**Performance**

**Report**

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| Name: | Just Better Care Illawarra and Southern Highlands |
| Commission ID: | 201290 |
| Address: | Level 1/147 Princes Hwy, UNANDERRA, New South Wales, 2526 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 8381 JAVAS Care Pty Ltd  
Service: 26379 Javas Care Pty Ltd

**This performance report**

This performance report for Just Better Care Illawarra and Southern Highlands (**the service**) has been prepared by E Woodley, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

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

Consumers and representatives interviewed by the Assessment Team said they are treated with dignity and respect by staff. Consumers interviewed indicated that staff are attentive, kind and take their time when providing them with care and services. Consumers and representatives interviewed were satisfied the service and staff understand their needs and preferences and respects their values and cultural diversity. The service has systems and policies in place to guide staff in delivering care and services that are culturally safe and inclusive.

All consumers and representatives interviewed indicated the service supports them to exercise choice and independence. Consumers said they have control over the planning and delivery of the care and services they want, and are involved in decisions about how care and services are delivered. Care documentation reviewed by the Assessment Team included details of consumer’s nominated representatives and key decisions that consumers have made about their care. Interviews with staff, consumers and representatives, and review of care documentation, demonstrated the service supports consumer independence and self determination to make their own choices, including taking risks to live the life they choose. Staff could describe how they assess consumer’s activities of choice that may involve some risk, and identify individualised strategies to minimise risk to support consumers to undertake these activities. For example, through the use of mobility aids and equipment, and home modifications. All consumers and representatives interviewed indicated they get information that is generally clear, easy to understand and enables consumers to exercise choice. Consumers and representatives said they receive monthly statements, and they are notified if there is any change in the schedule or their usual support worker is unable to attend the appointment. The service provides information to each consumer in a range of ways in line with their preferences.

Consumers and representatives interviewed felt their privacy and personal information is protected. The service has policies, procedures, and guidance to staff on ensuring the privacy and confidentiality of consumers, including storage of personal information and consent processes.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

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

The service demonstrated assessment and planning processes include the consideration of risks to consumer’s health and well-being, and informs the delivery of safe and effective care and services. The service uses validated assessment tools to identify and assess consumer risks, and assist in identifying individualised needs and goals for consumers. For consumers sampled, the service had considered risks associated with falls, pain, and cognitive decline. Care documentation reviewed evidenced consumer needs, goals and preferences are identified, including advanced care planning if the consumer had accepted discussions regarding this. While some consumers had declined to commence advanced care planning, the service reminds consumers at regular care conferences and reviews and provides consumers with information regarding this. Consumers and representatives interviewed provided positive feedback about the care assessment and planning process, including to meet their needs, goals and preferences. Representatives interviewed felt the service encourages them to be partners in the care assessment and planning for their consumer, including on commencement of services and through regular reviews.

The service demonstrated that assessment and planning is based on partnership with the consumers, their representatives who the consumer wishes to involve, and other organisations, individuals, and providers of care and services. For example, consumer care assessment and planning was supported by medical officers, allied health professionals, and other chronic care services. Consumers interviewed felt the outcomes of assessment and planning were communicated to them, and said they have access to their care plan. Care plans are readily available to staff through the electronic management system and staff interviewed provided positive feedback about access to these plans to inform care and service delivery.

The service demonstrated care and services are reviewed for effectiveness regularly, when circumstances change, and following incidents. For consumers sampled, care and services were reviewed following falls, transfer to hospital, and changes to medications and mobility.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

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

The service demonstrated each consumer receives care that is best practice, tailored to their needs, optimises their health and well-being, and effectively manages high impact and high prevalence risks associated with their care. This included regarding dementia care, cognitive and functional decline, unplanned weight loss, falls, and medication administration. Consumers and representatives interviewed by the Assessment Team provided positive feedback about the personal and clinical care consumers receive, and felt confident that any associated risks are effectively managed. The service has policies and procedures to guide staff practice on delivering safe and quality care and services, including regular review processes with consumers to ensure their satisfaction.

The service demonstrated the needs, goals, and preferences of consumers nearing the end of their life are recognised and addressed, their comfort maximised, and their dignity preserved. Care documentation reviewed for consumers who had received palliative care with the service demonstrated the service liaised with palliative care specialists to identify and address consumer’s needs and preferences regarding palliative care. The service has policies and procedures to guide staff on providing palliative and end of life care.

The service demonstrated deterioration or change in a consumer’s condition is recognised and responded to in a timely manner. For several consumers sampled, the service had recognised a change in their cognition, mobility, condition, or function, and responded appropriately including review by allied health professionals or the consumer’s medical officer where required. Clinical management at the service have oversight of progress notes to assist in identifying deterioration in a timely manner. The service demonstrated that information about consumer’s condition, needs, and preferences are communicated within the organisation and with others responsible for care. Consumers and their representatives expressed satisfaction that the consumer’s conditions, needs, and preferences are well communicated. For example, the Assessment Team noted communication between local hospitals and the service when consumers are admitted. Staff interviewed identified handover processes to keep them updated about consumer’s condition and care needs. The service demonstrated appropriate and timely referrals to individuals, other organisations and providers of care and services. For example, referrals had been made to physiotherapists, medical officers, occupational therapists, and respite services in response to consumer need.

The service demonstrated the minimisation of infection related risks through the implementation of precautions to prevent and control infections. Support workers are provided with infection control training and supplied kits which contain personal protective equipment and rapid antigen tests. Consumers and representatives interviewed were satisfied with the measures taken by staff to protect consumers from infection. Service management, case managers and registered nurses interviewed demonstrated a good understanding of antimicrobial stewardship, infection control, and standard precautions. The service tracks the use of antibiotics in their electronic care management system to support appropriate use.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

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

Interviews with consumers, representatives and staff, and review of care documents, demonstrated consumers are receiving effective services and supports for daily living that are in line with their assessed needs and preferences, and optimising their independence, health, and well-being. Consumers interviewed provided positive feedback regarding support to attend group activities, shopping assistance, social support, and equipment and aids provided. Consumers and representatives interviewed confirmed consumers receive the support they need to enhance their emotional, spiritual, and psychological well-being. The service tailors the delivery of services and supports to meet consumer needs and considers consumer preferences and goals to match support workers with consumers. These individual needs, goals and preferences are documented in consumer records. The service supports consumers to participate in their community, do things of interest to them, and make and maintain relationships.

Consumers and representatives interviewed felt staff know consumer’s needs and preferences well, and these are communicated effectively within the organisation and with others where required. The Assessment Team found the service has processes and systems to document and share consumer information regarding daily living, and this information was up-to-date and reflective of consumer’s current condition. All support workers have access to the care documentation system via an application on their phones, and coordinators compile a daily shift feedback report that functions as a handover process to ensure issues are picked up early and management have oversight of care and service delivery.

The service refers consumers to other organisations and providers of care and services to enhance their daily living. For example, to allied health professionals, community groups, art classes, respite services, and physical exercise groups.

The service demonstrated they support consumers to identify and purchase equipment that is safe, suitable, and fit for purpose. Equipment provided was clean and well maintained.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

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

Consumers and representatives interviewed by the Assessment Team said they are supported to give feedback or make a complaint, and knew how to provide feedback and complaints to the service. Service agreements, newsletters, consumer meetings, and the consumer handbook include information about how to make complaints, information on advocacy services, and external organisations that can assist with raising and resolving complaints.

The service has policies and systems in place to ensure appropriate action is taken in response to complaints, including open disclosure when things go wrong. The service’s complaints system details the complaint, corrective actions taken, the resolution, and outcome of the complaint. There are clear responsibilities within the organisation for communicating with consumers and their representatives when things go wrong and what is being done to resolve the issues. While one representative was not initially satisfied with the service’s response to a missed shift, once this was bought to the service’s attention appropriate investigation and action was undertaken, with the representative indicating satisfaction with the outcome and resolution.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. For example, trending of complaint data resulted in a review of the staff workforce system, with positive feedback received from consumers in response. The service’s plan for continuous improvement is informed by feedback and complaints.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

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

The Assessment Team found the service demonstrated the number and mix of workforce planned and deployed is sufficient to deliver safe and quality care and services to consumers. Consumers provided positive feedback regarding staffing, including that staff are competent, always on time, and are meeting their care and service needs. The service had no unfilled shifts in the month prior to the Quality Audit. Consumers did cancel or reschedule shifts where their preferred staff member was unavailable and confirmed they were offered a staff member known to them at their usual time or their preferred staff member at another time. Consumers and representatives interviewed said that staff are kind, caring and respect consumer identity and diversity. Consumers said their preferences are respected regarding the choice of support worker and timing of their services.

The service has recruitment and onboarding processes to ensure the workforce hired is competent. Staff interviewed by the Assessment Team said they feel they have the skills needed to do their job. The service provides training to staff to deliver the outcomes of the Quality Standards, including through orientation, mandatory training, training completed annually during performance assessments and a suite of online courses available to staff in a wide range of clinical and Quality Standards related content for staff to increase their skills. Contract agreements with brokered service providers for allied health include clauses relating to minimum qualifications and other compliance requirements to remain current. The service was unable to provide evidence of qualifications and current insurance for a sample of providers to the Assessment Team, but commenced action during the Quality Audit to rectify this.

The service demonstrated the performance of the workforce is regularly assessed, monitored, and reviewed. Management advised, and staff interviews confirmed, the service has probationary and ongoing performance review systems in place. Management monitor staff performance through consumer feedback and reports from coordinators and rostering staff.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

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

Consumers and representatives interviewed by the Assessment Team said they are engaged in the development, delivery, and evaluation of care and services through consumer consultation panel meetings, and consumer satisfaction surveys. The organisation has a governing body and demonstrated the organisation promotes a culture of safe, inclusive and quality care and services. The organisation reviews data from various sources including feedback, complaints, incidents, and business health checks to maintain oversight and accountability for the care and services delivered at the service. The governing body monitors the service’s plan for continuous improvement including progress against the action items.

The Assessment Team found the organisation wide governance systems implemented at the service are effective regarding information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Staff have access to policies and procedures relevant to their roles and responsibilities, including access to an online mobile platform to review rosters, consumers information, end of service feedback, and report incidents. The organisation has internal quality assurance processes to identify, action and monitor continuous improvement. The service has effective financial systems, including to encourage consumers to use unspent funds from their packages. Staff and subcontractors have contracts which outline their obligations regarding service delivery, education, qualifications, and documentation including insurances, police checks, driver’s licences, certificates of currency, and professional registrations. While the service was unable to provide evidence of qualifications and current insurance for a sample of providers to the Assessment Team, the service commenced action during the Quality Audit to rectify this. The organisation has processes to ensure policies and procedures are in line with current aged care legislation, and service management demonstrated knowledge of current legislation and requirements.

The organisation has a comprehensive suite of policies and procedures to inform the management of high impact and high prevalence risks, response to abuse and neglect of consumers, support for consumers to live their best lives, and to manage and prevent incidents. Staff had received education on these procedures and were knowledgeable about various risk minimisation strategies which correlated to interventions documented in consumer care plans, and their reporting obligations for incidents, abuse, and neglect. While the Assessment Team identified gaps in the service’s response to two incident types, the service has commenced action to strengthen their processes including prevention and management of these incidents.

The organisation has a clinical governance framework that includes antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The service utilises this framework for the relevant aspects of providing home care support for consumers. The clinical governance framework is supported by a range of policies and procedures and ensures the workforce is supported by qualified clinical staff for advice when needed, ensuring adequate supervision and advice is provided to staff when clinical or personal care is being provided.

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