**Performance**

**Report**

**1800 951 822**

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| Name of service: | Just Better Care Hume & Southern Riverina |
| Service address: | 536 Kokoda Road COBRAM VIC 3644 |
| Commission ID: | 301047 |
| Home Service Provider: | Just Better Care Australia Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 31 January 2023 |
| Performance report date: | 2 February 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Just Better Care Hume & Southern Riverina (**the service**) has been prepared by M Cooper, 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 Hume and Southern Riverina, 26441, 536 Kokoda Road, COBRAM VIC 3644

# 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 a review of documents and interviews with staff, consumers/representatives and others
* Aged Care Act 1997 [Cth]
* Aged Care Quality and Safety Commission Act 2018 [Cth]
* Aged Care Quality and Safety Commission Rules 2018 [Cth]
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Home Care Package Program operational manual a guide for home care providers version 1.3 January 2023

# Assessment summary for Home Care Packages (HCP)

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| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **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 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. | Not applicable |
| 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

Requirement 2(3)(a)

The Assessment Team reports that as a result of a Quality Audit conducted in April 2021 it was determined that the Approved Provider was not recording the information gathered through the initial assessment process as it was not reflected in the consumer care plans. The 2021 audit found that care plans contained limited detail and did not include all relevant information regarding needs, risks and related strategies to manage risks.

The Assessment Team has contacted a number of consumers and or their representative and they said that they felt safe and confident the workforce knows what they are doing. Assessment documentation reviewed demonstrates consideration of risks to the consumer’s health and well-being and is used to inform the delivery of safe and effective care and services. Staff interviewed demonstrated an awareness of assessment and care planning processes, that identify risks to the consumer’s health, safety and well-being. Identified risks include, but are not limited to, pain, diabetes management, wounds, cognitive decline and falls. Staff said consumers are referred to allied health professionals or medical specialists if required, although it is common to wait up to 6 months for an appointment in the rural areas. The Provider has policies and procedures available to guide staff practice regarding assessment and care planning for consumers. The Provider could demonstrate that personal care workers were able to understand consumer needs via an application on their mobile phones prior to a visit. Care plans reviewed by the Assessment Team included sufficient detail about assessed needs and risks to the consumer to guide staff in managing the risks for consumers.

Requirement 2(3)(b)

The Assessment Team reports that from the audit conducted in April 2021 it was determined that the Approved Provider’s assessment and care planning was effective to assess and plan for consumers needs however, the process did not focus on individual goals and preferences.

The Assessment Team has interviewed a number of consumers and or their representatives who said the service provisions meet their needs, goals and preferences and that they have a say in the care and services they receive. Interviews with staff demonstrated they know the consumers well, including their likes and dislikes and provided examples of how they meet the consumer’s individualised needs. Management described the assessment process used to identify consumers needs and preferences with a clear pathway to communicate this information to care coordinators and care workers. When a consumer or family member identifies a need or an Aged Care Assessment Team (ACAT) assessment that may prompt changes to the consumers care plan, the service will process the necessary referrals. This includes specialists such as physiotherapists and occupational therapists who are able to provide assessments and additional support for consumers, with any changes updated in their care plans. The Provider advised there is often up to a six month wait time to see Specialists in the rural areas and by this time the consumer’s needs have likely changed. They said the service is passionate with ensuring End of Life plans are in place and discussed with all consumers and their families. Extensive Palliative Care, End of Life, and Advanced Care Directive tools were evidenced, and accessible to all staff.

Requirement 2(3)(d)

The Assessment Team reports that as a result of the audit conducted in April 2021 it was determined that the Approved Provider was ensuring that consumers and representatives had access to their care plan, however the information in the care plan was not always reflective of the consumer’s current care needs, goals and preferences. Information provided to staff about care and service provision was not always reflective of consumer care needs.

The Assessment Team now reports that consumers and their representatives are provided with a copy of their care plans which are kept in their homes. Consumers said the services they receive, and the frequency of those services are explained to them on commencement and when changes occur. Personal care workers said they have access to consumer files on their mobile phone application which contains information for previous progress notes, and most often the consumer is matched with the same care worker. They said they generally have enough information to provide services in-line with the consumer’s needs and preferences. Management said the service maintains electronic care and service plans that are accessible to staff where care and services are provided and that in-home care plans are provided to consumers and updated accordingly. Some staff prefer to record consumer notes on their time sheets, the office will then update the electronic system with this information on a weekly basis.

Requirement 2(3)(e)

The Assessment Team reports that as a result of a Quality Audit conducted in April 2021 it was determined that the Approved Provider did have a routine review process of consumer care needs and services, review and reassessment of consumer care needs. However the Provider did not happen following an incident, change in conditions or following a respite or hospital admission.

The Assessment Team now staff who were interviewed said that staff regular discuss care needs with them, and any changes requested are addressed in a timely manner. For the consumers sampled, care planning documentation evidenced reviews on both a regular basis and when circumstances changed; such as due to consumer deterioration or incidents such as infections, falls and wounds. Clinical staff could describe how and when consumer care plans are reviewed. Staff interviewed said they are aware of incident reporting processes and how these incidents may trigger a reassessment or review. A review of care planning documentation confirmed care plans are reviewed at least annually and more often when changes or incidents occur. Care coordinators and care workers could describe the process and under what circumstances a review or reassessment may be required.

The Quality Standard for the Home Care Packages service is not applicable as not all requirements have been assessed, four of the five specific requirements that were previously assessed as non-compliant are now assessed as 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. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |

Findings

Requirement 3(3)(a)

The Assessment Team reports that as a result of a Quality Audit conducted in April 2021 determined that the Approved Provider was not demonstrating that all consumers were receiving safe and effective personal and clinical care.

The Assessment Team now reports that care documentation was reviewed for six consumers requiring management of wounds, falls prevention, diabetes, pain, and maintenance of skin integrity. This demonstrated, and consumer and staff interviews confirmed, consumers are receiving individualised care which is safe and right for them and is based on best practice. Management reported they know care is safe and effective because they monitor the consumer’s condition, refer consumers to other health providers when required, receive feedback from consumers about their care, review care documentation and analyse incidents to identify any emerging concerns or care needs. The service does not use restrictive practices on any consumer and strongly oppose the use of these. The service has policies and work instructions reviewed at an organisational level to guide staff in care delivery including for pain management, skin integrity and falls prevention and management. The service, as a franchise of the Just Better Care organisation, has policies and procedures that are updated regularly through head office and changes communicated to all staff.

Requirement 3(3)(b)

The Assessment Team reports that as a result of a Quality Audit conducted in April 2021 it was determined that the Approved Provider did not demonstrate that it was effectively managing high impact and high prevalence risks associated with the care of each consumer. The 2021 audit found that risk assessments were not being undertaken to assess risk in relation to the use of bed poles, consumers living with diabetes, consumers with asthma and consumers with medication management.

The Assessment Team now reports that the Provider now has an effective process to manage high impact or high prevalence risks associated with the care of each consumer. Care planning documentation identifies consumers at risk, including falls, wounds and social isolation. Documentation viewed demonstrated the service was effectively managing high impact and high prevalence risks. The Provider has a risk management framework that guides how risk is identified, managed and recorded. Policies are available to all staff regarding high impact or high prevalence risks associated with care of consumers. Management advised the risk of falls is prevalent across all consumers the service supports

Requirement 3(3)(d)

The Assessment Team reports that as a result of a Quality Audit conducted in April 2021 is was found that consumers and representatives provided various examples of where staff have recognised and responded to consumer deterioration and health changes in a timely manner, however findings and evidence presented in other requirements of Standard 3 indicated the service did not demonstrate it meets this requirement.

The Assessment Team interviewed staff and management. A review of care documentation identified the service has processes in place to support staff to identify and notify others of changes in the consumer’s condition. Staff and management spoke of processes for when changes in a consumer’s condition are identified. Staff have mandatory training focused on identifying changes in a consumer’s condition from e-learning modules and through procedures. Staff and management understood pathways for reporting and follow up, including actions which ensure appropriate referrals are arranged.

Requirement 3(3)(e)

The Assessment Team reports that as a result of a Quality Audit conducted in April 2021 it was determined that the Approved Provider did not demonstrate information about the consumer’s condition, needs and preferences was documented and communicated within the organisation, and with others where responsibility for care is shared.

The Assessment Team now reports that of the consumer who were interviewed in relation to this audit confirmed their needs and preferences are effectively communicated to care staff, as they did not usually have to repeat the same information to new care staff. Support workers also said they complete regular dated notes on their phone. They also receive regular phone contact from the coordinators regarding new consumers and any changes to care or services as the result of care reviews or consumer or representative requests. With COVID they said there has also been regular communication where services had to be changed based on the care worker or consumers becoming COVID positive. Coordinators described how changes in a consumer’s care and services are communicated within and outside the service, with those sharing care of the consumer, and are fully documented electronically. This was evidenced in all consumer files reviewed. Care planning documentation demonstrated dated notes, focussed assessments and care plans provide adequate information to support effective and safe care.

The Quality Standard for the Home Care Packages service is not applicable as not all requirements have been assessed, four of the seven specific requirements that were previously assessed as non-compliant are now assessed as 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. | Not applicable |
| 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

Requirement 6(3)(a)

The Assessment Team reports that as a result of a Quality Audit conducted in April 2021 it was determined that the Approved Provider was not supporting consumers and representatives to make complaints and were not aware of feedback forms. A complaints report generated did not show any complaints, but staff were aware of complaints that were made. Staff were not aware of complaints mechanisms. An online complaints course was available but only one staff member had completed this. A complaints policy and form is included in the consumer information pack and says all complaints should be completed on this form however this did not occur and some consumers were not aware of the form.

Since the quality review in 2021 the Approved Provider conducted a mail out to consumers or their representatives with copies of complaint forms, handbook and newsletters to remind them of complaints mechanisms in place at the service. Staff across all positions in the service have now participated in complaints training, which was evidenced by a review of the training register and reflected in discussions held with staff employed directly by the service. This training is part of the orientation program for staff and is also completed every two years as part of the mandatory training program and includes open disclosure. In addition staff are also provided with information/reminders through staff newsletters.

A complaints register has been developed and demonstrated the documenting of consumer/representative issues raised. Please refer to requirement 6(3)(c) for further information on the complaints register.

Coordinators advised they will note complaints raised and will pass onto management for documentation and management. They are in monthly face to face contact with consumers, so they can find out what is happening with consumers and take action on any issues raised. In addition there are regular reviews of consumers needs and through this process consumers and representatives are reminded of their right to raise complaints. Regular newsletters are also sent and regular surveys conducted by the organisation to remind consumers to provide general feedback and raise any issues as they arise.

Requirement 6(3)(c)

The Assessment Team reports that as a result of a Quality Audit conducted in April 2021 is was determined that the Approved Provider was not always taking appropriate actions in response to complaints. Open disclosure was practiced re apologies but no corrective actions to prevent reoccurrence, for example, no complaint log or continuous improvement action taken. Feedback was received regarding a lack of communication re non-attendance of staff or changes to times of services. Although interviews reflected consumers and representatives had raised complaints, there was no record of these in complaints documentation sighted.

The Assessment Team reports that a complaint register was implemented following the quality audit with entries for 2021, 2022 and 2023 being sighted. This demonstrated that consumer issues raised are being consistently documented. The register is comprehensive and records details of actions taken, desired outcome, actual outcome and records consumer and/or representative satisfaction with actions taken. It also records which staff member is managing the complaint and notes date complaint was resolved by. Open disclosure was demonstrated through the use of apologies and corrective actions taken. The review of the number of complaints received is also regularly tabled at the staff team meetings as confirmed through staff discussions and evidenced in team meeting minutes.

Requirement 6(3)(d)

The Assessment Team reports that as a result of a Quality Audit conducted in April 2021 it was determined that the Approved Provider did not have a continuous improvement plan in use. In addition to this the service was not documenting feedback and complaints hence no improvements were evidenced in service delivery, for example, regarding improvements re staff attendance for services.

Since the 2021 audit the service now has a continuous improvement plan in place. It commenced with documentation of the issues identified at the quality audit and has continued as the service’s ongoing continuous improvement plan. Reminders are provided to staff at team meetings to identify any issues or opportunities for improvement.

An administration person assists management in documenting and managing complaints and continuous improvement activity and provided examples of how complaints feed into continuous improvement mechanisms. For example, to address the rostering and scheduling errors raised, the service now has a big whiteboard where all requests are written for changes or extra services. Previously these requests got lost in the system and were not always actioned. This also involves contacting the consumer/representative and recording in the database that this has occurred.

The Quality Standard for the Home Care Packages service is not applicable as not all requirements have been assessed, three of the four specific requirements that were previously assessed as non-compliant are now assessed as 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. | Not applicable |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Not applicable |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Not applicable |
| 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

Requirement 7(3)(d)

The Assessment Team reports that as a result of a Quality Audit conducted in April 2021 it was determined that the Approved Provider that induction & training processes were not followed regarding new staff. Although modules were available, they were not consistently completed by staff, in particular their mandatory training modules for induction. Management were unaware of mandatory training required under the clinical governance framework and could not demonstrate staff had completed this. Inconsistent recording of complaints/feedback and incidents did not identify training needs for staff.

A review of the current staff training registers indicated mandatory training for all staff has occurred since the last quality audit. A designated staff member provides training in the database system and all staff are asked to come into the office for orientation training to ensure they receive consistent information and face to face training in their role. The training register is reviewed on a regular basis to ensure staff are completing their mandatory training. Discussions with staff directly employed by Just Better Care also reflected they complete mandatory training and that management or other office staff will follow up to ensure this occurs. Care staff discussion also reflected they felt well supported in their role with training and support from office staff. In addition a new administration officer has been employed since July 2022, who assists management with processes, in particular the documentation side of things such as complaints, incidents, training and continuous improvement activity.

Requirement 7(3)(e)

The Assessment Team reports that as a result of a Quality Audit conducted in April 2021 determined that the Approved Provider had not endures that staff completed competencies, including medication administration prompting. Management advised that this is in their Certificate 3 training. An example of care staff using a standing hoist with one consumer had not been trained in the use of this equipment. Management said they rely on complaints and feedback re staff performance, however feedback processes were currently lacking documentation. Management said they will review employee supervision processes & document staff progress. They will also enhance complaints/feedback processes to capture details of staff performance. The Provider has a schedule to train staff to meet the identified skills gaps, where necessary with suitably qualified practitioners (OT, RN etc.). This includes sign-off of staff competencies. Several samples of a skills assessments were provided and included relevant competencies noted to be signed off.

These included medication, skills for personal care, domestic assistance and social support, use of hoist and other equipment such as slide sheets and completing safe transfers of consumers. Where clinical needs of consumers are being attended to there is also the capacity to sign off on relevant aspects such as PEG feeding, stoma care and use of oxygen. They have also completed a Training Matrix to assist with the identification of required refresher courses and mandatory training up dates. Management advised all staff have an annual appraisal in place and this was confirmed through discussions with staff employed directly by Just Better Care.

Staff meet with management six monthly post induction with all staff reporting directly to management, including approximately 40 care staff. Coordinators are located in regional areas and often work remotely and concentrate on consumer care and do not directly supervise care staff. Management monitors appraisals of staff with assistance from an administration process. They advised complaints/feedback and incident registers are reviewed regularly for staff development opportunities, for example, what follow up actions were taken and if this included further training or coaching for relevant staff.

Feedback is also provided to subcontracted staff on the ongoing performance of their staff and the need for improvements. The **c**omplaints and incidents registers were reviewed and included examples of the recording of individual staff performance. Examples were sighted where consumers had raised issues regarding individual staff and appropriate follow up actions were noted, for example coaching staff or providing feedback to subcontracted agencies. Discussion with care staff employed by Just Better Care confirmed they receive ongoing training and their performance is reviewed on an ongoing basis.

They advised they receive training in the use of individual equipment, usually on site in the consumer’s home and provided by an occupational therapist or other relevant trainer. They confirmed they receive information on individual consumer needs, including any equipment needed and would report if they were not trained in the use of this equipment, although noted this had not occurred.

The Quality Standard for the Home Care Packages service is not applicable as not all requirements have been assessed, two of the five specific requirements that were previously assessed as non-compliant are now assessed as 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 reports that the Approved Provider is promoting consumers to access and engagement with them through their care planning and consumer surveys and regular contact with coordinators. The Provider was able to demonstrate that it promotes care and support delivery in culturally safe, inclusive manner. In addition to this the Provider has improved risk management processes and is able to demonstrate its governance framework provides for effective engagement of the consumers and workforce through information and feedback to achieve continuous improvement. The Provider demonstrated that it was supporting consumers to live their best life by identifying risk and having

Requirement 8(3)(a)

The Assessment Team reports that as a result of a Quality Audit conducted in April 2021 it was determined that the Approved Provider did not have policies and procedures on consumer engagement and the service could also not provide any examples where input from consumers has driven change/improvements. Some consumers provided examples of feedback provided but no changes were evidenced as complaints and feedback was not captured/documented.

As a result of the 2021 audit management and case management staff advised that they now advantage of the many opportunities that staff have to speak with consumers to enquire about their satisfaction with services and care provided and what changes they would like considered. Consumers are currently contacted on an individual basis on a minimum monthly basis to seek feedback on their individual services. This is documented in the relevant consumer’s dated notes on the electronic system. Management now reviews notes and any care staff feedback notes in the electronic system to identify any suggestions or comments consumers may have made and take follow up actions.

They have also developed a complaints register, which is reviewed on a regular basis with a view to continuous improvement. Consumers interviewed confirmed they are able to provide feedback on a regular basis through their contact with coordinators regarding their individual services. They are also encouraged to submit any comments at any time, including complaints and reported they felt comfortable to do so. They also confirmed there are surveys from time to time that give them an opportunity to provider general feedback on service delivery and provide suggestions for improvement.

Requirement 8(3)(b)

The Assessment Team reports that as a result of a Quality Audit conducted in April 2021 it was determined that the Approved Provider did not always follow Just Better Care’s policies and procedures. There were no audits of the service and management was unable to provide data on incidents/complaints/clinical statistics over a period of time. The service could not demonstrate they understood and set priorities to improve performance regarding the Quality Standards as no continuous improvement plan was in place. Also subcontracted staff did not always have relevant checks in place, including police checks and relevant insurances.

Management advised they have a large portfolio of responsibilities including coordination and rostering, client management and HR to manage staff and HCP consumers. The Provider with assistance now initiates regular reminders to staff on policies and procedures. They are also included as part of staff induction processes. Information to staff on updated policies are in newsletters and a quality update is emailed to staff from Just Better Care. No physical copies of policies and procedures are used to ensure they most current version is always accessed by staff through their intranet system. Since May 2021, two new team members have been appointed to assume administration and coordination duties and in doing so give management more time to implement and monitor effective governance practices.

An incident register system has been developed and incident registers for 2021, 2022 and 2023 were sighted. These contained consistent information on incidents observed by staff and those self-reported by consumers and included appropriate follow up actions, with all including a welfare check of relevant consumers following the information to check on their safety and to seek further information when needed. Information was sighted in Team meeting minutes reflected the service’s awareness of the new requirement for SIRS reporting to the Commission for home care services.

Training registers sighted also reflected that mandatory training in incident management has been conducted for all levels of staff at the service. An audit was undertaken of all subcontracted agency information and relevant paperwork was sought where needed. A Contractor Compliance register was sighted that demonstrated this had occurred. Management advised the Just Better Care organisation conducts audits of franchises, which were noted as Business Health Checks. Business Health check documentation was sighted and noted to include clinical support mechanisms. They also included an improvement plan targeted at issues identified through the internal audit and quality audit carried out by the Commission. Management advised they have been working with Just Better Care regarding necessary changes that needed to be made.

Requirement 8(3)(c)

The Assessment Team reports that as a result of a Quality Audit conducted in April 2021 it was determined that there were no issues regarding financial governance & workforce management. However, some issues were identified regarding information management, continuous improvement, regulatory compliance and feedback/complaints. These related to information to consumers not being reviewed for currency, financial statements not consistently reflecting service type, incidents and complaints not being consistently reported and actioned, consumers’ care not consistently reflected in documentation, no continuous improvement plan to assess/ monitor/improve services and no oversighted of brokered/subcontracted services – relying on consumer feedback.

These services include nursing, allied health & home maintenance regarding improvements relating to complaints and continuous improvement processes, please refer to Standard 6 requirements. For improvements around incident management please refer to requirement 8(3)(b). For improvements regarding consumer documentation, please refer to relevant requirements in Standards 2 and 3.

Financial Statements have now been amended to disclose detailed information and reflect service type. Consumer interviews reflected a change in this area. Information provided to consumers has also been reviewed and updates made. All consumers were provided with the updated handbook through a mail out and consumer interviews reflected this had occurred.

Management advised they have recently employed a new coordinator, who is also an RN, and will commence shortly. Due to their orientation, the other coordinators, who usually work remotely will be attending the office to be involved. Care staff will also be further upskilled in the use of the Mobility App and how to provide feedback through the app to ensure consistency among care staff.

Requirement 8(3)(d)

The Assessment Team reports that as a result of a Quality Audit conducted in April 2021 it was determined that there were no issues regarding identifying and responding to abuse or neglect or supporting consumers to live the best life they could. However, some gaps were found regarding the management of high impact and high prevalence risks.

There were policies and procedures in place regarding incident & hazard management but information was not recorded or completed properly to review or action the events, hence they were not addressing risks for consumers. There was no analysis or trend identification of quality indicators as individual risks were not captured. Risk assessments were not conducted for consumers where risks were identified, for example where bed poles were used, to ensure the risks are mitigated. Validated assessment & clinical care tools were not evidenced in consumer files.

Management advised that they now monitor consumer falls and clinical care needs. They use their own RN for assessment and review and district nursing services for the provision of direct clinical care. They noted where they are located there are many rural consumers and keeping on top of this is a challenge but the monthly visit scheduling of coordinators visiting consumers helps them to identify issues quickly and action appropriately.

Risk assessment documentation was observed to now be in place regarding individual consumer risks and included assessments for bed poles, manual handling safe operating procedures and client hazard risk reports. As part of the assessment and care planning processes, consumers are assessed regarding their individual risks included high impact and high prevalent risks, including mobility, and this was sighted on the consumer files. A vulnerable clients register was also sighted for those determined to have particular vulnerabilities such as higher needs, living alone, no family supports, etc. When needed this information is used to liaise with SES personnel in case of emergency situations.

Requirement 8(3)(e)

The Assessment Team reports that as a result of a Quality Audit conducted in April 2021 it was determined that Provider’s clinical governance framework did not maintain and improve the safety and quality of clinical care and improve outcomes for consumers. They did not collate and examine clinical data or conduct clinical audits. Although a comprehensive infection control policy was in place, it did not include details on antimicrobial stewardship.

Management advised their Clinical Governance Framework is designed to contribute to the quality of life of their consumers’ experience when they are provided services and care in their own homes. The service’s Clinical Governance framework has four key elements that work towards improving the health outcomes and personal experience of individuals - consumer value, clinical performance and evaluation, clinical risk and professional development and management. The assessment team sighted the governance framework and the information captured. The Provider advised staff are supported with policies and procedures on clinical risk and deterioration, clinical care, infection control, antimicrobial stewardship, and restraint policy, which they access online. The service is against the use of any form of restraint and actively discourages its use. Staff interviewed were aware of antimicrobial stewardship but advised they are not usually involved in this directly as generally consumers liaise directly with their GPs regarding the use of antibiotic prescription.

The Quality Standard for the Home Care Packages service is assessed as compliant as five of the five specific requirements that were previously assessed as non-compliant are now assessed as compliant.

1. The preparation of the performance report is in accordance with section, s68A – assessment contact of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)