**Performance**

**Report**

**1800 951 822**

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| Name of service: | Just Better Care Inner West |
| Service address: | 17/56 Church Avenue MASCOT NSW 2020 |
| Commission ID: | 201327 |
| Home Service Provider: | Kindi Capers Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 7 November 2022 |
| Performance report date: | 1 December 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 Inner West (**the service**) has been prepared by J Taylor, 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 Eastern Suburbs St George Sutherland Inner West, 26397, 17/56 Church Avenue, MASCOT NSW 2020

# 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.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Non-compliant |
| **Standard 3** Personal care and clinical care | Non-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.

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| 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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. | Non-compliant |

Findings

Consumers and representatives interviewed stated they had received a copy of their care plan and confirmed when consumer needs change, the service undertakes a review and provides a copy of the updated care plan. For example:

* One consumer was recently hospitalised after sustaining a fall. Upon discharge, the service undertook a review of their care plan. The consumers representative said that the nurse assessed the consumer, discussed the current care plan and services, and offered a copy of the reviewed plan.

While the service demonstrated a comprehensive clinical assessment form that links to additional clinical assessment tools such as falls, skin integrity, and cognition; the Assessment Team noted that the completion of care plans and comprehensive assessments was inconsistent between consumers. For example:

* Review of a consumer care plan noted not all services and supports surrounding their care and undertaken by staff was discussed with the consumer nor noted in the consumers care plan. This included information relating to the consumers breakfast, which is prepared as part of the essential morning routine.

Considering the inconsistency in the care plan with services being provided, and the information gaps identified by the Assessment Team which are used by staff in undertaking care as documented in the care plan, I find requirement to be Non-Compliant. The reason for this is the potential impact to consumers where new staff are reliant on recorded information to provide the required supports and services.

# 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. | Non-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 |

Findings

Consumers and representatives interviewed said in various ways how the clinical and personal care provided is tailored to their needs however, a number of consumers said budget restraints impact the services offered. The service described how additional supports for a consumer are being sought through other agencies, such as MS Australia, to ensure future needs are met.

The service evidenced use of external medical and allied health professionals and demonstrated the use of a checklist to ensure brokered staff have the necessary credentials and experience. The service demonstrated that clinical staff use evidence-based practice in care through professional development training, attending seminars and undertaking regular business health checks to ensure care and service provided are relevant and up to date.

Management interviewed stated all care plan assessments are undertaken by both the coordinator and clinical staff; and when staff report concerns, this may trigger a review of the care plan or highlight that a clinical assessment needs to be undertaken. The service evidence use of recognised assessment tools for pain management, falls risks, skin integrity and pressure sores, continence concerns and dementia assessment.

The service demonstrated comprehensive clinical assessments are undertaken and designed to identify high impact or high prevalence risks using a suite of recognised assessment tools. The Assessment Team noted that risks associated with the care of each consumer was not always documented on care planning documentation, or that the assessment tools had been consistently used. A number of consumer care plans reviewed indicated gaps in identification of consumers at risk of falls and associated mitigation strategies, missing ratings for assessments undertaken and missing information related to clinical assessments.

The service demonstrated there are effective systems and processes in place to ensure any deterioration or change in a consumer’s cognitive or physical function is recognised and responded to in a timely manner. Staff interviewed said they have access to consumer care planning documentation through mobile phones and progress notes are entered at the completion of each service. Staff described the process to report any identified changes in consumers health which is support by the service’s incident reporting poster.

Considering the information provided in the Assessment Report, I find requirements 3(3)(a) and 3(3)(d) to be compliant however, requirement 3(3)(b) is non-compliant as the service did not demonstrate risks are consistently recorded on consumer care plans nor was it demonstrated that the outcomes of various risk assessments are recorded.

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)