**Performance**

**Report**

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| Name: | Just Better Care - Eastern Suburbs |
| Commission ID: | 201327 |
| Address: | 17/56 Church Avenue, MASCOT, New South Wales, 2020 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 3 September 2024 to 4 September 2024 |
| Performance report date: | 13 November 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: 8805 Kindi Capers Pty Ltd  
Service: 26397 Just Better Care, Eastern Suburbs, St George, Sutherland, Inner West

**This performance report**

This performance report has been prepared by Gill Jones, 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 Assessment contact (performance assessment) – site 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 17 October 2024
* the performance report dated 24 April 2024 for quality audit 7 February 2024 to 9 February 2024
* the provider’s plan for continuous improvement dated 8 April 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |
| **Standard 8** Organisational governance | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Requirement 2(3)(a)

* Ensure assessment and care planning processes involve discussions with consumers around risks to their health and well-being and how to manage.
* Ensure care planning documentation demonstrates comprehensive initial and ongoing assessment, review and identification of consumers’ care needs including risks to their health safety and wellbeing.
* Ensure care planning documentation identifies a personalised response to a non-response to scheduled visit.

Requirement 2(3)(b)

* Ensure assessment and care planning processes identify the consumer’s needs, goals and preferences including their advanced care and end of life planning needs.

Requirement 2(3)(d)

* Ensure the outcomes of assessment and planning are effectively communicated to the consumer
* Ensure care plans contain sufficient information regarding the care and services being provided including the outcomes of assessments
* Ensure consumers/their representatives can access a copy of their care plan.

Requirement 2(3)(e)

* Ensure consumers participate in a review of their care needs when their needs change, or following an incident
* Ensure care plan reviews are conducted in a timely manner and care plans updated accordingly.

Requirement 3(3)(a)

* Ensure personal and clinical care provided is best practice and meets the needs of the consumer
* Ensure consumers with clinical conditions/clinical care needs are properly monitored and changes in their condition followed up in a timely manner.

Requirement 3(3)(b)

* Ensure high impact/high prevalence risks to consumer’s health and well-being are effectively managed and strategies to manage documented in the consumer’s care plan.

Requirement 3(3)(d)

* Ensure deterioration and changes to consumer’s condition is addressed in a timely manner.

Requirement 8(3)(d)

* Ensure effective risk management systems and practices for managing high impact, high prevalence risks associated with the care of consumers by improving clinical oversight provided to consumers.

Requirement 8(3)(e)

* Ensure an effective clinical governance system and practices that enable consumers to receive safe, high quality clinical care.

# 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. | Not 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. | Not 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. | Not 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. | Not Compliant |

Findings

Requirement 2(3)(a)

The service did not demonstrate that actions taken have sufficiently addressed the non-compliance in this requirement identified in the 7 February 2024 to 9 February 2024 quality audit. During the quality audit deficiencies identified included a lack of comprehensive assessments of individual consumers’ care needs in areas such as continence, falls, and medication management and swallowing and further investigations often not identified as required. Risks to consumers’ health and well-being were not consistently included in their care plan and support staff did not have information to guide their practice.

During the Assessment Contact 3 September 2024 to 4 September 2024 consumers and representatives stated that they had participated in an assessment of their care needs and preferences however, they could not recall particular discussions around risks to their health and well-being. Care planning documentation showed there is a lack of comprehensive initial and ongoing assessment, review and identification of consumers’ care and service needs and risks to their health safety and wellbeing. Care planning documentation identifies the risk of non-response to scheduled visits, however, the information is generic and does not include individualised instructions for the support staff or contractor to follow when this occurs.

In the provider’s response to the Assessment Team’s report updated assessment and care planning documentation was submitted for the two consumers cited in the report. The provider stated they have reminded staff about the organisation’s policies and procedures for care planning and will undertake refresher training to assist staff with the identification of risk to improve consumer care outcomes. It is noted that tasks in the service’s Plan for Continuous Improvement dated 8 April 2024 due to be completed by May and June 2024 with regard to assessing consumers with complex conditions including swallowing and skin integrity do not appear to have been addressed.

Requirement 2(3)(b)

The service did not demonstrate that actions taken have sufficiently addressed the non-compliance in this requirement identified in the 7 February 2024 to 9 February 2024 quality audit. During the quality audit the deficiencies identified included consumers’ current needs not being consistently addressed or included in the care plan. Comprehensive assessments were not thoroughly completed and were lacking important relevant information. Consumers preferences were often not identified in the care plan. While staff were able to identify consumers currently receiving treatment for life limiting conditions, these consumers did not have information on end-of-life planning or advanced care planning.

During the Assessment Contact 3 September 2024 to 4 September 2024 most of the consumers and representatives advised they did not recall discussions regarding advanced care planning and end of life care. Consumers generally said their goals and preferences are being met. Whilst care planning documentation includes some current needs, preferences and goals it does not effectively identify how these are to be managed. Assessment and planning did not consistently address the consumer’s end of life or advance care planning for most sampled consumers.

In the provider’s response to the Assessment Team’s report updated assessment and care planning documentation was submitted for the two consumers cited in the report. The provider stated all consumers will be scheduled for review which will include advanced care planning and end of life care resulting in detailed care needs and goals being clearly outlined in the care plan. Internal audit processes will ensure all aspects of assessment and planning are captured and consumers monitored during clinical meetings.

Requirement 2(3)(d)

The service did not demonstrate that actions taken have sufficiently addressed the non-compliance in this requirement identified in the 7 February 2024 to 9 February 2024 quality audit. This requirement was also found non-compliant following an Assessment Contact by the Commission in December 2022. During the quality audit deficiencies identified included care plans did not include all outcomes of assessment and planning and therefore outcomes of assessment and planning were not always available in the care plan for the consumer. Clinical staff and management were unclear as to who is responsible for updating care plans.

During the Assessment Contact 3 September 2024 to 4 September 2024 consumers were unable to describe the care they were receiving and care being provided did not match their care plan. A review of care plans showed there was insufficient information contained in them regarding the care and services to be provided to consumers including the outcomes of assessments. Most consumers or representatives were unsure if they received a copy of their care plan or how to get their care plan. Support staff said care plans do not provide sufficient or any detailed information to assist them to care for consumers with specific needs.

In the provider’s response to the Assessment Team’s report the provider stated that the issues for the two consumers cited in the report had been addressed/were being addressed. The provider stated that they plan to revisit their end to end process and workflow, ensuring seamless coverage of all clinical matters, including adding additional assessments, if required, to maintain up to date care, clinical practice and oversight. It is noted that these improvements are not sufficiently aligned to the intent of the requirement and therefore unlikely to achieve compliance with this requirement. It is also noted this requirement has been non-compliant since December 2022.

Requirement 2(3)(e)

The service did not demonstrate that actions taken have sufficiently addressed the non-compliance in this requirement identified in the 7 February 2024 to 9 February 2024 quality audit. During the quality audit deficiencies identified included that care is not reviewed regularly for its effectiveness when circumstances change and incidents occur which impact the needs of the consumer. Incidents such as falls, hospitalisations and progression of illnesses did not always or consistently generate a review of care and service needs.

During the Assessment Contact 3 September 2024 to 4 September 2024 consumers reported that they had not participated in a review of their care although their needs had changed. Consumer re-assessment did not occur within a timely manner following hospitalisation for one consumer. Care plans did not contain current information when a consumer’s needs had changed. Management acknowledged that care plans are not always reviewed when consumer circumstances change.

In the provider’s response to the Assessment Team’s report the provider submitted further information about the three consumers cited in the report demonstrating issues were being addressed. The provider stated that they plan to conduct welfare checks by telephone to review consumers care and ensure all consumers have access to their most up to date care plan. These welfare checks will be carried out monthly for Level 3 and 4 HCP consumers and three monthly for level 1 and 2 HCP consumers. Any consumer discharged from hospital will be reviewed by an RN (timeframe not stated in providers response).

I find Standard 2 is not compliant as requirements 2(3)(a), 2(3)(b), 2(3)(d), and 2(3)(e) are not 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. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not 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. | Not Compliant |

Findings

Requirement 3(3)(a)

The service did not demonstrate that actions taken have sufficiently addressed the non-compliance in this requirement identified in the 7 February 2024 to 9 February 2024 quality audit. During the quality audit the deficiencies identified included not providing best practice care tailored to the consumers' needs and preferences, including their continence, medication and behaviour management needs.

During the Assessment Contact 3 September 2024 to 4 September 2024 the Assessment Team found the service had made improvements in delivering best practice clinical care by introducing health care plans for specific conditions to guide staff practice. However, the care provided to consumers sampled showed deficiencies in the monitoring and follow-up when issues were identified.

In the provider’s response to the Assessment Team’s report not all issues pertaining to the care of the one consumer cited in the Assessment Teams report had been addressed regarding the updating of the care plan. Appropriate action had been taken to address the needs of the second consumer cited in the report. In addition, the provider stated they would be introducing a range of initiatives including a review of their assessment procedure, with improvements made to assessment, care planning, monitoring, communication and co-ordination processes with education and support provided to staff.

Requirement 3(3)(b)

The service did not demonstrate that actions taken have sufficiently addressed the non-compliance in this requirement identified in the 7 February 2024 to 9 February 2024 quality audit. During the quality audit deficiencies identified included falls and swallowing risk not being effectively managed.

During the Assessment Contact 3 September 2024 to 4 September 2024 the Assessment Team found that risks to consumer’s health and well-being had not been adequately addressed with regard to managing swallowing and falls risk.

In the provider’s response to the Assessment Team’s report the provider submitted information demonstrating issues were being addressed for consumers cited in the Assessment Team’s report. The provider stated they plan to address clinical issues and issues pertaining to risks to consumer’s health and well-being through their clinical and care planning meetings as well as by using their clinical risk register to monitor consumers considered to be at high risk. In addition, risk mitigation strategies will now be included in care plans to guide staff practice to manage consumer risk. Staff will receive training on using risk assessment tools, using the client risk register and developing healthcare plans.

Requirement 3(3)(d)

The service did not demonstrate that actions taken have sufficiently addressed the non-compliance in this requirement identified in the 7 February 2024 to 9 February 2024 quality audit. During the quality audit deficiencies identified were in relation to lack of follow up of consumer's changed needs contributed to by staff unplanned leave.

During the Assessment contact 3 September 2024 to 4 September 2024 the Assessment Team found deterioration and changes to consumer’s condition was not addressed in a timely manner. Consumers interviewed stated their services were updated, however, the interventions were not timely and the effects of staff availability to implement responses to changed care needs continued.

In the provider’s response to the Assessment Team’s report the provider submitted information about the consumers cited in the report demonstrating the issues were being addressed. In addition, the provider stated that they plan to revisit the end to end process and workflow ensuring seamless coverage of all clinical and non clinical matters to improve the consumer’s experience. Additional assessments will be integrated where deterioration is identified to maintain up to date care, clinical practice and oversight.

I find Standard 3 is not compliant as requirements 3(3)(a), 3(3)(b) and 3(3)(d) are not compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |

Findings

The service was able to demonstrate that the actions taken have sufficiently addressed the non-compliance in this requirement identified in the 7 February 2024 to 9 February 2024 quality audit.

During the Assessment contact 3 September 2024 to 4 September 2024 the service demonstrated services and supports to promote each consumer’s emotional, spiritual and psychological well-being are being provided. Consumers stated in various ways they are supported to maintain their emotional, spiritual and psychological health through services provided. Staff and management demonstrated an understanding of the emotional needs of consumers when implementing care and services. Care documentation included information to address these needs.

I find Requirement 4(3)(b) compliant.

# Standard 6

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

Findings

The service demonstrated that the actions taken have sufficiently addressed the non-compliance in this requirement identified in the 7 February 2024 to 9 February 2024 quality audit.

During the Assessment contact 3 September 2024 to 4 September 2024 the service demonstrated reviewing feedback and complaints to improve the quality of care and services. The service maintains feedback and complains registers where complaints and feedback are recorded, and actions documented. Review of the service’s meeting minutes, complaints register and plan for continuous improvement (PCI) register indicated changes and/or improvements are made to services after a complaint or feedback has been lodged. Consumers and representatives provided examples of providing feedback or making a complaint that has improved quality of care and services.

I find Requirement 6(3)(d) compliant.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The service demonstrated that the actions taken have sufficiently addressed the non-compliance in this requirement identified in the 7 February 2024 to 9 February 2024 quality audit.

During the Assessment contact 3 September 2024 to 4 September 2024 the service demonstrated their workforce is trained, equipped, and supported to deliver the outcomes required by these standards. Consumers and representatives said they have confidence the workforce is qualified, competent and skilled. Staff and management described the recruitment and onboarding process. Documentation showed staff receive ongoing support through training, professional development and supervision. Qualifications and prior experience is considered when recruiting new staff.

I find Requirement 7(3)(d) compliant.

# Standard 8

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| Organisational governance | | HCP |
| 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 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. | Not Compliant |

Findings

Requirement 8(3)(c)

The service demonstrated that the actions taken have sufficiently addressed the non-compliance in this requirement identified in the 7 February 2024 to 9 February 2024 quality audit.

During the Assessment contact 3 September 2024 to 4 September 2024 the organisation demonstrated it has implemented policies and procedures to govern information management relevant to each role, ensuring proper distribution and accessibility of updates and information. Care staff advised they can access care plans and complete daily shift notes through their mobile electronic documentation system. The organisation has identified deficiencies with the current information management systems in that all consumer information is not held on one system and they are transitioning to a new system within the next 6 months. The organisation demonstrated actively pursuing continuous improvement through various channels. Meeting minutes show the PCI as a standing agenda with improvements identified and the actions taken across all standards. The organisation demonstrated financial governance as actively monitoring and managing HCP balances. Consumers and their representatives confirmed receiving monthly statements and having yearly forecasted budgets. The organisation demonstrated their workforce is planned to facilitate the delivery and management of safe and quality care and services. The organisation demonstrated compliance with regulatory compliance requirements. The organisation has systems and processes in place to ensure consumer and representative feedback is captured, and dealt with fairly, promptly, confidentially and without retribution. Trending and analysis of complaints and feedback data is resulting in service improvements.

Requirement 8(3)(d)

The service did not demonstrate that the actions taken have sufficiently addressed the non-compliance in this requirement identified in the 7 February 2024 to 9 February 2024 quality audit. During the quality audit the organisation could not demonstrate the effectiveness of their management of high-impact and high-prevalence risk associated with the care of consumers.

During the Assessment contact 3 September 2024 to 4 September 2024 the organisation continued to be unable to demonstrate the effective management of high-impact and high-prevalence risks associated with the care of consumers. The organisation was able to demonstrate a risk management framework which included mechanisms to identify, respond, and prevent incidents and could demonstrated they are able to identify and respond to abuse and neglect and support consumers to live their best lives.

The deficiencies in Standard 2 and 3 demonstrated consumers with high impact high prevalence conditions including risk of falls, swallowing difficulties, mental health conditions and other medical conditions are not receiving the monitoring they need. Clinical issues that should be escalated for further review by the consumer’s medical officer are not being escalated placing the consumer at risk. In addition, referrals to ensure the consumer’s condition is being adequately monitored by the other health professionals are not being made placing the consumer at risk. Furthermore, deterioration or risk to a consumer’s physical, mental, psychological or emotional health not being adequately identified and addressed.

In the provider’s response to the Assessment Team’s report the provider stated they plan to review their care planning processes with a greater focus on managing high impact, high prevalence needs. They plan to train staff in identifying and responding to high impact risks and ensure risk mitigation strategies are recorded in care plans.

Requirement 8(3)(e)

The service did not demonstrate that the actions taken have sufficiently addressed the non-compliance in this requirement identified in the 7 February 2024 to 9 February 2024 quality audit. During the quality audit the deficiencies identified

During the Assessment contact 3 September 2024 to 4 September 2024 the organisation was able to demonstrate a clinical governance framework is in place that includes the definition, scope and responsibilities relating to clinical governance. The framework is supported by governing polices, monthly clinical governance meetings attended by clinical staff and management. The organisation reports on clinical indicators and trend clinical data. However, the Assessment Team identified management and clinical staff were not demonstrating accountability and responsibility to deliver safe, quality clinical care. Decisions about clinical issues needing follow-up were delegated to the consumer or their representative for action, without clinical staff taking responsibility for managing the issue. This is not in accordance with the organisations policies and procedures and in addition, the organisations own clinical governance arrangements had not identified that when consumers required re-assessment as their circumstances had changed reassessments were not always conducted in a timely manner and were often incomplete placing consumers at risk.

In the provider’s response to the Assessment Team’s report the provider stated that they intend to revisit their clinical governance process and address gaps identified. They also intend to conduct staff training on clinical governance emphasising the organisation’s responsibilities for ensuring safe quality care and staff and staff and management’s responsibilities to deliver that.

I find Standard 8 not compliant as Requirement 8(3)(d) and Requirement 8(3)(e) are not compliant.

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)