**Performance**

**Report**

**1800 951 822**

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| Name of service: | Just Better Care Gippsland |
| Service address: | 60 Prince Street ROSEDALE VIC 3847 |
| Commission ID: | 301046 |
| Home Service Provider: | Just Better Care Australia Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 27 October 2022 |
| Performance report date: | 28 November 2022 |

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 Better Care Gippsland (**the service**) has been prepared by G. McNamara, 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:**

* Just Better Care Gippsland, 26829, 60 Prince Street, ROSEDALE VIC 3847

# 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
* the provider’s response to the assessment team’s report received 2 November 2022.

# Assessment summary for Home Care Packages (HCP)

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| Standard 3 Personal care and clinical care | 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 3

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| --- | --- | --- |
| Personal care and clinical care | | HCP |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |

**Findings**

I have found both requirements assessed to now be Compliant. As not all requirements were assessed an overall rating for the Quality Standard is not provided.

The service demonstrated that high impact or high prevalence risks associated with the care of each consumer are managed appropriately including for consumers requiring assistance with medication management. Management and staff said there are no current consumers with swallowing difficulties, but any risks would be assessed and managed as appropriate. Four of 4 consumers interviewed were satisfied the care consumers receive is safe and right for them. Feedback included examples that staff help them to stay safe by assisting with medication prompting, falls prevention and with skin integrity issues.

Management stated no new consumers have been accepted into the service since September 2021 while changes and planned improvement actions have occurred. Care plans, service requirements and schedules for all consumers have been reviewed from October 2021, with documentation updated as required. Service forms for risk assessments have continued to be implemented. New forms as proposed on the service continuous improvement plan, updated 8 December 2021, have not been developed, as the organisation deemed current documents to be appropriate. A care coordinator described how care plans have been reviewed and updated, with more details provided to guide care and service provision. Care workers interviewed described their knowledge of risk for sampled consumers, ways they reduce risk for individual consumers and how the service supports them to identify and manage high impact, high prevalence risks to the safety, health and wellbeing of consumers.

Care staff access a ‘client profile report’ on a telephone application that includes details of his health risks and actions to take including for medication risk, falls risk and continence risk. Care documentation reviewed indicated appropriate management of consumer’s conditions, and staff could describe these conditions and measures in place to manage these conditions, include referrals and follow up as required.

The service’s medication management procedure has been reviewed and updated. A service ‘Mealtime management and dysphagia’ policy has been updated and the related procedure, which includes responding to incidents of choking, has been updated to guide care and service provision.

The service also demonstrated that information about the consumer’s condition, needs and preferences is now documented and communicated within the organisation and with contracted service providers. Detailed ‘client profile reports’ guide staff in the provision of appropriate care and services. Staff interviewed are satisfied with the way they receive information related to their roles and responsibilities, confirmed they receive detailed information though a service telephone application and said they provide feedback to the service after every shift. While the service reports challenges obtaining feedback from some contractors, they request feedback and reports and this is now embedded into allied health referrals and service request forms. Care documentation shows staff provide feedback after each shift and as appropriate, contracted service providers generally provide regular feedback about the consumers’ needs and preferences. Four of 4 consumers interviewed said in different ways that their care is well coordinated and staff have the information needed to provide care and services.

Care documentation reviewed for a consumer showed that each month the nursing service has provided brief summary feedback about the progress of wounds and communication has occurred about their personal hygiene attended, and communication with a building contractor in relation to a quote to repair their ramp. For another consumer care documentation showed communication from district nurses including the results of blood pressure monitoring and the identification of a skin condition. Detailed feedback report notes from staff occur following each shift.

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