**Performance**

**Report**

**1800 951 822**

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| Name: | Just Better Care – Bankstown, Ryde and Paramatta |
| Commission ID: | 201293 |
| Address: | Unit 36, 8 Avenue of the Americas, NEWINGTON, New South Wales, 2127 |
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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: 8728 LTC Care Services Pty Ltd  
Service: 26164 LTC Care Services Pty Ltd t/as Just Better Care Ryde Parramatta and Just Better Care Bankstown

**This performance report**

This performance report for Just Better Care – Bankstown, Ryde and Paramatta (**the service**) has been prepared by E Woodley, 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 3 April 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 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 Quality Standard is compliant as the six specific Requirements have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team said consumers are treated with respect and dignity, confirmed that staff understand consumer’s needs, and said they feel safe and respected when services are being delivered. Staff demonstrated knowledge of consumer’s cultural backgrounds and tailored care in response to this. Management described how they use feedback from consumers and representatives to have oversight and monitor workforce interactions to ensure they are respectful. Care planning documents reviewed by the Assessment Team reflected consumer’s cultural needs, interests, and preferences, including information about each consumer's cultural identity and other diverse aspects such as spoken languages, where they were born, and cultural days of importance to them. Organisational policies provide guidance to staff on delivery of diverse and culturally appropriate care.

Consumers and representatives said they are supported to make decisions about the services consumers receive. Consumers felt they are supported to exercise choice regarding personal care, domestic assistance, and timing and frequency of services. Management and staff evidenced knowledge, awareness, and understanding of consumer’s choices and preferences and described how each consumer is supported to make informed decisions about the care and services they receive. The consumer handbook outlines information regarding communication, advocacy, choice, decision making and independence.

The service demonstrated they balance autonomy and risk to support consumers to live their best lives. Risk assessments are undertaken and where risks are identified, strategies are identified and implemented to mitigate these risks. Consumer’s care planning documentation included relevant information to guide staff in supporting consumers to take risks, and staff described how they support specific consumers to take risks. For example, risks associated with falls, social isolation, cognitive impairment, and mobility were considered and managed in line with the consumer’s choices.

Consumers and representatives confirmed the information they receive is current, accurate, and timely, and consumers and representatives stated they are able to make choices about care and services with the information they receive. Most consumers and representatives said monthly statements are easy to understand, and if there was an issue or an inclusion that required more explanation, they were confident to approach staff and management to discuss this. Management advised they utilise formal interpreting and translating services to communicate and translate documents into other languages when required.

Consumers and representatives said consumer’s privacy is respected and confidentiality of consumer’s personal information is maintained. Staff interviewed described how they respect consumer’s privacy and confidentiality, including by refraining from discussing or disclosing personal information with anyone else unless it is for the well-being of the consumer, and ensuring privacy and dignity is maintained during personal care delivery.

# 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

The Quality Standard is compliant as the five specific Requirements have been assessed as compliant.

The Assessment Team found assessment and planning considers risks to consumer’s health and well-being to inform safe and effective delivery of care. The service has assessment and planning policies and procedures, and validated screening and assessment tools, to guide the identification, assessment, and management of risks. This includes effective assessment of risks associated with falls, cognitive impairment, skin integrity, swallowing impairments and allergies.

Consumer’s needs, goals, and preferences are identified in care documentation and inform care planning, scheduling, and service provision. Preferences such as specific staff, gender, and language requirements are considered by schedulers when organising staff for services. Advanced care planning is considered during initial assessment, and the service has plans to raise advanced care planning at regular intervals including reassessment to ensure that formalised plans are considered when providing care and services.

Consumers and representatives interviewed advised the Assessment Team that care planning is completed in partnership with the consumer and representative, and staff interviewed described how they involve the consumer in care assessment and planning. Care documentation lists other persons involved in the consumer’s care, including primary contact, advocates, or power of attorneys. Other organisations and care professionals were demonstrated to be involved in ongoing review of consumer’s care, including through case conferences and in-person meetings. The outcomes of assessment and planning are documented in care plans which are available to consumers and staff. Consumers and representatives confirmed care plans were provided and discussed with them when care and services were initiated and on review. Staff have access to physical copies of care plans where care and services are provided, and via the electronic management system.

The service demonstrated care and services are reviewed regularly, when circumstances change, and when incidents impact on needs, goals, and preferences. Service management and clinical staff recently conducted visits to consumer’s homes to ensure care and services were meeting their needs, and implement any changes if required. While the Assessment Team found not all consumers were comprehensively reviewed following hospital admission, the service identified action to improve this during the Quality Audit.

# 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 Quality Standard is compliant as the seven specific Requirements have been assessed as compliant.

The service provides personal care to consumers with clinical care outsourced to subcontractors when required. Consumers and their representatives interviewed by the Assessment Team generally expressed satisfaction with personal care provided and confirmed care was tailored to their needs. Clinical staff directing care demonstrated how best practice guidelines inform care and service delivery. For consumers sampled, safe and effective care was demonstrated regarding mobility, pressure area care, wound management, and personal hygiene care. The service has policies and procedures in place to guide management of high impact and high prevalence risks. The service has completed a review of consumers at high risk associated with falls, swallowing, confusion, and skin integrity. Care documentation reviewed demonstrate safe and effective management of these risks.

No consumers were receiving palliative or end of life care during the Quality Audit. However, the organisation has policies and procedures in place to guide safe and effective end of life care if funding and resources allow the consumer to remain at home. These include treating the consumer with dignity and being respectful of cultural considerations. Staff were able to discuss how they would provide care to consumers at the end of their life, including comfort measures and symptom management.

Deterioration or change of consumer’s mental health, physical health, capacity, and condition is recognised and responded to in a timely manner. Consumers and their representatives stated they were confident staff would recognise and report deterioration to clinical staff. Progress notes can be flagged as incidents which are monitored by office and clinical staff daily, enabling deterioration to be recognised and acted upon in a timely manner. Consumer condition, needs and preferences are documented and communicated within the organisation and with others who share responsibility of care. Reports and communication between the service and allied health providers was observed, and consumers reported care provided was consistent with service documentation and care planning. Consumers and their representatives confirmed referrals to individuals, organisations and providers of care and services are appropriate and timely. The service refers consumers to allied health professionals including physiotherapists, occupational therapists, speech pathologists and podiatry. The service also refers and supports consumers to upgrade their home care packages when appropriate.

The service demonstrated appropriate precautions are in place for management of infection related risks to consumers. Consumers and their representatives described how staff use personal protective equipment (PPE) and precautions to minimise infections. The service provides PPE and maintains a register to monitor staff PPE usage and their adherence to infection control procedures in the field. The service ensures staff vaccinations for COVID-19 and influenza are kept up to date and monitored. This includes vaccinations for subcontractors who provide in-home care and services. Antibiotic use is included in care planning and assessment, and is monitored, including start and cease dates. Clinical staff said they liaise with general practitioners regarding antibiotic usage, monitor pathology results to ensure antibiotic prescription is in line with culture and sensitivity reports, as well as consideration of consumer allergies.

# 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 Quality Standard is compliant as the six Requirements assessed have been assessed as compliant.

Consumers interviewed by the Assessment Team felt they receive services and supports for daily living that optimise their independence, health, well-being, and quality of life. This includes transport services, social support, and domestic assistance. Consumers are supported to participate in their community, maintain social and personal relationships, and do things that interest them. The service provides supports that promote consumer’s emotional, spiritual, and psychological well-being, and staff support consumers when they are feeling low due to emotional or psychological issues. For example, implementation of communication strategies that prevent anxiety for a consumer, support to attend religious services and practices, and services to support consumer’s mental health.

Consumers interviewed said staff know their daily living needs, preferences, and how to provide individual support. Care plans provide guidance to staff on providing care and services in line with the consumer's current condition, needs and preferences. Information is shared with others who are involved in the care of the consumer for example occupational therapists, medical officers, speech therapists and physiotherapists. The service demonstrated timely and appropriate referrals to other organisations and providers to support lifestyle services and supports, for example, to local pools and pest control services.

The service demonstrated that, where equipment is provided, it is safe, suitable, clean, and well maintained. Equipment including chairs, rails, walkers, and home modifications were observed to be installed following assessment by allied health professionals. Staff reported they advise management when equipment appears to be needing repair or replacement, and clean equipment during routine care. Management confirmed that equipment is serviced or replaced 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

The Quality Standard is compliant as the four specific Requirements have been assessed as compliant.

The service demonstrated consumers and representatives are encouraged and supported to provide feedback and make complaints. Consumers interviewed said they call the office to discuss issues and provide feedback if they need to and had been provided with information on complaints processes when they commenced services. The organisation formally seeks consumer feedback through an annual consumer survey. Consumers are made aware of and can access advocates, language services, and other services to raise and resolve complaints. Staff interviewed said information about language services is supplied to consumers as needed and interpreter services used when required.

The service demonstrated appropriate action is taken in response to informal and formal complaints, including utilising an open disclosure approach. Interviewed consumers and representatives who had made a complaint confirmed the service provided apologies and explanations, including steps to prevent a further occurrence. Consumers and representatives said they were satisfied with the outcome of raised complaints. Staff interviewed were aware of the service’s complaints management process and could describe an open disclosure being used. Training modules and appropriate policies and processes are in place for guiding staff in complaint handling, including open disclosure.

The service demonstrated feedback and complaints are used to improve the quality of care and services. Several consumers and representatives interviewed said there had been noticeable changes made by management over the past few months, primarily in improving communication and service delivery. Complaints are discussed in management and team meetings to identify trends and discuss ways to improve processes.

# 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 Quality Standard is compliant as the five specific Requirements have been assessed as compliant.

The service demonstrated the workforce is planned and the number of mix of staff enables the delivery of safe and quality care. All consumers and representatives interviewed said there are sufficient staff to provide quality care, the same staff usually provide their services, and services are not rushed. Where feedback had been provided in relation to worker preference, alternative workers were rostered, to the consumer’s satisfaction. A workforce planning tool is utilised to ensure care worker availability is up to date, gaps are identified, and resources filled. Management advised the service is continually recruiting and there had been no recent unfilled shifts. The service demonstrated consumers are treated with respect, staff are kind and caring, and the diversity and culture of consumers is supported. Consumers and their representatives interviewed said staff were kind, caring and respectful.

The service demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Recruitment, induction, and performance management processes are in place to ensure the workforce are competent to perform their roles. Care worker compliance checks and skills-based competency assessments are completed, and subcontractor agreements and compliance checks are in place. Mandatory education is provided for all staff, records are kept, and completion status monitored. New staff complete an orientation program and mandatory training in a variety of topics relevant to the Quality Standards. Training needs are identified through performance reviews, team meetings, incidents, and consumer feedback and complaints. A staff training matrix and yearly education calendar is maintained. Staff interviewed confirmed they felt supported when they started at the service and said the induction process was sufficient.

The service demonstrated workforce performance is regularly assessed, monitored, and reviewed. Worker performance is monitored during probation periods, weekly spot checks by management, and annual performance reviews conducted for all staff. The service receives regular verbal feedback from consumers regarding the performance of staff, subcontracted providers, and management. Incidents, complaints, and feedback are also reviewed to identify staff training needs and trigger performance discussions.

# 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 Quality Standard is compliant as the five specific Requirements have been assessed as compliant.

The organisation demonstrated they engage with consumers in the development, delivery and evaluation of care and services. The service uses feedback and complaint systems, and annual consumer surveys, to gain consumer feedback which is reviewed and used to identify opportunities for improvement across the service. Consumers, representatives, and staff interviewed stated the service was well run. Several consumers spoke about seeing considerable improvement in consumer service delivery and were satisfied with the organisation’s level of responsiveness to their feedback. The organisation has commenced setting up a consumer advisory board to increase consumer engagement.

Overall, the organisation promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. Reports that include information on workforce, incidents and complaints are provided to the governing body, who provide business health checks, data analysis, and benchmarking information against other franchise operators. Guidance on how to manage associated risks feeds into the organisation’s plan for continuous improvement. The governing body is made up of members with appropriate mix of skills, experience, and expertise, and the organisation has established a Quality Care Advisory body.

The organisation demonstrated effective organisation-wide governance systems are in place in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Policies and procedures outline processes around each governance system to guide staff practice. The management team has been implementing a transformational change program over the past several months, to address identified operational deficiencies and ensure effective systems are in place.

The organisation demonstrated they maintain effective risk management systems, including managing high impact and high prevalence risks, responding to abuse and neglect of consumers, implementing an incident management system, and identifying risk in assessment and care planning. The organisation has systems in place to effectively support consumers to live the best life they can. Care workers log incidents via their mobile application and incidents are investigated by management. Incident information including actions and outcomes are recorded in a risk register, are discussed daily in huddles and formally in risk register review meetings. Systemic improvement actions arising from incident trending are added to operational dashboards for implementation and management oversight.

The organisation effectively utilises a clinical governance framework that supports the clinical care of consumers. The framework includes clinical guidelines and pathways, reporting, auditing, education, and clinical communications to the organisation. Clinical roles and responsibilities are clearly outlined in job descriptions. Training and best practice policies and procedures to guide staff in delivering clinical care include antimicrobial stewardship, minimising the use of restraint, and open disclosure.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)