Japara Coffs Harbour

Performance Report

45 Victoria Street
COFFS HARBOUR NSW 2450
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**Commission ID:** 2821

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

**Assessment Contact - Site date:** 2 July 2020 to 3 July 2020

**Date of Performance Report:** 22 September 2020

# Publication of report

This Performance Report **may 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 1 Consumer dignity and choice** |  |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(e) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  **Non-compliant** |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(f) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(c) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 staff, consumers/representatives and others.
* The provider’s response to the Assessment Contact - Site report received 5 August 2020 and including a range of attachments.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Two of the six specific requirements under this Standard were assessed and both have been found to be compliant. However, as not all requirements were assessed an overall rating of this Quality Standard is not provided.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(c) Compliant

*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.*

The Assessment Team’s reported overall consumers provided positive feedback in regard to being supported to exercise choice and independence. They also indicated they were able to make decisions about the way in which their care and services are delivered. Most consumers sampled said they were asked on admission who they would like to be included in their care decisions or if they would speak for themselves.

I have reviewed these findings and consider that the approved provider is compliant with this requirement.

### Requirement 1(3)(e) Compliant

*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.*

The Assessment Team reported that overall the service demonstrated it communicates information to consumers in a clear and easy to understand manner, and this supports consumers to exercise choice. Consumers said they are provided with information relevant to them. Staff interviewed demonstrated adequate knowledge regarding the consumers they care for. Staff could identify the different ways the service provides accurate and timely information to consumers. The consumers confirmed this information assists them to make decisions such as what they would like to eat and what activities are available for them to participate in.

I have reviewed these findings and consider that the approved provider is compliant with this requirement.

# STANDARD 2 NON-COMPLIANTOngoing 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

This Quality Standard is assessed as non-compliant as three of the three requirements assessed have been found to be non-compliant. A decision of non-compliant on one or more requirements results in a decision of non-compliant for the Quality Standard.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(b) Non-compliant

*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.*

The Assessment Team found that although the service has a system for assessment and planning in place, it was unable to demonstrate this was effective. In particular, that the service did not consistently identify and/or address consumer care goals and preferences. The Assessment Team reported that care planning documents were not routinely recording the consumer’s goals and preferences; nor consistently detailing the individualised needs of the consumer, and that advance care plans or palliative care wishes were not clearly identified and/or fully completed for all consumers or when completed, reflected in the consumer care plan.

In its response the approved provider acknowledged that the service’s processes for consumer care planning and assessment required improvement and set out the improvements it had or would implement to address the issues identified.

While I acknowledge these improvements, I consider they will take further time to be fully implemented and to become embedded. I consider that the approved provider is non-compliant with this requirement.

### Requirement 2(3)(c) Non-compliant

*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.*

The Assessment Team reported the service has a monthly review process in place (through resident of the day) where consumer care and review is discussed by the nursing staff. They also recorded consumer representatives are involved in this review. However, the service could not consistently and effectively demonstrate that this process involves the consumer. Consumer feedback and documentation review confirmed this.

In its response the approved provider said they are taking steps to ensure consumers are actively engaged in the care planning and assessment processes. This includes formulating a structure to support this engagement and collaboration occurring in all aspects of care planning and assessment.

While I acknowledge these improvements, I consider they will take further time to be fully implemented and to be sustained. I consider that the approved provider is non-compliant with this requirement.

### Requirement 2(3)(e) Non-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 found the service was not consistently identifying consumers’ needs, goals and preferences and was unable to demonstrate effective review when a consumer’s circumstances changed or following incidents or events that impacted on a consumer’s care.

In its response the approved provider stated it was taking steps to address this issue, including implementation of an enhanced electronic care system and ensuring documentation captures incidents and events where consumer’s circumstances have changed.

While I acknowledge these improvements, I consider they will take further time to be fully implemented and to become embedded. I consider that the approved provider is non-compliant with this requirement.

# STANDARD 3 NON-COMPLIANTPersonal 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

This Quality Standard is assessed as non-compliant as two of the two requirements assessed have been found to be non-compliant. A decision of non-compliant on one or more requirements results in a decision of non-compliant for the Quality Standard.

### Assessment of Standard 3 Requirements

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

*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.*

The Assessment Team found the service could not demonstrate that consumers personal and clinical care was consistently safe and effective. The Assessment Team provided examples where clinical oversight and monitoring of consumer care was ineffective. Care planning documents, including but not limited to progress notes, care plans, medical notes also showed deficiencies in documentation practices. Concerns were identified in relation to psychotropic medications and chemical restraint, and management of pain, skin integrity and constipation.

In its response the approved provider acknowledged that improvement was required and set out the improvements it had or would implement to address the issues identified.

While I acknowledge these improvements, I consider they will take further time to be fully implemented and to be sustained. I consider that the approved provider is non-compliant with this requirement.

### 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 did not demonstrate that it effectively managed clinical risks associated with medication management due to the practice of transcribing and ineffective clinical oversight.

In its response the approved provider acknowledged that improvement was required and set out the improvements it had or would implement to address the issues identified, including creation of a new position of chief clinical governance and risk officer, clinical staff meetings and education to take steps to address issues raised and improvement to clinical leadership within the service including mentoring.

While I acknowledge these improvements, I consider they will take further time to be fully implemented and to become embedded. I consider that the approved provider is non-compliant with this requirement.

# 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

Three of the seven specific requirements under this Standard were assessed and all three have been found to be compliant. However, as not all requirements were assessed an overall rating of this Quality Standard is not provided.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

The Assessment Team found that the service has processes in place which are facilitated by the lifestyle team to promote consumers spiritual, emotional and psychological wellbeing. Consumers told the Assessment Team they feel supported by the staff in these areas. Care plans generally demonstrated information is included in these areas. The Lifestyle care plan’s goals and intervention were seen to be personalised to the consumer’s needs and signed by the consumer when possible. The Assessment Team observed staff interacting with the consumers in a supportive and caring manner.

I have reviewed these findings and consider that the approved provider is compliant with this requirement.

### Requirement 4(3)(c) Compliant

*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.*

The Assessment Team reported that documentation and consumer interviews demonstrate the service is supporting consumers to have social and personal interactions as well as being supported to do the things that are of interest to them. Consumers confirmed this with the Assessment Team as well as acknowledging how the service is managing this aspect of daily living support during the COVID-19 pandemic.

I have reviewed these findings and consider that the approved provider is compliant with this requirement.

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

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

Consumers provided the Assessment Team with feedback to say that overall, they were satisfied with the quality and quantity of food at the service. They indicated meals meet their needs and they are able to request alternative meals if they do not want the choices on offer. Consumers said there are always snacks available if you feel hungry between meals. Consumers said they can and do raise meal issues at the resident meetings. Documentation review supported these findings including consultation with consumers in managing the menu.

I have reviewed these findings and consider that the approved provider is compliant with this requirement.

# STANDARD 7 NON-COMPLIANTHuman 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

This Quality Standard is assessed as non-compliant as one (1) of the one (1) requirements assessed has been found to be non-compliant. A decision of non-compliant on one or more requirements results in a decision of non-compliant for the Quality Standard.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(c) Non-compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The Assessment Team found that, although the service has a system in place to ensure its workforce is competent and with the qualifications and knowledge to deliver care and services, this system was not fully effective, particularly with regard to aspects of the practices of registered nurses in medication management and the understanding of key staff in relation to restraint.

In its response the approved stated that changes were required to support the workforce to ensure they had the knowledge to effectively perform their roles. It submitted information which indicated it had or would take steps to address the matters raised, including the development of an action plan targeting the identified areas, delineation of clinical responsibilities and competencies for staff.

While I acknowledge these improvements, I consider they will take further time to be fully implemented and to become embedded. I consider that the approved provider is non-compliant with this requirement.

# STANDARD 8 NON-COMPLIANTOrganisational 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

This Quality Standard is assessed as non-compliant as two of the three requirements assessed has been found to be non-compliant. A decision of non-compliant on one or more requirements results in a decision of non-compliant for the Quality Standard.

## Assessment of Standard 8 Requirements

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

*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.*

Although the organisation has governance systems in place, the Assessment Team found these systems did not identify risk of harm to the consumer or identify the impact of identified deficits in the care and service for consumers. For example, they found gaps in clinical oversight at service level and in the monitoring of clinical information management systems and in areas of workforce knowledge.

In its response the approved provider acknowledged the concerns identified and identified the improvements it had or would implement, including an enhanced electronic documentation program, structural changes at the clinical level and education to staff.

While I acknowledge these improvements, I consider they will take further time to be fully implemented and to become embedded. I consider that the approved provider is non-compliant with this requirement.

### Requirement 8(3)(d) 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.*

The Assessment Team found that staff are provided with education regarding identifying and responding to abuse or neglect of consumers in a timely manner and strategies to support consumer to live the best life available to them. Staff were familiar and have been educated to apply the policies framing the above systems and practices. The Assessment Team identified some deficiencies concerning the management of high prevalence risk in the care of consumers, this has been considered under Standard 3, requirement 3(3)(b).

I have reviewed these findings and consider that the approved provider is compliant with this requirement.

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

*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.*

The Assessment Team did not identify any issues in relation to antimicrobial stewardship and open disclosure but found that the service could not demonstrate how it is actively working towards minimising the use of chemical restraint.

In its response the approved provider said they are reviewing their psychotropic assessment tool and providing education to staff.

While I acknowledge these improvements, I consider they will take further time to be fully implemented and to become embedded. I consider that the approved provider is non-compliant with 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.

**Standard 2**

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.*

Demonstrates that assessment and planning identifies and addresses the consumers current needs, goals and preferences.

Requirement 2(3)(c)

*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.*

Demonstrate that the process of assessment and planning actively involves the consumer, through the implementation of a system that effectively and consistently ensures this is occurring.

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.*

Demonstrate that care and services are reviewed regularly for effectiveness and when circumstances change or when incidents impact on the needs, goals or preferences of consumers, through the implementation of a system that effectively and consistently ensures this is occurring.

**Standard 3**

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.*

Demonstrate that care is appropriate to each consumer’s clinical needs and is reviewed and evaluated in a timely and effective manner, including but not limited to the use of psychotropic medications and chemical restraint, and the management of pain, skin integrity and constipation, and that such care is consistently delivered and supported by best practice.

Requirement 3(3)(b)

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

Demonstrate the high impact and high prevalence risks are monitored and identified, including but not limited to medication management, and that practices are adjusted to manage these risks.

**Standard 7**

Requirement 7(3)(c)

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

Demonstrate that the workforce is competent, and the members of the workforce have knowledge to effectively perform their roles, including but not limited to aspects of the practices of registered nurses in medication management and the understanding of key staff in relation to restraint.

**Standard 8**

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.*

Implement effective and sustainable organisation wide governance systems, including but not limited to workforce competencies, the monitoring of clinical information management systems and care planning and assessment.

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.*

Ensure the organisation clinical governance framework is effective in overseeing the provision of clinical care including but not limited to minimising the use of chemical restraint.