**Performance**

**Report**

**1800 951 822**

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| Name of service: | Just-For-U |
| Service address: | 101/424 Warrigal Road HEATHERTON VIC 3202 |
| Commission ID: | 300906 |
| Home Service Provider: | JFU Job Seek Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 2 February 2023 |
| Performance report date: | 24 February 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.

**This performance report**

This performance report for Just-For-U (**the service**) has been prepared by A. Grant, 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:**

* Home Care Packages, 26249, 101/424 Warrigal Road, HEATHERTON VIC 3202

# 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 Home Care Packages (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** |
| **Standard 3** Personal care and clinical care | **Not applicable** |
| **Standard 4** Services and supports for daily living | **Not applicable** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **Not applicable** |
| **Standard 7** Human resources | **Not applicable** |
| **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 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. | **Not applicable** |
| Requirement 1(3)(b) | Care and services are culturally safe | **Not applicable** |
| 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. | **Not applicable** |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | **Not applicable** |
| 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. | **Not applicable** |

Findings

Evidence analysed by the Assessment Team showed the service demonstrated that information provided to each consumer regarding the implementation of the Social, Community, Home Care and Disability Services (SCHADS) award was current, accurate and timely, and communicated in a way that was clear, easy to understand and enabled them to exercise choice. Consumers when interviewed by the Assessment Team confirmed they were provided with timely and relevant information and were able to speak to staff if they required more information. Documents analysed by the Assessment Team confirmed consumers were provided verbal and written information prior to the implementation of the SCHADS award to enable them to exercise choice. Staff and management described how they provided information to consumers in various ways, verbally and in writing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information provided to consumers regarding their monthly budget is accurate, timely and communicated in a way that is clear and easy for them to understand. Evidence analysed by the Assessment Team showed the service was able to demonstrate that information provided to consumers regarding price changes was provided in a timely manner and enabled consumers to exercise choice of the services they receive.

# 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. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate the organisation promotes a culture of safe, inclusive and quality care and services, and is accountable for their delivery. Evidence analysed by the Assessment Team showed the service has a range of reporting mechanisms to ensure the organisation is aware and accountable for the delivery of care and services.

The Assessment Team analysed the organisations Management Review (Risk, Compliance and Quality) Meeting Minutes from April 2022.The minutes included information including, but not limited to, complaints, compliments, feedback, continual improvements, incidents, risks, hazards, contractor management, human resources and the service's compliance to the Aged Care Quality Standards.

Evidence analysed by the Assessment Team showed the organisation conducted an internal audit against the Aged Care Quality standards in December 2022. The results of this review have been documented on a continual improvement register and is being used by the organisation to improve the quality and safety of care and services.

During interviews with the Assessment Team Management described the implementation of the SCHADS award, and how it affected consumers. Management when interviewed by the Assessment Team stated that two consumers care and services changed, which in both cases was due to inflexibility of brokered services.

Evidence analysed by the Assessment Team showed one consumer originally had seven one-hour personal care services per week, which was changed to five two-hour services per week due to brokered service's interpretation of the SCHADS award, and availability of staff in the consumer's region. Evidence analysed by the Assessment Team showed the consumer made a complaint to the Aged Care Quality and Safety Commission (the Commission) regarding the changes. Evidence analysed by the Assessment Team showed the service worked with the consumer and the Commission to resolve the complaint and restored the consumer's services to how there were prior to the changes.

Evidence analysed by the Assessment Team showed the one consumer was identified as being impacted by changes made to SCHADS awards where shifts from a brokered service have been increased to two hours due to the brokered service's interpretation of the SCHADS award. The Assessment Team noted Management advised, and documentation substantiated, the consumer has since agreed to these changes as they ensure retention of the brokered support worker.

During interviews with the Assessment Team Management advised these two consumers were affected by the SCHADS award changes due to how the brokered service applied the changes to the award and advised they have limited ability to influence this. The Assessment Team, through interviews with consumers and documentation viewed, did not identify any other consumers affected by changes to the SCHADS award.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

*Information management:*

During interviews with the Assessment Team Management stated all consumers receive a copy of their care plan, and staff are informed of consumer risks and mitigation strategies through referral forms. Management when interviewed described how staff access policies and procedures through the service's 'Sharepoint' system, and reference guides for staff are available in a folder available to all staff.

*Continuous improvement:*

During interviews with the Assessment Team Management advised they source items of continuous improvement from various channels including staff and consumer feedback, changes to legislation, incidents and audit. Management when interviewed described how each item on the continuous improvement register is risk-rated and monitored regularly to ensure timely completion. Continuous improvement progress is reported to the Director.

*Financial governance:*

During interviews with the Assessment Team Management advised the Director and Finance Manager work closely to ensure the service complies with all financial obligations. Management when interviewed described their process for tracking unspent funds for consumers, where care coordinators receive a monthly report identifying consumers with high or low amounts of unspent funds. The Assessment Team noted coordinators use this information to promote additional care and services for consumers and identify consumers to refer to be reassessed at a higher level.

*Workforce governance:*

During interviews with the Assessment Team Management advised the service's rostering team meets regularly with management to discuss staffing challenges, and to target recruiting in regions of need. Management when interviewed advised the rostering team are responsive and able to fill shifts when staff are unavailable, and in cases where replacement staff are not available, the service outsources the services to ensure consumers do not miss out on care.

During interviews with the Assessment Team Management described the service's process to review staff performance through annual reviews called 'supervisions'. The service hold discussions with staff around their performance and identify any training needs.

*Regulatory compliance:*

During interviews with the Assessment Team Management advised they collate all regulatory changes, and make this information available to staff through emails, and the service's 'knowledge bank'. The Assessment Team noted Management demonstrated knowledge and application of recent regulatory changes including Serious Incident Response Scheme (SIRS), Code of Conduct and the changes made to Administration and Management charges in Home Care.

Feedback and complaints:

During interviews with the Assessment Team Management described how the service ensures all staff are trained in feedback and complaints processes and have policies and procedures available to them. Evidence analysed by the Assessment Team shows the service keeps a feedback and complaints register which tracks all feedback to resolution and includes details of actions taken. Management described how feedback and complaints are trended and analysed, and a quarterly report is sent to the Board to ensure organisation-wide oversight.

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)