**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Jubilee Community Care Association Inc |
| Commission ID: | 700196 |
| Address: | 87 Central Avenue, INDOOROOPILLY, Queensland, 4068 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 13 June 2024 |
| Performance report date: | 11 July 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: 1171 Jubilee Community Care Inc  
Service: 18228 Jubilee Community Care Association Inc  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7505 Jubilee Community Care Inc  
Service: 25167 Jubilee Community Care Inc - Care Relationships and Carer Support  
Service: 25166 Jubilee Community Care Inc - Community and Home Support

**This performance report**

This performance report for Jubilee Community Care Association Inc (**the service**) has been prepared by P. Sherin, 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 Assessment contact (performance assessment) – non-site was informed by review of documents and interviews with staff, representatives, and others.
* the assessment team’s report for the quality audit conducted 6-11 October 2023 and the performance report dated 15 December 2023.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 6 Feedback and complaints | 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.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | Not assessed |

Findings

The service demonstrated assessment and planning includes consideration of risks to the consumer’s health and well-being.

Sampled representatives expressed satisfaction with the service’s assessments and care planning for the consumer.

Review of care planning documentation identified the use of assessment tools, risks to the consumer, and strategies to manage these risks recorded to guide staff practice and transcribed onto run sheets to inform staff.

Staff demonstrated an awareness of risks to individual consumers and strategies to manage the consumer’s health and well-being. Risks to consumers and mitigation strategies are discussed as part of staff meetings.

The service was found to be non-compliant in this Requirement following the Quality Audit conducted 6 - 11 October 2023 in relation to the service not adequately addressing risks and risk mitigation strategies as part of assessment and planning specifically in relation to HCP services. Review of documentation and interviews with staff confirmed the service has taken action to remediate these deficits, including but not limited to:

* Conducting a review and update of care plans for consumers with greater risk as a priority.
* Ensuring information on risk mitigation strategies are outlined under all care plans and readily available for staff. Key risks are also documented on roster notes and roster alerts issued to support workers to enable access to up-to-date information prior to visiting a consumer.
* Implementing regular team meetings with support workers which includes ongoing education and support enabling staff to provide feedback or raise queries regarding consumers in a timely manner.
* Implementing a more detailed care plan for consumers requiring personal care, including detailed steps regarding the consumer’s needs and preferences for each service provided.
* Sourcing risk screening tools to improve monitoring of consumers.

Based on the information recorded above, in relation to HCP services it is my decision this Requirement is compliant.

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| 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 | Not assessed |

Findings

Sampled representatives said the consumer receives the care they need and information regarding the consumer’s needs and preferences are effectively communicated between staff.

Staff described how changes in consumers’ condition, needs, and preferences are documented and made accessible to staff such as by referring to care plans on their mobile devices or checking information documented under run sheets and communication books. Support workers said the service’s Care Coordinators advise them of any changes in a consumer’s condition by contacting them via electronic mail and/or by phone.

The service was found to be non-compliant in this Requirement following the Quality Audit conducted 6 - 11 October 2023 in relation to the service not demonstrating information about the consumer is documented and effectively communicated within the organisation, and with others where responsibility of care is shared specifically in relation to HCP services. Review of documentation and interviews with staff confirmed the service has taken action to remediate these deficits, including but not limited to:

* Ensuring risk mitigation strategies are outlined in all consumers’ care plans and readily available for support workers.
* Ensuring key risks are documented on roster notes and roster alerts issued to support workers enabling access to up-to-date information prior to visiting a consumer.
* Conducting several support worker meetings to reinforce messaging to always inform a Care Coordinator if there is a change in a consumer’s condition.
* Care plans have been made accessible via a digital application for ease of access to consumer information for support workers.

Based on the information recorded above, in relation to HCP services it is my decision this Requirement is compliant.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

The service demonstrated processes in place to support the review of feedback and complaints and how this information is used to improve the quality of care and services for consumers.

Staff demonstrated awareness of the importance of feedback and complaints being captured and recorded to inform continuous improvement.

Review of meeting minutes identified feedback and complaints are discussed at management and Coordinator meetings and the information is tabled at governing body meetings for the Board’s consideration and response.

The service was found to be non-compliant in this Requirement following the Quality Audit conducted 6 - 11 October 2023 in relation to the service not demonstrating feedback and complaints are used to improve the quality of care and services for both HCP and CHSP services. Review of documentation and interviews with staff confirmed the service has taken action to remediate these deficits, including but not limited to:

* Conducting a whole of staff meeting outlining the process for, and importance of, feedback and complaints being documented and communicated to the relevant person.
* Updating the service’s feedback and complaints policy and process.
* Including complaints, feedback, and incidents as a standing agenda item at the service’s weekly Care Coordination meeting.
* Allocating specific personnel the responsibility for overseeing actions and outcomes of feedback and complaints, for updating registers, and conducting trending and analysis of data to inform improvement actions.
* Ensuring the inclusion of feedback and complaints under the service’s continuous improvement plan.
* Reporting on feedback and complaints as part of monthly staff meetings and Board reports.

Based on the information recorded above, in relation to both HCP and CHSP services it is my decision this Requirement is compliant.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| 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 | 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 | Compliant |

Findings

Requirement 8(3)(d)

The service demonstrated a risk management framework is implemented which includes the identification of risks to consumers and communication of risks and mitigation strategies to those involved in the care of consumers.

The service is recording information on risks and incidents and reporting this to the service’s management and the Board. Risk and incident management policies and procedures have been updated and made available to guide staff practice.

Management described the occurrence of weekly case management meetings where incidents are reviewed, and any proposed actions and improvement opportunities discussed. The service’s Board includes a medical officer and registered nurse who provide additional oversight of clinical incidents.

Review of documentation evidenced incidents are appropriately identified and responded to. Staff induction and mandatory training include topics on risks to consumers, risk identification, and risk assessment.

The service was found to be non-compliant in this Requirement following the Quality Audit conducted 6 - 11 October 2023 in relation to the service not demonstrating effective risk management systems and practices to manage and prevent incidents, including the use of an incident management system for both HCP and CHSP services. Review of documentation and interviews with staff confirmed the service has taken action to remediate these deficits, including but not limited to:

* Updating the service’s incident management policy and process. The revision incorporates clearer definitions, accountabilities, and reporting functions. A risk severity matrix in included in the policy to help with the categorisation of risks.
* Including incidents as a standing agenda item on Care Coordination meetings and monthly staff meetings. Incident analysis and reporting is also included in monthly Board meetings.
* Adapting the service’s continuous improvement plan to reference incident numbers and incorporate actions arising out of incident analysis.
* Provision of staff training on incident management.

Based on the information recorded above, in relation to both HCP and CHSP services it is my decision this Requirement is compliant.

Requirement 8(3)(e)

The service provided examples of managing clinical governance via assigning members of the workforce particular areas of responsibility and implementing systems for managing clinical care and reporting clinical concerns.

Staff provided examples of recognising clinical deterioration in consumers and how they report any concerns and incidents. Staff said they undertake annual mandatory training and can request for additional training on topics, as required.

Management described how staff manage clinical risks to consumers and respond to clinical incidents.

The service was found to be non-compliant in this Requirement following the Quality Audit conducted 6 - 11 October 2023 in relation to the service not demonstrating effective clinical governance for both HCP and CHSP services, specifically in the collection and reporting of clinical data and lack of staff knowledge on restrictive practice. Review of documentation and interviews with staff confirmed the service has taken action to remediate these deficits, including but not limited to:

* Conducting a whole of staff meeting to address timely reporting and escalation of clinical incidents.
* Implementing a process for Care Coordinators to record all clinical incidents under the service’s centralised system.
* Assigning the Human Resource Manager the responsibility for ensuring the service’s centralised system is kept up to date and reports on incident trending and analysis are provided at monthly Board meetings.
* Inclusion of clinical indicators within the agenda for the service’s weekly Care Coordinators meeting.
* Review and update of the service’s risk management policy.
* Updating the service’s staff induction process and inclusion of a restrictive practice fact sheet to guide staff.

Based on the information recorded above, in relation to both HCP and CHSP services it is my decision this Requirement is compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)