regarding consumer needs and preferences, and care documentation demonstrated the service monitors care delivery to ensure consumer health and

wellbeing is optimised. The service employs a registered nurse and an enrolled nurse to provide clinical assessments, and contracts external nursing services as required. Where external nursing services provide care, they are required to provide monthly reports to the service to ensure care plans are current and other services provided are appropriate. Care is tailored to consumer needs and consistent with best practice.

Consumers and representatives are confident staff are aware of the risks associated with consumer care. The service maintains a register of consumers with specific and/or complex needs. Input is sought from allied and clinical health professionals to help manage and minimise risk. Management ensures staff supporting consumers living with dementia have received appropriate training. At risk consumers are monitored through welfare check visits, regular telephone calls from care managers, and reviews as required. Referrals to appropriate allied health providers are made following incidents such as falls.

The service works with external providers of palliative care and a hospice to maximise care for consumers nearing the end of life. Consumers needs and preferences are considered and regularly reviewed.

Consumers and representatives expressed confidence the service responds in a timely manner to changes in a consumer’s condition. Staff escalate any concerns regarding change or deterioration in a consumer to care managers, and complex issues are referred to the service’s registered nurse. There is a policy in place to guide staff in the identification and management of clinical deterioration.

The Assessment Team report reflected appropriate documentation and communication regarding consumer needs, within the service and with relevant external parties. Consumer feedback indicated brokered services are aware of consumer needs and included praise for the service’s ability to coordinate the flow of information between multiple providers. Staff have access to comprehensive information including alerts via mobile devices. When referrals are made information is shared regarding relevant medical history, the reasons for referral, and if appropriate representative contact details. Consumers and representatives are satisfied the service makes appropriate and timely referrals to external individuals and providers. These include medical practitioners, podiatrists, nursing services, physiotherapists, occupational therapists, and dementia support services. Care managers understand referral networks and processes.

Consumers and representatives indicated they are satisfied with the measures taken by staff to protect consumers from infection. Staff undertake relevant mandatory training, have access to hand sanitiser and personal protective equipment (PPE), and are required to monitor for signs of illness. PPE use is increased if a consumer is unwell but still requires a service.

# 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

Consumers and representatives are satisfied with the care and services. Services are provided in a way which allows consumer independence to be maintained. Goal setting occurs during initial assessment and needs and preferences are discussed during care planning. Consumer preference regarding level of support is respected.

The Assessment Team report reflected emotional, spiritual and psychological well-being is considered and is enhanced by the services provided. Staff monitor consumer mood where there is a history of low mood or anxiety and provide support as required. Staff demonstrated familiarity with consumer behaviours which may indicate disturbances in mood, along with effective strategies to alleviate distress.

The service assists consumers to participate in the community, engage in social activities and do things they enjoy. Consumers and representatives described outings to cafés, bingo and shops. Services support consumers with challenges such as declining mobility and vision, so they can continue accessing the community and being around others.

Consumers are satisfied staff know their needs and that information is shared effectively between all involved in providing care and services. Representatives receive communication from the service, and staff can readily access consumer care plans including any updated information. The service makes timely referrals to providers of other care and services, including counselling services and memory and dementia support services.

The service does not provide meals, but HCP budgets may partially cover the cost of delivered meals. Consumer feedback indicated the meals purchased are of good quality and enjoyable. Some providers offer culturally specific meal options.

HCP funds are at times used to purchase equipment, following occupational therapy or physiotherapy assessment and recommendation. Purchases are made through approved suppliers to ensure products are safe and reliable. Staff check equipment and report any observed safety or maintenance issues to the service. Assistance is provided with accessing repairs and maintenance, and staff clean equipment as required.

# 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

Consumers and representatives confirmed they know how to make complaints and feel confident to provide feedback to the service. Complaints and feedback information is provided during the initial assessment process, and regular telephone calls from case managers provide additional opportunities for feedback. Consumers also receive information regarding advocacy services and external organisations able to receive complaints.

The Assessment Team report indicated complaints are actioned in a timely manner. There was evidence staff report feedback to management and that resolution of complaints occurs. There is a complaints and feedback policy in place and open disclosure is practised.

Complaints and feedback are reviewed and analysed for trends, potential serious incidents and staff performance issues. There was evidence this information is used to improve the quality of services.

# 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

Consumers and representatives are satisfied with staffing levels at the service. They provided feedback that they are notified in advance if replacement staff are to be used or if a visit needs to be rescheduled. When unplanned leave occurs, essential services are prioritised and non-essential services are rescheduled in agreement with the consumer. Staff are required to sign a code of conduct policy, and consumers indicated they are treated with kindness and respect.

Consumers are satisfied staff are competent and have the skills required to perform their duties. Support workers are required to hold a Certificate III or IV level qualification, and brokered staff are also required to provide evidence of qualifications. Care managers have completed training in care planning and are scheduled to complete training in home safety and risk assessment. The completion of mandatory training is monitored for both the service and brokered staff, and additional training needs are identified through performance appraisals, regulatory updates, audits, complaints, feedback, and incident trends.

An informal performance review process is in place for brokered staff. Consumers and representatives provide feedback regarding any staff performance concerns. The service’s office-based staff were only recently recruited and as a result care managers and administration staff were still awaiting their 6-month probationary reviews at the time of the Quality Audit. Regular performance reviews will occur annually.

# 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

The Assessment Team recommended Requirement 8(3)(b) is not met. I have come to a different view and find Requirement 8(3)(b) Compliant. The Assessment Team found at the time

of the Quality Audit the service’s Board was undergoing significant change and did not meet legislative requirements regarding the number of Board members. The Assessment Team found while the Board receives a monthly report from the service’s director regarding reportable and non-reportable incidents, it did not demonstrate it was monitoring care delivery, or analysing and responding to trends, feedback, complaints or incidents. Management advised that in future the Board would receive monthly reports on key clinical indicators, incidents and consumer feedback.

In a written response to the Assessment Team report the Approved Provider supplied further information and evidence that it has recruited Board members and is receiving and providing feedback and a response to a range of relevant reports in monthly meetings. The PCI also addresses the identified deficits in reporting and responses.

All other Requirements in Standard 8 are Compliant.

The service has invited consumers and representatives to participate in a new Consumer Advisory Body (CAB) and are continuing to seek expressions of interest. Currently consumers contribute to the evaluation and development of care and services through participation in regular care reviews and the provision of feedback.

The Assessment Team report reflected the service has effective governance systems in place in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Staff have access to detailed information to enable the provision of consumer care. There are policies and procedures in place regarding privacy and confidentiality. While the service has 2 care systems which were described by management as not well integrated, the Assessment Team noted plans for the introduction of a new software system in September 2024 which will result in integration and enhanced functionality. The service maintains a plan for continuous improvement (PCI) which is driven by consumer and staff feedback. Monthly statements provided to consumers outline available funds, expenditure, fees, contributions and surplus. Unspent funds are tracked and discussed with consumers.

The service maintains records of competency and qualifications of staff. There is a system for monitoring when qualifications or registrations are due for renewal, and all sub-contractors are required to provide evidence of relevant certifications or qualifications. Management receives regular updates relating to legislative and regulatory changes, and policies and procedures are updated when changes occur. The consumer feedback procedure outlines how complaints and feedback are to be captured, recorded, escalated and resolved, and analysis of complaints informs the PCI and improves outcomes for consumers.

The service has in place a risk management framework which incorporates a clinical risks and vulnerable consumers register, and quality and risk management procedures. Risks are identified, reported as required, and escalated to senior management. Serious incidents are reported, and incidents are investigated with outcomes evaluated and reported. Staff receive training in identifying neglect and abuse and are aware of how to report such incidents. The service maintains a balanced approach to risk management to enable consumer safety, choice, and sense of self. There is a dignity of risk process in place.

The service tracks community infection trends and has an infection prevention and control lead and an outbreak management plan. There is an open disclosure policy in place to guide staff, and open disclosure is practised. No consumers were identified as subject to restrictive practice.

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)