Japara Mirridong

Performance Report

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**Commission ID:** 3439

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

**Assessment Contact - Desk date:** 28 October 2021

**Date of Performance Report:** 07 December 2021

# Performance report prepared by

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# 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |

# Detailed assessment

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 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 a desk assessment, 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
* Complaint received by the Commission in relation to the service’s management of the care of a consumer following a fall.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team conducted an assessment contact following a complaint made to the Commission in relation to the service’s management of the care of a consumer specifically in relation to falls risk and pain management.

The consumer who resided in the memory support unit, had nine falls in two months. This consumer did not receive a medical review prior to being transferred to hospital as a result of a fall that had occurred five days earlier. Pain monitoring was not conducted according to the consumer’s cognitive ability, thereby resulting in poorly managed pain.

The complaint also alleged that staffing was inadequate in the memory support unit.

A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found that the service had implemented some corrective actions in response to the complaint. These included increasing staff numbers in the memory support unit, scheduling staff education and training in relation to pain management and falls management.

The consumer has had further falls since the one the subject of the complaint. The service stated four of these did not result in injury but did not provide further information. Progress notes confirm the consumer has frequent falls from their low bed and that possible causes may include pain or needing to go to the bathroom. Risk mitigation strategies currently employed include a sensor and crash mats.

One of the strategies that was also implemented for this consumer in relation to falls was to have a call bell in reach, but the consumer’s cognitive impairment would impact their ability to use the call bell effectively.

The service acknowledged the deficits in the consumer’s falls management, pain management, assessment of clinical deterioration and timely escalation of their condition to a medical practitioner. They also acknowledge that some of the improvements planned are not yet fully embedded in their processes.

They also provided the following in their response:

* A root cause analysis was conducted in relation to the incident related to the complaint and was discussed at a clinical meeting and included strategies to prevent the recurrence of the incident. A review by a medical practitioner will now be requested by phone rather than by fax, as this was seen to have contributed to the delay in medical review.
* The daily leadership huddle now includes items of clinical risks.
* Use of psychotropic medications is captured in risk screening in falls risk assessment which then informs the care plan.
* There will be a focus on further in-house education in relation to pain management specifically in the assessment of consumers with cognitive impairments. The ABBEY Pain scale is to be utilized for cognitively impaired consumers.
* Falls management education will be provided to staff to raise awareness of risks and how to mitigate them.
* The introduction of a Falls Prevention and Management Committee –where regular monthly multidisciplinary meetings will be conducted to review and analyse clinical indicator data, identification of trends both at an individual level and home level, and review and evaluation of related strategies to ensure safe and effective provision of care.
* Education session has been planned on Open Disclosure for all staff.

Although the service has made a number of improvements in the management of falls and pain, following the complaint submitted to the Commission, there was a significant negative impact on this consumer relating to the care provided following their fall.

Many of the improvements are not yet fully embedded or evaluated for their effectiveness and therefore I find the service non-compliant in this requirement.

# 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.

### Requirement 3(3)(b)

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

* Ensure that strategies are in place to prevent falls from occurring in all events, including from lo/lo beds for consumers with cognitive impairment.
* Ensure the medical practitioner is contacted by phone when requesting a review of a consumer following an incident.
* Ensure all staff receive education in relation to risk awareness and minimisation in regard to falls and also in pain management for consumers with cognitive impairment.
* Ensure all strategies and improvements provided in the response document are implemented and evaluated for their effectiveness in falls prevention and management of consumer pain.
* Ensure there is adequate staffing in the memory support unit.