Japara Goonawarra

Performance Report

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**Commission ID:** 4513

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

**Assessment Contact - Site date:** 20 October 2020

**Date of Performance Report:** 17 November 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 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(c) | 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) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-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 27 October 2020.

# 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

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

## Assessment of Standard 2 Requirements

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

*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.*

The Assessment Team found that while the service’s initial assessment and care planning process includes assessment of risks such as falls, skin integrity, nutrition and pain assessment, this process is not consistently implemented for all consumers. Six care files of sampled consumers reviewed had inconsistencies in assessment and care planning information when compared with the handover sheet available to staff. The handover sheet showed updated care interventions for consumers that were not documented in assessment and care planning documents. The service’s project to transfer care planning documents to an electronic care file system is not yet complete.

The response submitted by the approved provider does not dispute the Assessment Team’s finding and describes staff meetings and training to be implemented to ensure consumers’ assessment and care plans are comprehensive and current when the electronic care system goes live on 23 November 2020. The orientation of Agency staff will also be reviewed to ensure they are able to access individual consumer’s assessments and care plans. The response also notes actions taken to review and update the assessment and care planning documentation of specific consumers.

Having reviewed all available information, I find this requirement is Non-compliant as assessment and care planning processes are not yet fully able to inform the delivery of safe and effective care and services to consumers.

### Requirement 2(3)(c) 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 sampled six consumers’ care planning documents which reflected ongoing partnership with the consumer and others that the consumer wishes to be involved. Representatives could not recall if they have been involved with care plan reviews. However, they stated they are informed when there have been changes to consumer care needs. File review also showed other service providers are involved in consumer care. For example, clinical documentation sampled shows involvement of the physiotherapist, wound specialist, medical officers, speech pathologist, dietitian and aged care liaison service from Western Health

The approved provider did not submit a response to this requirement.

Having reviewed all available information, I find this requirement is Compliant as the approved provider was able to demonstrate ongoing partnership with consumers and representatives and the involvement of other service providers as required.

### 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 that four consumer files reviewed demonstrated that wound care charts are inconsistently documented. Pain is not considered a risk following a fracture and/or development of a pressure injury and reassessment for pain is not undertaken. A fifth file demonstrated that consumer who was assessed has having a risk of choking by the speech pathologist did not have this information updated in the care plan.

The response submitted by the approved provider does not dispute the Assessment Team’s finding and describes action taken to address the deficits identified by the Assessment Team for individual consumers. Staff training in wound management processes has been conducted.

Having reviewed all available information, I find this requirement is Non-compliant. The approved provider was not able to demonstrate that when consumers’ care and services, particularly in relation to wound management, pain management and choking risk are reviewed for effectiveness, care plans and other monitoring documents are updated to ensure ongoing care is safe and effective.

# 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

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)(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 consumers’ pain is not assessed and managed effectively when wounds are identified. Three consumer files sampled in relation to pain management shows pain is documented but does not consistently lead to pain assessment. Directives related to consumers’ complex care needs are not consistently documented. Wound management documentation reviewed was inconsistent. The service is continuing to work on improving processes of clinical documentation with the planned implementation of an electronic care file system. The service continues to work on consultation with and review of consumers who are prescribed psychotropic medication.

The response submitted by the approved provider does not dispute the Assessment Team’s finding and describes action taken to address the deficits identified in wound management and pain management for individual consumers and associated staff training provided. The response also notes that a full review of the use of psychotropic medications and chemical restraint will be undertaken at the service, with training for clinical and lifestyle staff regarding their role in the management of chemical restraint.

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

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

The Assessment Team reviewed files of consumers at risk of high impact or high prevalence risks. This review showed consumers receive care and review by health care professionals when incidents occur. Staff are aware of the risks associated with individual consumers’ care and monitoring processes are in place. The service is continuing to work on improving risk management processes and systems, particularly in relation to consumer care documentation.

The approved provider did not submit a response to this requirement.

Notwithstanding the deficits identified in the assessment and care planning process under Standard 2 requirements (a) and (e), having reviewed the available information on balance I find this requirement is met.

### Requirement 3(3)(g) Compliant

*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.*

The service demonstrated that it has implemented standard and transmission-based precautions to prevent and control infections. The Assessment Team observed the Outbreak Management Plan, with specific COVID-19 information. Lessons learned from the service’s recent COVID-19 outbreak have been incorporated into the plan.

The organisation is currently reviewing the antimicrobial stewardship policy following the organisation’s experience throughout the COVID-19 pandemic. Clinical staff demonstrated an understanding of the process of review and pathology requirements for consumers who have signs and symptoms of an infection.

The approved provider did not submit a response to this requirement.

Having reviewed the information available I find that on balance this requirement is Compliant. Notwithstanding the recent COVID-19 outbreak at the service, the approved provider was able to demonstrate implementation of standard and transmission-based precautions to prevent and control infections, including lessons learned from the outbreak. The approved provider was also able to demonstrate practices to promote appropriate antibiotic prescribing.

# 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

Two of the five specific requirements have been assessed as Compliant.

The Assessment Team did not assess all requirements and therefore an overall rating for this Quality Standard is not provided.

## 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 that most representatives interviewed expressed satisfaction with the permanent clinical and care staff. Feedback was mixed about the communication and the understanding of consumers’ care needs by agency nursing staff, particularly on weekends. During the COVID-19 outbreak a surge workforce was deployed. The service is currently recruiting through organisational processes. The Assessment Team observed appropriate and caring interactions between staff and consumers, and the induction of two new staff during the visit.

Staff rosters reviewed demonstrated adequate level of staff available for all areas of the service at the current occupancy rate. The manager stated there had been no unfilled shifts in last fortnight and recruitment for more permanent staff is ongoing. The use of agency staff is still required to fill all available shifts.

The approved provider did not submit a response to this requirement.

Having reviewed the information available I find that on balance this requirement is Compliant. Notwithstanding the impact on staffing of the recent COVID-19 outbreak the service has worked to ensure a workforce is in place to deliver and manage safe and quality care and services.

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The Assessment Team found that representatives interviewed expressed satisfaction with the permanent staff at the service and did not identify areas of concern of staff training and skills. Mandatory staff training including training and competency assessment in the use of PPE has been provided, and ongoing monitoring of staff PPE practice is undertaken. Training in other areas, as identified through clinical data and complaints is also undertaken. For example, the service had recently identified deficits in wound management and has commenced to provide staff training in this area.

The approved provider did not submit a response to this requirement.

While I note the deficits in consumer assessment, care planning and provision of clinical care identified in this performance assessment under Standards 2 and 3, I also note that the approved provider has commenced a response to these issues through the planned introduction of a new electronic assessment and care planning system and associated staff training, including the commencement of wound care training. Having reviewed the information available I find that on balance this requirement is Compliant.

# 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

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

## 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.*

The Assessment Team found that the service has systems to manage high impact or high prevalence risks associated with the care of consumers. However, these systems are not robust and were not effective in the management of risk during the recent COVID -19 outbreak. The service is continuing to improve risk management systems, particularly in relation to consumer care. The current paper-based system of care files is difficult to navigate and does not provide staff with accurate and comprehensive information to direct care. Refer to Standard 2 requirements (a) and (e) and Standard 3 requirement (a) in this report. The Assessment Team’s review of documentation of clinical incidents, continuous improvement plan and education records found the service is actively reviewing and analysing to improve care and provide appropriate training to staff.

The response submitted by the approved provider does not dispute the Assessment Team’s findings. The plan for continuous improvement provided outlines actions commenced and planned to implement the new electronic care planning system, including staff training and support.

Having reviewed the information available, I find this requirement is Non-compliant as the approved provider was unable to demonstrate effective risk management systems to managing high impact or high prevalence risks associated with the care of consumers

### 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 found that the ‘consumers receiving psychotropic medication’ register is still in process of consultation and review, in particular the assessment and review of prescribed antipsychotic medications for consumers with challenging behaviours with no medical or mental health diagnosis. Refer to Standard 3 requirement (a). The organisation is also working on updating the antimicrobial stewardship following the COVID-19 outbreak experience.

The response submitted by the approved provider indicates that restraint policy and procedure are currently being reviewed and that the service has commenced reviewing consumers in relation to the use of chemical restraint.

Having reviewed the information available, I find this requirement is Non-compliant as the approved provider was unable to demonstrate how the service is minimising the use of restraint in line with current regulatory requirements.

# 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.

* Implement processes and practices to ensure all consumers have interventions to manage identified risks such as falls, skin integrity, nutrition and pain, recorded on careplans.
* Implement processes and practices to ensure when consumers’ condition changes reassessments are undertaken and care plans are updated. In particular ensure wound care charts are completed as required, that pain is considered and reassessed in response to fractures and the development of pressure injuries.
* Ensure consumers’ pain and wounds are managed according to current best practice and that care is tailored to suit the individual needs of each consumer.
* Ensure directives related to consumers’ complex care needs, including swallowing difficulties are consistently documented and implemented
* Ensure consumers requiring restraint, including chemical restraint, are assessed, consent obtained, and that consumers are monitored and reviewed as required under current regulatory requirements.
* Ensure risk management systems and practices are effective in managing high impact/high prevalence risks associated with consumers’ clinical care. In particular the implementation of the new electronic care system needs to enhance monitoring of consumers’ risks to ensure safe and effective care is provided to all consumers.
* Ensure the clinical governance system identifies and monitors the use of chemical and physical restraint and that processes are established to minimise the use of restraint.