**Performance**

**Report**

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| Name: | Just Better Care - Brisbane North |
| Commission ID: | 700931 |
| Address: | 1/6 Patricks Road, ARANA HILLS, Queensland, 4054 |
| Activity type: | Quality Audit |
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| Performance report date: | 2 February 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: 8667 JBC Brisbane North Pty Ltd  
Service: 26250 JBC Brisbane North Pty Ltd

**This performance report**

This performance report for Just Better Care - Brisbane North (**the service**) has been prepared by Stewart Brumm, 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, 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 | 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

The Assessment Team provided information that consumers/representatives said staff treat consumers with dignity and respect and support their cultural diversity by ensuring their care needs are met and respectfully interacting with consumers. Staff demonstrated knowledge of consumers’ cultural backgrounds and management described how they ensure interactions with consumers and staff remain respectful. Consumers/representatives confirmed that staff understand consumers’ needs and preferences and they feel safe and respected when services are being delivered.

Consumers/representatives say they are supported to make their own decisions about the services the consumer receives. Management and staff evidenced knowledge, awareness, and understanding of consumers’ choices and preferences and described how each consumer is supported to make informed decisions about the care and services they receive. Consumers/representatives confirmed that the information they receive is current, accurate, and timely.

Consumers/representatives provided examples of risks consumers take to live the life they choose and feel they would be supported by the Approved Provider to take any potential risks. They also stated their privacy and confidentially are respected.

The Approved Provider has a range of policies and procedures to guide staff practice for this standard.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer feedback and the Approved Providers ability to demonstrate ongoing compliance in determining my findings.

I find all requirements in this standard are 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

The Assessment Team provided information that assessment and planning for consumers by the home care coordinator of the registered nurse, depending on the level of the home care package. The registered nurse maintains oversight of assessment and planning in consultation with relevant staff when consumers enter the service and when changes occur. Staff report care planning documentation provides sufficient detail on how care and services are to be delivered. Consumers/representatives confirm being involved in the assessment process.

Consumers/representatives stated the care and services consumers currently receive meet their needs, goals, and preferences. Advance care planning and end of life planning is discussed with consumers/representatives when they commence with the service. Support workers are aware of processes to follow if consumers do not respond to a scheduled visit.

Consumers/representatives stated they are involved in the planning and review of the services consumers receive. Staff described how they work with the consumer and other organisations to meet the needs of the consumer. Documentation includes input from consumers and/or representatives in the planning of services.

The Approved Provider documents the outcomes of assessment and planning in hard copy files kept in the consumer’s home and in the electronic care planning system which is accessible to staff. Support workers confirm they have access to the care and services plans via a mobile phone application.

Consumers/representatives said the home care package manager regularly communicates with them and implements changes to meet the consumer’s current needs. Management reported consumer files are reviewed on an ongoing basis. Care and support plans are individualised and contain sufficient information to guide staff.

The Approved Provider has a range of policies and procedures to guide staff practice for this standard.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer feedback and the Approved Providers ability to demonstrate ongoing compliance in determining my findings.

I find all requirements in this standard are 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 Assessment Team provided information that the Approved Provider demonstrated that consumers requiring clinical care receive care that is safe and effective and meets their assessed care needs. Consumers and representative report the care consumers receive is tailored to their needs and that the service is flexible in the delivery of care and services. Consumers’ needs, goals and preferences are described in sufficient detail to guide staff in the delivery of care and services. Support workers demonstrated knowledge of individual consumer’s needs, goals and preferences and described how care is tailored to the consumer’s needs.

Risk assessments are undertaken to identify consumers with high-impact and high-prevalence risks. Strategies to minimise risks are documented in the consumer’s care and service plan. Management report support workers have received training on how to report an incident. Support workers confirmed they refer to consumers’ care and service plans or contact the HCP manager or RN if they require support to manage consumers’ risks. Support workers described strategies to minimise the impact of identified risks for consumers.

Consumers/representatives reported they discuss advance care planning and end of life wishes on entry to the service. The Approved Provider has established relationships with hospitals, medical services, and allied health services to support consumers’ needs and end of life wishes.

The Approved Provider demonstrated that deterioration in a consumer’s capacity or condition is recognised and responded to in a timely manner. Consumers/representatives confirmed that the Approved Provider provides consistent support workers. A review of consumer care planning documentation confirmed that the service responds in a timely manner when deterioration in a consumer’s capacity is identified.

The Approved Provider demonstrated 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.

Consumers/representatives were satisfied with referrals to other organisations, including nursing services and allied health services that provide podiatry, physiotherapy, and occupational therapy.

Management and support workers understand practical ways to minimise the transmission of infections including the risks associated with influenza and COVID-19. Support workers report they have received infection control training and have access to sufficient supplies of personal protective equipment. Consumers/representatives confirmed that support workers follow standard infection control protocols, including handwashing and the appropriate use of PPE.

The Approved Provider has a range of policies and procedures to guide staff practice for this standard.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer feedback and the Approved Providers ability to demonstrate ongoing compliance in determining my findings.

I find all requirements in this standard are 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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Assessment Team provided information that consumers/representatives stated they were supported by the Approved Provider to maintain a consumer’s quality of life and independence. Staff demonstrated an understanding of what is important to consumers and could describe how they help the consumer to do as much as they can for themselves if this is their preference. Care planning documents were individualised and outlined the services and supports for each consumer.

Consumers/representatives were satisfied with care, services, and supports. Staff understand consumers’ daily living preferences and provide appropriate emotional support. Care and service plans guide care staff to support consumers’ emotional, spiritual, and psychological well-being.

Staff understand consumers’ daily living preferences and provide appropriate support. Care and service plans guide the delivery of services and supports that meet consumers’ preferences. Consumers/representatives provided positive feedback about the support for daily living provided.

The Approved Provider demonstrated information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. Staff and management described the process for referrals to other organisations and individuals involved in the consumer’s care. Consumers/representatives said the Approved Provider provides information on services available to them.

Consumers who receive meals were satisfied with the quality, quantity, and variety. There is a process to identify consumers’ dietary requirements, including allergies, and a process to support consumers to order meals of their choice.

The Approved Provider demonstrated where equipment is provided, it is safe, suitable, clean and well maintained.

The Approved Provider has a range of policies and procedures to guide staff practice for this standard.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer feedback and the Approved Providers ability to demonstrate ongoing compliance in determining my findings.

I find all requirements in this standard are 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 Assessment Team provided information that the Approved Provider demonstrated that consumers/representatives are encouraged and supported to make complaints and provide feedback. Consumers sampled said they could make complaints and provide feedback and said they would have no concerns talking with staff or management if they wanted to make a complaint.

Consumers/representatives said they were aware of external complaints and advocacy services, however, would prefer to manage any concerns or complaints directly with the service.

Consumers/representatives stated staff and management are responsive when they raise concerns. Staff and management demonstrated an understanding of the importance of utilising open disclosure throughout the complaints process and were able to describe the process. The Approved Provider has an established plan for continuous improvement which includes planned actions to address feedback from consumers/representatives to improve the quality of care and services. These actions are tracked by management and monitored for their effectiveness.

The Approved Provider has a range of policies and procedures to guide staff practice for this standard.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer feedback and the Approved Providers ability to demonstrate ongoing compliance in determining my findings.

I find all requirements in this standard are 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 Assessment Team provided information that the Approved Provider demonstrated the workforce is planned to enable the delivery of safe and quality care and services. Consumers stated staffing is consistent and the service notifies them of any changes to their scheduled care and services. Management has contingency plans in place to replace staff when required and rosters are reviewed on a regular basis to ensure staff allocations are adequately meeting changing consumer needs and preferences.

Consumers and representatives stated staff are kind and caring and are respectful to consumers. Staff were able to describe consumers’ backgrounds, culture, and identity and those important to the consumer. Management demonstrated ways they monitor staff interactions with consumers.

The Approved Provider demonstrated the workforce is competent, and members of the workforce have the qualifications to perform their roles effectively. Consumers and representatives said staff are well trained and meet the needs of consumers in a friendly and helpful manner.

The Approved Provider was able to demonstrate it has processes for the recruitment, induction, and onboarding of staff. Staff are provided online and face-to-face education, including education about key elements of the Quality Standards. Staff documentation is kept on the electronic management system, with management regularly reviewing and monitoring staff training.

Management and staff demonstrated systems are in place to regularly assess, monitor and review staff performance. Staff confirmed how they are regularly engaged in their professional development including opportunities to request specific training relevant to their role.

The Approved Provider has a range of policies and procedures to guide staff practice for this standard.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer feedback and the Approved Providers ability to demonstrate ongoing compliance in determining my findings.

I find all requirements in this standard are 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

The Assessment Team provided information that consumers said they have the opportunity to provide feedback on care and services and management demonstrated the various avenues for consumers to be involved in the evaluation of care and services.

The Approved Provider was able to demonstrate its governing body promotes a culture of safe, inclusive, and quality care and services. The Assessment Team interviewed management, who provided examples of how the governing body monitors the service is compliant with the Quality Standards, and how the governing body ensures it is accountable for the delivery of quality care and services across the organisation.

The Approved Provider demonstrated effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints.

The organisation has a clinical governance framework and policy that directs the service on how to manage high impact and high prevalence risks, respond to abuse and neglect, support consumer choice and decision-making, open disclosure, minimize restraint and report and manage incidents.

The Approved Provider has a range of policies and procedures to guide staff practice for this standard.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer feedback and the Approved Providers ability to demonstrate ongoing compliance in determining my findings.

I find all requirements in this standard are compliant.

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)