Japara Brighton

Performance Report

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**Commission ID:** 6757

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

**Assessment Contact - Site date:** 28 July 2021 to 29 July 2021

**Date of Performance Report:** 15 September 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 25 August 2021.

# 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 Quality Standard is assessed as Non-compliant as the one specific Requirement assessed has been found Non-compliant. The Assessment Team assessed Requirement (3)(b) as part of the Assessment Contact. All other Requirements in Standard 3 were not assessed.

The Assessment Team have recommended Requirement (3)(b) in Standard 3 Personal care and clinical care not met. The Assessment Team were not satisfied the service demonstrated effective management of high impact or high prevalence risks associated with the care of consumers.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this information, I find Japara Aged Care Services Pty Ltd, in relation to Japara Brighton, Non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care. I have provided reasons for my finding in the specific Requirement below.

### 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 were not satisfied the service demonstrated effective management of high impact or high prevalence risks associated with the care of consumers. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer A

* An incident report dated June 2021 indicates a regular aperient medication the Medical officer requested to be ceased had continued to be administered for an approximate six-month period. A range of the service’s monitoring processes failed to identify the error.
* Appropriate actions were implemented, including actions to prevent future like incidents, once the medication error was identified.
* The representative stated that during the six-month period the medication was administered, the consumer experienced multiple urinary tract infections, diarrhoea, pain and lethargy.
* The consumer experienced three urinary tract infections over the six month period. Care plans do not identify previous urinary infections or prevention strategies to mitigate risk of future infections.
* A clinical staff member was not aware of the consumer’s recurrent urinary infections and management could not describe actions taken to prevent future infections.
* Bowel charting for a 70 day period did not consistently identify characteristics of bowel motions to support staff to determine if aperients should be withheld.
* Bowel motions were described as loose on 28 occasions without aperient medication being withheld.
* The consumer had six falls over a five-month period. Post falls review on each occasion deemed strategies in place appropriate to prevent future falls. Strategies were not changed despite continued falls.

Consumer B

* Since entry, the consumer has exhibited challenging behaviours towards staff and one episode of physical aggression towards another consumer.
* The interim care plan does not include information to support management of challenging behaviours, and known behaviours are not reflected in the care plan.
* The care plan does not identify behaviours described by staff on behaviour charting or in progress notes or provide suitable interventions to manage these behaviours.
* Showering is noted as an aggravating factor for behaviours. The care plan indicates the consumer is showered two days a week. Strategies for maintaining appropriate alternative personal hygiene is not described.
* Behaviour charting indicates management strategies are consistently ineffective.
* Charting for a 10 day period indicates interventions or response to behaviours were not documented on 20 occasions, and on the 10 occasions an intervention is documented, the response is noted as ineffective on nine occasions.
* The behaviour chart has not been evaluated to determine effectiveness of strategies and did not trigger a review of management strategies.
* Behaviour charting did not commence until a week after entry despite the consumer first exhibiting challenging behaviours three days prior to commencement.

Consumer C

* The consumer sustained a skin tear in June 2021 from a sharp edge on their four-wheeled walker.
* An incident report does not outline immediate actions taken to prevent further injury. The risk of the consumer sustaining further injury as a result of the walker was not mitigated.
* Following feedback from the Assessment Team, the Physiotherapist applied tape to the sharp edge of the walker.
* Specialist services have not been engaged to support effective management of the wound, in line with procedure documents, despite the would failing to heal and increasing in size.
* A wound specialist was engaged following feedback from the Assessment Team.
* The size of the wound has not been consistently identified at each wound.
* Clinical staff indicated wound dimensions are noted in progress notes. No details of wound dimensions were noted in progress notes sampled for the consumer.

The provider did not dispute the Assessment Team’s recommendation. The provider’s response included a Continuous quality improvement plan highlighting the deficits highlighted in the Assessment Team’s report. Additionally, documentation to support some of the actions completed was included as part of the response. Planned and/or completed actions outlined in the response include, but are not limited to:

* Engaged a Wound consultant to support wound management and provide training to clinical staff.
* Reviewed all medication charts.
* Education to be provided to staff in relation to continence management, urinary tract infection prevention, antimicrobial stewardship, falls prevention, incident report management and continence management, including charting and documentation.
* A comprehensive care evaluation has been completed for Consumer A in consultation with the consumer’s representative.
* Consumer B has been reviewed by a Behaviour management specialist and a community visitor engaged. A care evaluation has been completed.
* Wound specialist review has been conducted for Consumer C and a care evaluation has been completed.

I acknowledge the provider’s response and the actions completed/planned to address the deficits identified. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, high impact or high prevalence risks associated with the care of each consumer were not effectively managed.

For Consumer A, I have considered that bowel charting was not effectively used to monitor the consumer’s requirement for aperient medication. While bowel motions were described as loose, aperients were not withheld. Additionally, while the consumer experienced three urinary tract infections over a six month period, strategies to minimise or mitigate the risk of further infections were not initiated. I have also considered that while reviews have occurred post falls, these reviews have not been effective in ensuring the consumer’s safety. Following each falls incident, management strategies have been deemed appropriate. However, the consumer has experienced six falls over a five month period indicating the current strategies are not effective and further strategies to minimise or mitigate the consumer’s risk of falls have not been considered. In relation to the medication error not being identified, I have considered this evidence in my finding for Standard 8 Organisational governance Requirement (3)(d).

For Consumer B, I have considered that while the potential for the consumer to display challenging behaviours was known on entry, charting, assessment and development of appropriate management strategies did not occur. Behaviour charting to identify behaviours occurring, triggers and effective management strategies did not occur until seven days post entry and had not been evaluated at the time of the Assessment Contact visit. Additionally, the Assessment Team’s report noted the consumer’s known behaviours were not documented in the interim care plan used by staff to guide care and management strategies documented were generic. I have considered that these actions have not ensured the safety of Consumer B, other consumers and staff.

For Consumer C, I have considered that wound management processes have not been effectively implemented. While the consumer’s wound was noted to have increased in size over a period of nine days, referral to specialist services was not initiated in line with the service’s processes. The Assessment Team observed the surrounding skin of the wound to appear red and irritated. Additionally, wound charting did not consistently identify the size of the wound. I find it is not unreasonable for consumers to expect that where wounds are reviewed, measurements of the wound are noted. Such actions would ensure the effectiveness of current management strategies is monitored and changes to the wound are identified in a timely manner. I have also considered that while the cause of a skin tear Consumer C sustained was known, strategies to mitigate the risk were not immediately undertaken. Actions to mitigate the risk were taken subsequent to the Assessment Team providing feedback.

For the reasons detailed above, I find Japara Aged Care Services Pty Ltd, in relation to Japara Brighton, Non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(a) as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The Assessment Team have recommended Requirement (3)(a) in Standard 7 met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Japara Aged Care Services Pty Ltd, in relation to Japara Brighton, Compliant with Requirement (3)(a) in Standard 7 Human resources. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### The Assessment Team found overall, consumers sampled considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Most consumers and representatives were satisfied with sufficiency of staff, response to requests for assistance and call bell response times. However, two consumers were not satisfied with the efficiency of administration of time sensitive medications.

### 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. A master roster is in place which is adjusted in response to feedback from consumers, representatives and staff, incidents, call bell response times and the changing clinical needs of consumers. There are processes to manage staff shortfalls.

### Clinical and care staff indicated they have sufficient time and resources to undertake their duties during their shift. Staff were observed to be attentive to consumers and attending promptly to consumers’ care needs and requests.

### Call bell audits are completed on a quarterly basis with reports providing average call bells and longest time responses over three random days. One consumer was observed to not have access to the call bell. Review of call bell data indicated over a one day period, 11 of 38 call bells response times for this consumer were outside of the service’s key performance indicator. In response, management indicated the issues highlighted will be raised through the organisational Clinical governance committee, including a review of call bell monitoring response times to ensure reviews identify any impacts to consumers.

### For the reasons detailed above, I find Japara Aged Care Services Pty Ltd, in relation to Japara Brighton, Compliant with Requirement (3)(a) in Standard 7 Human resources.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Non-compliant as the specific Requirement assessed has been found Non-compliant. The Assessment Team assessed Requirement (3)(d) as part of the Assessment Contact. All other Requirements in Standard 3 were not assessed.

The Assessment Team have recommended Requirement (3)(d) in Standard 8 Organisational governance not met. While the organisation has a documented risk management system, the Assessment Team were not satisfied the system was effective in ensuring appropriate management of high impact or high prevalence risks associated with the care of consumers.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this information, I find Japara Aged Care Services Pty Ltd, in relation to Japara Brighton, Non-compliant with Requirement (3)(d) in Standard 8 Organisational governance. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-compliant

*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.*

While the organisation has a documented risk management system, the Assessment Team were not satisfied the system was effective in ensuring appropriate management of high impact or high prevalence risks associated with the care of consumers. The Assessment Team’s report provided the following evidence relevant to my finding:

* Consumer B physically assaulted another consumer in July 2021. Consumer B’s responsive behaviours had not been identified prior to the incident or strategies to ensure the safety of Consumer B and other consumers implemented.
* Two incidents are recorded for Consumer D, in September 2020 and one in May 2021. Effective strategies have not been identified or implemented following each incident and specialist recommendations have not been implemented.
* Consumers involved in four notifiable incidents of unreasonable force and psychological or emotional abuse have not had their responsive behaviours effectively managed.
* The service’s monitoring systems did not identify recent medication errors, including in relation to Consumer A, and have not led to improvements in medication management processes.
* A consumer indicated their evening medication is often administered late. The Assessment Team noted it is not possible for the service to identify errors, including errors relating to time sensitive medication.
* A representative indicated a consumer does not always receive time sensitive medications. The medication chart did not include administration times to support the determination of administration.
* The medication management procedure does not include clinical guidance to enable administration of time sensitive medication and how this is monitored.
* In relation to assessment and authorisation:
* A consumer’s restraint assessment, authorisation and care plan has not been updated following an incident.
* A consumer’s Chemical restraint assessment, authorisation and care plan does not identify potential triggers and only states staff are to minimise potential triggers and provide diversion activities.
* One consumer stated they have not been consulted about a risk assessment for an activity they undertake which includes an element of risk.
* The service did not adequately demonstrate that consumers and/or representatives are explained risks and/or provided options related to risk.

The provider did not dispute the Assessment Team’s recommendation. The provider’s response included a Continuous quality improvement plan highlighting the deficits highlighted in the Assessment Team’s report. Additionally, documentation to support some of the actions completed was included as part of the response. Planned and/or completed actions outlined in the response include, but are not limited to:

* Review of all psychotropic medications, restraint authorisations and dignity of risk assessments to be completed.
* Daily progress note and incident report reviews commenced.
* Education to be provided to staff relating to falls prevention, incident report management, restrictive practices and risk assessments.

I acknowledge the provider’s response and the actions implemented and/or planned in response to the deficits identified. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, the organisation’s risk management and systems in relation to management of high impact or high prevalence risks were not effective.

In coming to my finding, I have considered that the service’s processes relating to behaviour and incident management have not been effectively implemented. While Consumer B’s history of challenging behaviours were known on entry, behaviour charting was not initiated in line with the service’s procedure, occurring a week after entry. Additionally, care planning documentation did not include sufficient information relating to known behaviours or strategies to assist staff to minimise and/or mitigate the incidence of behaviours. Consumer B physically assaulted another consumer 14 days after entering the service. Additionally, following three incidents, management strategies were not identified and/or implemented, including behaviour management specialist’s recommendations, to ensure the safety of Consumer D and others.

In relation to Consumer A, I have considered that the service’s medication management monitoring processes were not effective in identifying medication errors and administration issues relating to time sensitive medications. Despite a range of monitoring processes in place, a medication error for Consumer A was not identified for six-months. For another consumer, administration times for a time sensitive medication were not documented on the medication chart to guide staff and ensure timely administration.

I have also considered that risk assessments and authorisations, including for restrictive practices and activities consumers choose to undertake which include an element of risk do not include sufficient information. The service was unable to adequately demonstrate how risks relating to such practices are explained to consumers and/or representatives or that options to the risks are provided.

For the reasons detailed above, I find Japara Aged Care Services Pty Ltd, in relation to Japara Brighton, Non-compliant with Requirement (3)(d) in Standard 8 Organisational governance.

# 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.

**Standard 3 Requirement (3)(b)**

* Ensure staff have the skills and knowledge to:
* recognise changes to consumers’ health and well-being, including incidents, bowel management, falls and wounds and suspected urinary infections, implement appropriate monitoring and management strategies and initiate referrals in a timely manner.
* develop and/or implement appropriate behaviour management strategies and monitor effectiveness of strategies to ensure impact of behaviours on other consumers’ safety is minimised.
* ensure care plans are accurate and reflective of each consumer’s current care and service needs.
* Ensure policies, procedures and guidelines in relation to management high impact or high prevalence clinical risk areas are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to management high impact or high prevalence clinical risk areas.

**Standard 8 Requirement (3)(d)**

* Review the organisation’s risk management processes in relation to managing high impact or high prevalence risks associated with the care of consumers.