Japara Mirridong

Performance Report

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**Commission ID:** 3439

**Provider name:** Japara Aged Care Services Pty Ltd

**Assessment Contact - Desk date:** 24 August 2021

**Date of Performance Report:** 18 November 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(e) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(f) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Desk report received 10 November 2021

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard does not have an overall compliance finding as only one of the five specific requirements under this Standard has been assessed during this desk assessment.

The compliance finding for each of the requirements assessed is outlined below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(e) Compliant

*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.*

The Assessment Team’s report notes that while the service has made improvements in relation to the documentation of review processes particularly related to skin integrity and pain management, not all of the processes are fully embedded into staff practices.

The approved provider’s response outlines how they have improved clinical care documentation in relation to reviews of the care being delivered and their effectiveness.

Evidence submitted by the approved provider includes; staff training records, monthly clinical meeting minutes which evidence ongoing oversight, weekly wound chart reviews and monthly wound reports. Further the clinical care coordinator and registered nurses at the service have been provided with clear directions on their responsibilities. An external education team has delivered pain management education. and an external education team are providing ongoing support.

Evidence submitted demonstrates monitoring is occurring with any deviations to expected practices in documenting care reviews addressed with clinical staff.

Based on all the evidence available (summarised above) the approved provider complies with this Requirement as a framework is now in place that will support staff to effectively document their reviews of the care and services required by consumers.

# STANDARD 4 Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard does not have an overall compliance finding as only one of the seven specific requirements under this Standard have been assessed during this desk assessment.

The compliance finding for the requirement assessed is outlined below.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

The Assessment Team provided evidence that the service demonstrated management and catering staff have undertaken improvements to the meal service and the meal quality. Consumer and representative feedback was positive, with high levels of satisfaction with the changes to the quality of meals and the dining experience.

Based on the evidence summarised above the approved provider complies with this Requirement.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.