**Performance**

**Report**

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| Name of service: | Just Better Care Northern Beaches and Northern Suburbs |
| Service address: | Suite 7a, Level 3, Building A, 20 Rodbury Road FRENCHS FOREST NSW 2086 |
| Commission ID: | 201340 |
| Home Service Provider: | Just Better Care Australia Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 10 May 2023 to 15 May 2023 |
| Performance report date: | 4 August 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 Northern Beaches and Northern Suburbs (**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 Northern Beaches and Northern Suburbs, 26382, Suite 7a, Level 3, Building A, 20 Rodbury Road, FRENCHS FOREST NSW 2086

# Material relied on

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

* the assessment team’s report for the Quality Audit; 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
* the provider’s response to the assessment team’s report received 28 June 2023.

# 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 | **Compliant** |
| **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

Based on the information summarised below, I find the approved provider, in relation to the service, Compliant with requirements in Standard 1.

Consumers and representatives said they felt respected and valued by their package managers, coordination staff and care workers. They described how their interactions with the service were always respectful, and how they felt their cultural backgrounds were understood and respected. They said they appreciated that care workers were matched to their cultural and linguistic backgrounds and preferences. Staff interviewed demonstrated that they treat consumers with respect, maintain their dignity and are aware of their individual and cultural needs, and provided examples of services tailored to the individual consumer. Assessment and care planning documentation reviewed included reference to consumer’s individual circumstances and involvement in decision making. Care Plans outlined consumer goals in relation to their physical and psychosocial wellbeing.

Consumers and representatives confirmed case managers understand consumer’s background, preferences and what is important to them, which makes them feel respected, valued and culturally safe. All consumers interviewed said the package managers and coordination staff assign care workers based on their preferences and needs. They said the care workers are not changed unless the care workers are on holidays or sick, which is important to them. Package managers develop, in consultation with consumers, a care plan that includes information on a consumer’s culture and traditions they wish integrated into their care. Staff interviewed were able to describe what culturally safe care was, and they were able to demonstrate that they treat consumers with respect, are aware of their individual and cultural needs, and provided examples that demonstrated they tailor services to the individual consumer. Organisational documents reviewed included relevant policies and procedures in relation to the provision of an inclusive and culturally appropriate services. Services are provided to consumers of diverse backgrounds, including but not limited to consumers with dementia, LGBQTI and Veterans. The Assessment Team reviewed care plans and noted these demonstrated the service documents if a consumer has specific cultural and spiritual needs and culturally specific personal care requirements in relation to this. Interpreters are also used as needed

Consumers said they felt supported to exercise choice and independence. They are able to stipulate who they wish to be involved in their care. Where the consumer has nominated others they wish to be involved, the service communicates with representatives on an ongoing basis. This also occurs where the consumer may have reduced cognition. Consumer files included details on nominated representatives and progress notes sighted demonstrated liaison with representatives. Package managers described how they encourage consumers to exercise choice and independence in service delivery, such as determining the background and gender of their care worker, preferred social activities and days and times of services. The service may go to external contractors such as allied health in order to meet the consumer’s preference. Care workers said all services delivered are based on the consumer’s wishes, if any changes are needed, they report back to the relevant coordinator. They felt the care planning documentation has sufficient detail on consumers’ choices and preferences for them to provide services.

Consumers and representatives are being informed of their rights and responsibilities, including their right to make decisions about their own care and those they wish to involve, and maintain relationships of choice based on the support plans developed in partnership with consumers and their representatives. Training is provided to package managers, coordinators and care workers on choice, independence and consumer’s rights. Assessment and care planning policies include the involvement of nominated representatives and consumers in making decisions regarding their services and consumer choice

Consumers and representatives confirmed the service supports consumers to live their best life and encourages them to keep independent and be active. Staff said they are assigned consumers based on geographical locations and over time they get to develop an in-depth knowledge about their consumer case load and build a rapport with the consumers and representatives. This helps them discuss potential individual risks and how to minimise harm, including making referrals to other services and conducting relevant risk assessments to assist with safe consumer mobility through their dignity of risk and duty of care policies as their guiding tool. Management discussed their understanding, approach to, and review of consumers dignity of risk including their awareness of the consumers’ right to take a risk. They described how individual support plan supports a consumer’s independence and self-determination to take control of their life and make their own choices, including to take some risks in life. Care planning documentation outlined preferred care and services and any goals the consumer had identified. Individual strategies to support consumers to maintain their independence and mitigate identified risks were sighted, for example, use of a mobility aid.

Package managers complete with consumers/representatives’ their relevant care plans, detailing their goals and what they would like to work on, and provide them a copy for their records. They outlined the information provided at commencement and ongoing. An Information folder is handed to the consumers includes customer handbook, complaints information and brochures on advocacy, privacy and service. Consumers and representatives interviewed confirmed they received information about the services verbally through the assessment process. They also receive home information folder with care plans, service agreement, Charter of Rights and information about confirmed services documented in their care plan. These were sighted on all consumer files viewed. Consumers also receive a budget and once services commence, they receive monthly statements, keeping them informed of any unspent funds.

When services are changed, or packages upgraded a new budget is created and provided to consumers. The consumers/representatives confirmed they receive monthly statements and can track unspent amounts in their package. The Assessment team noted the service’s web site has options for consumers and representatives to select their choice of language to read newsletters and information on aged care and request for advice or have any of their queries answered through their online feedback options

Consumers said staff and care workers respect their privacy when delivering services and they are confident the consumer’s personal information is kept confidential. All staff interviewed demonstrated an understanding of the importance of protecting consumer information and respecting their privacy. They described practical ways they protect consumer information, such as only discussing consumer information with relevant office staff and not disclosing a consumer’s personal information to anyone outside of the service. Where consumer information is shared with other services involved in the delivery of care and services, the organisation obtains consent from the consumer. The Assessment Team noted policies and procedures are in place in relation to this requirement, consumer privacy is maintained by staff, and only relevant staff have access to electronic files, and these are password protected.

# 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

Based on the information summarised below, I find the approved provider, in relation to the service, Compliant with requirements in Standard 2.

Requirement 2(3)(a)

Consumers and representatives said the services they receive help them to be independent and remain living in their own homes. Most consumers and representatives said the services and supports meet their current needs. Management advised the program managers are responsible for completing the consumers initial comprehensive assessment and ensuring the service can deliver the required care and services for the consumers. Once the comprehensive assessment is complete the consumers assessment and planning documents are uploaded to the services client management system, Procura and the program managers hand over to the service coordinators.

The Assessment Team interviewed several care workers. Care workers could describe the types of services they provide and the associated risks to the consumers they see on a regular basis however, some care workers said when they deliver services to consumers, they are not familiar with they find there is limited, if any, assessment and care planning information available to them regarding the consumers associated risks, health and wellbeing. For example, one care worker said they were completely unaware that a named consumer was diagnosed as a type 2 diabetic until a few weeks ago, and that there was no care plan available or other medical information to help guide them when delivering that consumer’s care and services.

In response the approved provider evidenced that the diagnosis of diabetes was on that consumer’s documentation and that the consumer had been managing that condition themselves without assessed need for assistance. It also evidenced that it had commenced supporting that consumer with management of that diagnosis and provided documentation to show how this was being done. I am satisfied with that response.

The Assessment Team interviewed other care workers who said medical conditions, associated risks, and consumer’s health and well-being information is not always available at the point of care. One care worker said that consumer notes are not current, and they often have to call the office to obtain information to guide them in delivering safe and effective care and services.

In response to this issue the approved provider stated that care staff have access to care planning information via real time in its Mobility App. It stated that its current client management system does not allow for staff to view previous progress notes regarding consumers, which can only be viewed in internal hard copy communication books. It noted it was migrating to a new client management system in November 2023 which would allow for notes to be read by care staff. It stated it recognised the need for staff refresher training on the Mobility App and the requirement to read all care plans prior to service, and said it would roll this out during 2023. It provided details of training it had previously provided on the use of the Mobility App. It also stated that the issue of a few staff members not following its protocol was an area of improvement as it is not a systemic shortcoming but a performance and training issue for those few staff members. It further noted that progress notes are recorded in real time in the Mobility App and the office team will review, and that Field staff feedback forms are reviewed and assessed by the coordination team, and relevant details are shared with care staff. I am satisfied with that response.

The Assessment team found that, in relation to a named consumer, that the considerations of risk to consumer safety was not documented or communicated with staff, and processes were not followed in relation to non-response to a visit. The Assessment team identified that the consumer had a number of medical conditions, and found that that consumer had a number of health risks, including falls and dementia/cognitive impairment, and recorded them as being frail and aged, and having type 2 diabetes, congestive heart failure and other conditions that required other medical care. The Assessment team found that the consumers care planning documents available to care workers did not include reference to the consumers propensity to wander and regularly be unavailable when services were scheduled.

In response to this issue the approved provider submitted evidence of support it had provided this consumer to mitigate the risks of their living in the community, and provided some context on its response to the event. It acknowledged a discrepancy between its organisational policy and the consumer’s care plan, and detailed improvements in the information available to care staff. I am satisfied with that response, but encourage the approved provider to further embed identified improvements in relation to such matters.

The Assessment team reviewed care documentation in relation to a consumer which indicated they lived with a mental health condition and a number of physical conditions including Lymphoedema, depression, Kidney Disease, Bowel (colorectal) cancer, Morbid obesity, UTI's - overactive bladder and has problems with swollen feet. A care worker interviewed confirmed that the consumer had mobility issues and was a falls risk, with intense pain in their legs from pre-existing surgery. The care worker advised that the consumer had other associated risks, such as social isolation. The Care worker was able to describe how they mitigate risks, such as looking around the consumer’s home environment to minimise any risk of falls when delivering their care. The care worker and the package manager both indicated that the consumer does not let anyone else in the house other than this particular care worker, and the service has been unable to complete care planning and risk assessment documents to monitor or assist with the high-impact risks associated with their care and services.

The Assessment team found that this consumer’s care plan documents and risk assessments for pain management, mobility assessment/FALLS risk assessment and a psychogeriatric assessment were not up to date. The Assessment team concluded that while the consumer’s preferred care worker demonstrated knowledge of the consumer’s situation, if that care worker was unable to provide care and services to her there may be insufficient available to replacement staff to guide safe and effective delivery of care and services.

In its response to this issue the approved provider disputed that this consumer’s assessment were not up to date, provided clarity in relation to her care needs and noted that it was supporting her decision to accept care from one staff member only. I am satisfied with that response.

In relation to another consumer, the Assessment team reported that a care worker stated that while is quite detailed notes about how frail that consumer is and described their condition, needs and associated risks, that care worker said the notes about that consumer were not up to date. In response to this issue the approved provider stated that all staff are required to submit feedback reports following each service visit and that its Mobility App will not allow a care worker to log out of a shift and move to the next service unless feedback is provided. It also stated that while its current systems does not allow for staff to view notes, all relevant information, including Care Plans and service requirement are provided in real time via the Mobility App.

The Assessment team reported that a care worker stated they provided domestic assistance, which required cleaning the toilet and bathroom for a named consumer, and indicated the consumer’s toilet and bathroom was unclean as they felt other care workers did not clean for him. The care worker was reported as stating they didn’t report it because they felt nothing would be documented or communicated. In its response the approved provider submitted some context in relation to this matter. I am satisfied with that response and am unable to identify any concerns in relation to this matter.

I find this requirement Compliant.

Requirement 2(3)(d)

Most consumers and representatives said they have received a copy of their care plan from the service and most care workers interviewed said they can access the care plan on the services client management system at the point of care.

The Assessment team found that some care plans reviewed did not include appropriate detail regarding assessed needs and risks to the consumer to guide staff in managing these risks for consumers. However, I have considered that information under requirement 2(3(a), and find this requirement Compliant.

As to other Compliant requirements 2(3)(b), 2(3)(c) and 2(3)(e).

All consumer consumers and representatives interviewed said they receive services that meet their current needs, goals and preferences. Goals, needs and preferences are identified in the consumer’s care plan which coordinators said this information is gathered from the consumer’s ACAT Assessment and discussions with the consumer and representatives. Management said HCP consumers requiring end-of-life care are referred to the palliative care team. Advance care planning information is provided to consumers at the assessment and re-assessment process and is noted on the consumer’s documentation which shows information is provided to consumers. The Assessment Team sighted evidence which showed consumers sampled assessment and planning documentation identified the current needs, goals and preferences. The Assessment Team analysed evidence which confirmed all consumer’s answers to the interview questions aligned with their assessment and planning documentation.

Consumers and representatives said they are involved in making decisions regarding their care and services. Consumer assessment and re-assessment documentation and each consumer care plan showed evidence of the involvement of consumers and others. The roles and responsibilities of all those involved in the consumer’s care is documented. The Assessment Team sighted signed consent forms that gave the service permission to communicate with other organisations, such as a GP, allied health, and family members.

Consumers and Representatives said if their circumstances changed, they would call the service and talk to their coordinator. consumers said the service would work with them to get the best outcome. Package managers advised that the process for reviewing HCP care plans and undertaking reassessment was that HCP levels 1,2,3 and 4 are reviewed annually at a minimum, and when there is a significant change to the client’s needs. The service’s policy and procedure manual sighted by the Assessment Team confirmed the above process for HCP consumers. Sampling of HCP consumer’s assessment/re-assessment and care plans showed evidence that consumers assessment and re-assessment are being reviewed in line with the service’s policy.

# 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

Based on the information summarised below, I find the approved provider, in relation to the service, Compliant with all Requirements in Standard 3.

Requirement 3(3)(a)

Overall consumers who receive personal care and clinical care provided feedback that they were satisfied with the care and services they receive. Consumers and representatives said consumers who receive personal and clinical services are usually provided by the same care workers each time. The Assessment Team observed that the service was actively implementing improvements regarding policies and procedures guiding the delivery of clinical care. Tools and resources sighted in relation to falls, wound and behaviour management provided current and detailed guidance for staff and referenced best practices. The service recruited a Registered Nurse (RN) to help train and educate care workers on understanding and clinical application. The Assessment Team interviewed the Clinical nurse consultant and they said the service is improving and indicated the service educates the care workers to be very thorough in consumer assessments, and that evidence-based care practices and policies are applied and used.

The RN indicated that consumers also receive services from Allied health providers who communicate with the provider to ensure the service is delivering quality care that is in accordance with the consumer’s required needs. An example was cited of management of skin integrity issues for a named consumer. Review of the clinical RN assessment documents included detailed risk assessments completed with information and tools for care workers to follow covering a number of areas.

The Assessment team identified issues in relation to the service’s actions in relation to a consumer’s non-response to a scheduled care visit. Although opportunities for improvement were identified in relation to that matter, I am satisfied with that response, which I have considered in more detail in Standard 2 requirement 2(3(a).

I find this requirement Compliant.

Requirement 3(3)(b)

The Assessment team found that management was unable to describe the high impact and high prevalence risks at the service, and they could not demonstrate how the service monitors and adjusts its practices in relation to high impact and high prevalence risks for consumers. It also found that care planning documentation does not include the identification of all risks, strategies or guidance for care staff who regularly provide services to consumers. Some care staff advised that they rely on their own knowledge and/or feedback from consumers and their representatives to minimise consumers’ risks.

In its written response the approved provider gave clarity on some of the consumer examples given, some of which I have considered in more detail under other requirements. It noted that it had identified, prior to the Quality Audit, that it could benefit from an improved incident management system, which was currently under review for its 2024 budget.

It stated that it supplements its current system with a named reporting system, which it stated identifies incident trends, and that each incident is triaged and escalated according to hierarchy. In addition, the approved provider stated that its current incident management system is monitored locally and centrally by its head office team. I am satisfied with that response, and note that I have considered information regarding assessment and planning in more detail in Standard 2..

I find this requirement Compliant.

Requirement 3(3)(d)

The Assessment team found that some care workers interviewed indicated they knew the process to recognise and report deterioration or change of a consumer and provided an example referenced below, however, some care workers said they would be unable to recognise and know when to report if a consumer was deteriorating if they don’t regularly provide services too, due to not having available or current health information regarding the consumer’s condition. The Assessment team also found that relevant information was not always available to staff.

In its written response the approved provider gave clarity on some of the consumer examples given and submitted details of its processes for provision of information to staff, which I considered in more detail under other requirements.

In finding the approved provider Complaint with this requirement I have taken into account information provided by a consumers representative and cited by the Assessment team regarding the effective recognition and management of that consumer’s deteriorating health.

I find this requirement Compliant.

Requirement 3(3)(e)

The Assessment team found that most care workers said their main source of information regarding consumers is through individual care plans, and that care workers said if they need more information, they talk to the coordinator and/or the consumer. Care workers interviewed said they do not write case notes and/or indicated that other care workers don’t bother to communicate important information about the consumer’s condition, needs and preferences to the coordinators and management as they feel it’s documented on Procura or communicated within the organisation. Two Care workers interviewed said that sometimes notes in Procura are not communicated or documented with enough detail as they should be. Both care workers provided examples.

In its written response the approved provider gave clarity on some of the consumer examples given, and stated that staff have the skills to report changes in a customer’s condition and are trained on reporting changes in customers’ conditions at orientation, through staff meetings and in refresher training on its Learning Management System. It provided evidence of these processes.

I am satisfied that the approved provider can demonstrate processes in place to support staff to identify and notify others of changes in consumers’ condition and that for the consumers sampled changing care needs/deterioration and has been identified and responded to. In its written response the approved provider stated that as a continuous improvement action it identified that some staff need refresher training in how to access information, and gave details of that training.

I find this requirement Compliant.

As to other Compliant requirements 3(3)(c), 3(3)(f) and 3(3)(g)

Management said the service provides care and services for consumers nearing the end of life. Management said consumers requiring end of life care are referred to the palliative care team and they work collaboratively with that team. Advance care planning information is provided to consumers at the assessment and re-assessment process and is noted on the consumer’s documentation which showed information is provided to consumers. The Assessment Team sighted evidence of two consumers nearing end of life and their care planning and assessment information showed the service was assisting the consumers nearing the end of life addressed and maximised their comfort and dignity.

Clinical staff interviewed described the process for staff when making appropriate referrals for specialists, and how the service ensures referrals are made in a timely manner. The Assessment Team sighted referrals being completed appropriately and in a timely manner for HCP consumers to allied health professionals, and when care workers identify specific complex care needs. Review of consumer files showed the service referring consumers for higher-level packages when more supports are required.

Consumers and representatives interviewed said all support workers wear masks and gloves and have observed care workers practicing hand hygiene when in their homes. Care workers advised they are provided with regular and sufficient training in infection control. An example was provided in relation to a consumer receiving stoma care treatment, there being evidence that care workers have been given regular and sufficient training in infection control, and that information is available at the point care in that consumer’s home folder. Management advised care workers are required to completed RAT tests every single morning and are provided with personal protective equipment (PPE) such as RAT Tests, face masks, and gowns. The infection control policy provides information on how infection is transmitted and guidance for staff on minimising infections. This included personal hygiene, cleaning and waste disposal.

# 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. | Not applicable |

Findings

Based on the information summarised below, I find the approved provider, in relation to the service, Compliant with all applicable Requirements in Standard 4.

Requirement 4(3)(d)

The Assessment team found that most consumers and representatives said care workers know their care and service needs and they do not need to repeat information each time the support worker comes to their home unless it is a new care worker. A representative said when new support workers come to their home, they need to spend a lot of time explaining the consumers specific needs as they don’t seem to have been provided with a handover. However, the Assessment team also found that some care workers said they often do not get a care plan for domestic assistance shifts or consumers they don’t regularly provide services to, so they ask the consumer and/or the family for details of what is required.

Based on the approved provider’s response in relation to other requirements, including clarity on some consumers, its processes for provision of information and identified improvements, I am satisfied it can demonstrate that for the consumers sampled that information is shared in a proper and effective manner in relation to lifestyle services and supports.

I find requirement 4(3)(d) Compliant.

As to other Complaint requirements 4(3)(a), 4(3)(b), 4(3)(c) and 4(3)(e)

Care workers interviewed could describe individual consumer needs, goals and preferences. For example, a support worker said they regularly take a consumer for a walk to the park as that is the consumer’s preference and it is good for their mobility and strength. Care plans sighted captured goals and preferences, including for domestic assistance, stating, for example for one consumer, ‘to maintain the home clean and safe to live in as long as possible and safe to do so’.

All consumers and representatives interviewed said staff are all very kind and friendly and shared their stories on what receiving the services means to them. All consumers interviewed said they wish to maintain in their home independently for as long as possible and the service helps them to achieve this. The coordinators and care workers demonstrated an in-depth knowledge of consumers emotional, spiritual and psychological well-being. For example, a consumer only prefers one care worker to provide her services due to her psychological well-being. The care worker was able to describe the consumers emotional and spiritual preferences and how to assist and support the consumer in daily living. Consumer assessment documentation reviewed reflected consumers’ emotional, spiritual and psychological well-being needs were assessed and strategies to assist support staff provide services was noted in care planning documentation

All consumers and representatives provided feedback on the opportunities they have been given to build and maintain relationships, to pursue activities of interest to them and participate in their community. Management described how care workers enjoy seeing consumers going out for coffee and going for lunch with them and being able to maintain their social and personal relationships that are important to them, and that by doing this it allows consumers to be included as part of their community and do the things that are most important to them. Care workers echoed these sentiments. Sampled consumers’ assessment and care planning documentation contained information on important people and relationships in the consumers’ lives as well as consumers’ individual interests and preferred activities. Care planning documentation reflected individual emotional and psychological needs where appropriate.

Consumers and/or representatives, when asked if the service is supportive in connecting consumers with other lifestyle services and supports said, in general terms, supports are available and offered however many choose to manage this independently. Staff could describe the process for referrals to others, including ensuring referrals are completed in consultation with the consumer. A review of care planning documents demonstrated that timely referrals have been made as appropriate. Management gave an example where an Occupational Therapist (OT) was asked to source a bed for a client who required end of life care and the bed was delivered the next day. Referrals to other organisations occur for consumers to support their social connections and wellbeing. Referrals covered a range of lifestyle areas, including home modifications, equipment and safety products, meal delivery and gardening. The Assessment Team reviewed documentation which was noted on consumer files to confirm the referral had been made and followed up in a timely manner.

# Standard 5

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| Organisation’s service environment | | HCP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

The organisation does not provide a service environment therefore this Standard is Not Applicable and was not assessed.

# 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

Based on the information summarised below, I find the approved provider, in relation to the service, Compliant with all Requirements in Standard 6.

As to Complaint requirements Requirement 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d)

Consumers and representatives interviewed advised they do not have any concerns as they are satisfied with the services and when they raised anything it was addressed quickly by the package manager, coordinators, or management. For example, consumers said the staff always checked with them if they are satisfied with the service and they would be comfortable raising issues if they arose, as all staff at the service were very approachable and they had known them for a while. Care workers advised if they receive feedback from consumers, they bring it to the attention of the coordinators whether it be positive or negative. They advised they discuss with consumers and family the consumers’ rights, how to make a complaint or give feedback. Care workers said they were aware of access to an advocate or external bodies such as the commission and state advocacy services. Package managers and coordinators said they are able to resolve complaints promptly on receipt. An example was reviewed.

Management advised all consumers receive an “Information Folder” which includes a client handbook, complaints information and brochures on advocacy, privacy and service and explains the complaints, compliment and feedback process. Management explained how they encourage and support consumers and representatives to provide feedback and make complaints through various avenues. Using the feedback forms/brochures, consumer feedback surveys and providing information on how to access external agencies like the Commission and using the service’s web site to lodge their feedback online. The Assessment Team viewed the Customer Feedback Survey 2022.

Consumers and representatives said they had received information on their right to an advocate and advocacy services in their community as well as how to provide feedback or complaints. They knew how to access interpreter services if needed but those interviewed had not required this service. Consumers said they felt comfortable raising any complaints or provide feedback with the service directly, as the service staff are all approachable. Package managers and coordination staff and management advised that consumers are provided with information on how to make a complaint to an external agency and how to access advocacy services when they enter the service. Additionally, staff said information folders handed to the consumers at commencement of service contain forms and brochures about Aged Care Quality and Safety Commission together with information on how to access multi-lingual resources on the website. The Complaints Policy described external supports available to consumers to raise complaints and general feedback. The training programs for staff on complaints management shows staff are educated on the role of external agencies including aged care advocacy and the Commission.

All consumers and representatives interviewed said they had not needed to raise issues but felt staff would take their concerns seriously and address their complaints. All consumers and representatives interviewed were happy with their services currently except two. A review of those concerns indicated the organisation had taken appropriate and timely action in relation to those matters. Some consumers said they received an immediate response, for example in response to a query on rostering or change of a care worker or change of cleaning contractors generally to their satisfaction.

The service registers all complaints and compliment feedback in their electronic consumer information system, and then export this to a centralised register which is overseen by the management. All complaints are logged, acknowledged, and prioritised based on severity, time lined, escalated if appropriate and actioned generally in a timely manner. The nature of the complaint determines the level of staff who would deal with the feedback. A sample of complaints reviewed by the Assessment Team show there was contact with the consumers and representatives to find the ‘root cause’ and consider options to resolve the complaint. Management advised of working with package managers and coordination staff who are the point of contact for consumers, to ensure that they follow appropriate procedures in recording and managing complaints and practice open disclosure. Staff said they receive information and training in complaints management during their orientation and at their regular staff meetings. Staff involved in complaints management including care workers were able to describe the concept of open disclosure. The Assessment Team sighted the meeting minutes at various levels, management, package management and care staff.

Consumers and representatives said the service seeks feedback to see if they can improve services. They are invited to provide suggestions through consumer surveys or verbally during care planning meetings. Management advised all complaints and grievances are registered and any trends identified are considered holistically with feedback received through consumer surveys, verbal interviews with consumers and representatives, information from the incidents and hazard reports, and suggestions from staff as sources of information to improve quality of care and services. Policies regarding feedback and continuous improvement guide staff practice.

Complaints and suggestions are discussed in planning meetings and outcomes are noted in the service’s continuous improvement register to monitor improvements. Senior management has oversight of complaints management through their internal audit system, Business Health Check (BHC) Report Service Management - Internal Audit. The Assessment Team sighted the BHC internal audit reports and meeting minutes held at various levels and the continuous improvement register which were aligned to the survey and feedback registers.

# 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

Based on the information summarised below, I find the approved provider, in relation to the service, Compliant with all Requirements in Standard 7.

As to Complaint requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e)

Consumers and representatives confirmed that staff and volunteers deliver the services when they expect them and appear not late or rushed. For example, one consumer stated staff are always punctual and they get on really well with anyone that comes. Care workers interviewed by the Assessment Team stated that there is enough time for them to complete their work effectively. Management stated they have a work force plan in place, with annual work force planning where the service convenes each year and develops budget in conjunction with their governing body. Management confirmed that the service has had no unfilled shifts in the last month. The Assessment team sighted the service’s Workforce Plan and Business Development and Growth Plan.

Consumers and representatives interviewed by the Assessment Team said staff treat them with kindness and respected them as individuals and they never felt unsafe. Management and all staff spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services. The service’s Complaints Register was reviewed, and contained no complaints about staff treating consumers improperly within the last 12 months.

All consumers and representatives provided positive feedback to the Assessment Team regarding staff members. They advised they are satisfied that the staff are competent in providing their services. Coordinators and care workers interviewed by the Assessment team explained that the service receives feedback from consumers and other staff in relation to their competency, and that annual performance reviews, along with supervision and support meetings (one on one), help the service assess their competency to undertake their role.

The service provided Job Descriptions for 6 positions, with the Assessment Team viewing the job description for a Community Support Professional, which detailed the job purpose, main duties, accountabilities, essential criteria, desirable qualifications and key performance indicators. Management advised that they determine staff are competent and capable through a skills matrix completed on recruitment detailing information, qualifications, as well as reference checks and orientation, including competencies in the clinical side training inhouse, such as manual handling and catheter management. Management stated the service has LMS training modules for staff, which allows the service to drill down further for individual consumers based on their clinical and other needs. All staff must be trained and determined competent by the Clinical Nurse Consultant. For subcontracted staff, management advised they determine they have the necessary competencies to deliver quality care and services as they only broker out Allied Health services through third party contracts. For larger organisations they obtain statutory declarations that all there staff are competently trained, registrations, and they have all the competencies. Smaller organisations the service obtains the individual qualifications and other relevant information. The service is also guided from the feedback the service receives from the level of satisfaction from consumers from third party services. Relevant policies and procedures were sighted.

Consumers and representatives provided feedback that they feel staff have had the necessary training and are supported in order to do their job. Staff indicated that they have had adequate induction and training and are supported to deliver effective, safe and quality services. Management advised the Assessment team that they assess and identify the training needs of staff through annual review with staff, which they use to identify gaps, such as training needs. Management also stated that where consumers have specific clinical needs, the service’s Clinical Nurse Consultant would complete competence assessments around that, and train staff on the consumers Health Care Plan. Relevant policies and procedures were sighted. The approved provider stated that additional training opportunities were identified and detailed what it had done to address those matters.

Consumers and representatives interviewed confirmed they are very satisfied with the services and with the staff providing and overseeing services. Consumers interviewed stated they are asked to provide feedback about the services provided. Staff confirmed there is a performance appraisal system in place and confirmed they received ongoing feedback, with various opportunities for training. Management detailed a number of processes for monitoring and reviewing staff performance.

# 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

Based on the information summarised below, I find the approved provider, in relation to the service, Compliant with all Requirements in Standard 8.

As to Compliant requirements 8(3)(a), 8(3)(b) and 8(3)(e)

A number of consumers and representatives interviewed provided examples of where they have provided feedback to the service, including completing an annual survey/feedback form. They expressed satisfaction with the quality of services and said they know they can provide input on the standard of service at any time. A number of staff interviewed stated the service is well run when questioned, with it having improved over recent years. Management was said to have a positive and supportive attitude. Management advised the service engages consumers and representatives in service improvements through way of an annual client survey which it issues to all consumers, with feedback results filtered down. They added that the survey questions are based on the Quality Standards and an improvement plan implemented at every office in reference to their own results received from the survey. The service also have a business health check where the governing body assesses every service against the policies and procedures including the annual survey and the continuous improvement plan.

The service demonstrated that consumers and representatives are engaged in the development, delivery, and evaluation of the services they receive and are supported in that engagement. Management provided the Assessment Team with examples that evidenced consumer involvement in the development of services, through the annual client survey, including the results of the survey. Relevant policies and procedures were sighted.

Consumers and representatives were satisfied that the service promotes a culture of safe, inclusive and quality care and services is accountable for their delivery. Consumers interviewed outlined interactions with coordination staff and complimented responsiveness and indicated they were satisfied with the service they received. Care workers interviewed by the Assessment Team advised that there has been no changes to business operating requirements that has recently stopped them providing any home care services to consumers. Management advised that the service is supported by organisation wide governance systems and processes that underpin the governing body’s responsibilities for and commitment to promoting a culture of safe, inclusive and quality care and services across the organisation.

The service demonstrated it has an appropriate clinical governance framework to guide management on staff on relevant aspects of care and services. In relation to antimicrobial stewardship, management advised that their clinical governance supports antimicrobial stewardship through staff training, infection control, and clinical oversight of services and practices supporting consumers with bacterial infections. They take a collaborative approach to providing holistic supports, when working with other providers and referrals centres.

Management was also able to provide an example on how this framework has successfully been utilised during the COVID-19 pandemic. In relation to minimising the use of restraint, the organisation does not restrain consumers and no environmental restraints were identified by the Assessment team. In relation to open disclosure, management advised staff receive training on Open disclosure and consumers are supported to understand how open disclosure fits in with service feedback, complaints and incident reporting, with their policies and procedures guiding their approach to keeping the consumer aware, informed and appraised of issues and incidents, and those reflecting near misses. Consumers are also involved in identifying and reviewing matters as part of the consultative process in managing open disclosure. Management also explained staff are trained in identifying examples where open disclosure should enacted, including medication management, personal care, incontinence care, skin integrity, clinical care, supported nutrition. Relevant policies and procedures were sighted.

As to requirement 8(3)(c)

I have not identified any concerns in relation to information management, continuous improvement, financial governance, workforce governance, including the assignment of clear responsibilities and accountabilities, regulatory compliance and feedback and complaints.

However, the Assessment team raised some issues in relation to information management. I am satisfied with the approved provider’s response to those issues, which I have set out below.

As to Information management

The Assessment team found that the service has a number of different information management systems, including:

* A client information system (Procura), which contains program, service and individual needs client related information as source for service delivery and monitoring
* Procura (staff information system), which provides for monitoring staff compliance (such as certificates and checks and matching with client need
* An intranet platform, which provides access to reporting, policies and procedures, resource guides, reporting functions and CIP ticket system
* A Business Operating System (BOS) providing the standardised operating and governance measures ensuring quality assurance and compliance.
* E-forms and intranet quality improvement ticketing system for lodging improvement suggestions.
* E-learning LMS modules

The Assessment team also found that all information related to the consumers is maintained confidentially and backup systems are in place to ensure information is not lost in the event of an IT issue. Access is password protected to log in with access levels based on roles and responsibilities. Secured hard copy storage of confidential information is maintained. Consumers have access to information through the service’s newsletters and related information.

However, the Assessment team found that although the service provided evidence supporting the consumer and staff information system (Procura), staff interviewed by the Assessment team advised that this is not an effective information management system, which enables them to access accurate and up to date information regarding consumers condition, needs and preferences and improve outcomes for consumers. Some care workers were reported as stating that case notes are not written or information not communicated, including in relation to change in condition of consumers. Some care workers were also reported as stating they rely on their own knowledge and/or feedback from consumers and their representatives to minimise consumers’ risks, and that they often do not get enough information to assist with domestic assistance shifts, so they ask the consumer and/or the family for details of what is required.

In its response the approved provider acknowledged that it had identified the need for some improvements in the availability of information, including providing staff with electronic access to previous progress notes, and refresher training to staff on use of the Mobility App. It identified that it was migrating to a new client management system in November 2023 which would allow for notes to be read by care staff. It also stated it recognised the need for staff refresher training on the Mobility App and had both undertaken that training and planned additional training.

I am satisfied that the organisation’s information systems give appropriate members of the workforce access to information that helps them in their roles, and that while improvements can be implemented the approved provider pro-actively identified required improvements and has either implemented them of is well progressed toward implementing them.

I find this requirement Compliant.

As to continuous improvement, financial governance, workforce governance, including the assignment of clear responsibilities and accountabilities and regulatory compliance.

The service has strategic planning and continuous improvement processes in place. Continuous improvements are sought from the service via feedback surveys (consumers and staff) and review of management systems including staff performance, incidents and complaints. Staff also have access to intranet to log tickets for continuous improvements. The service utilises a continuous improvement quality ticket system in place to raise quality issues and recorded on a quality improvement register, which was sighted by the Assessment team. The service also have a business health check (internal audit) where the governing body assess against the Policy and Procedures including the annual survey and the continuous improvement plan for every service.

The service has financial governance systems and processes to manage the resources necessary to deliver a safe and quality service. Management explained to the Assessment Team that HCP package and services are reviewed on a monthly basis by package managers who receive a monthly summary for each consumer, including copies of all the statements prior to issuing to consumers. Package managers have the responsibility to discuss with consumers, their unspent funds, additional service requirements and why they’re not utilising their HCP to the full extent.

Processes are in place for workforce governance. No issues were identified regarding workforce governance. Further information is detailed under Quality Standard 7.

Management advised there have not been any adverse findings by another regulatory agency or oversight body at the service in the last 12 months. Management also advised that the service receives regular updates from government bodies on regulatory information which is monitored by the Quality Manages and implements changes as needed and circulated to relevant staff. In addition, the service meets regularly with all managers across the organisations network where they reinforce any industry changes coming to their network, how they are going to address it and what level of supports are required.

Processes are in place to address feedback and complaints. No issues were identified regarding feedback and complaints mechanisms Further information is detailed under Quality Standard 6.

Relevant policies and procedures are in place.

As to requirement 8(3)(d)

I am satisfied, based on the Assessment teams report and information from the approved provider that its risk management systems and practices are generally effective in relation to managing high-impact or high-prevalence risks associated with the care of consumers. I have considered information about high-impact or high-prevalence risks in more detail in Standard 3 requirement 3(3)(b).

I am satisfied that the service has effective processes for identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

The Assessment team found that the service was not able to demonstrate that all available and relevant information is fed into its risk management systems, or that such information is accurate. The Assessment team reported that management outlined their risk management framework and policy underpin their operations and strategic planning process. Management was reported as stating that risks are identified in a timely manner through numerous channels including incident reporting, complaints, surveys (staff and consumers), that strategies are implemented to mitigate and manage the risks, which are then monitored and evaluated to ensure effectiveness. Management also outlined the organisations process for incident management and reporting and how incident information is used to drive continuous improvement. That is, incidents reports are on the intranet with all staff including support staff having access and can complete incident reports via an App. Once entered it is triaged via coordinators, escalated to Pack Managers, Clinical Nurse Consultant or Manager. Management also meets regularly with Senior staff, including HR and discuss matter such as adequacy of care, escalation, further clinical assessments and any identified need for further training.

However, the Assessment team reported that management acknowledged to the Assessment Team that the incident reporting register on Intranet doesn’t necessarily scale the incident severity rating. In its written response the approved provider disputed the conclusions of the Assessment team and indicated it was Compliant with this requirement, but noted that as a continuous improvement action it had scheduled incident management training sessions and was undertaking a review of the Incident procedure and associated forms, as part of its transition to a new customer relationship management system, including the introduction of a ratings scale.

I am satisfied that the organisation has an incident management system that enables incidents to be identified and responded to and drives continuous improvement to improve the quality of the care and services, and that and that while improvements can be implemented the approved provider pro-actively identified required improvements and has either implemented them of is well progressed toward implementing them.

I find this requirement Compliant.

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