Japara Millward

Performance Report

31 Blackburn Road
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Phone number: 03 9841 1601

**Commission ID:** 3577

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

**Assessment Contact - Desk date:** 24 June 2020

**Date of Performance Report:** 30 June 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

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | 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 management.

# STANDARD 2 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 service was assessed as Non-Compliant in one of the five requirements under this Standard at an Assessment Contact on 16 December 2019. This Desk Performance Assessment reviewed the service’s progress in addressing the Non-Compliance.

Management implemented a plan for continuous improvement to address deficits. The service undertook education and provided support to staff to improve assessment and care planning processes. The effectiveness of interventions has been evaluated with further education and review occurring as needed.

Management demonstrated care documentation includes relevant assessment and risk identification. Ongoing assessment informs care planning, however the Assessment Team identified through documentation sampled some inconsistencies in assessment, recording of outcomes and documentation of changes.

Interviews with a consumer and the representative of a consumer indicated they feel like partners in the ongoing assessment and planning of their care and services, participate in care planning and said care meets their expectations and identified risks.

Staff interviewed demonstrate an understanding of consumers’ risks and described strategies to ensure their safe and effective care.

While I note some inconsistencies identified by the Assessment Team, I find on balance taking into consideration the totality of the evidence presented in the Assessment Contact report that the service is now Compliant in Requirement 2(3)(a).

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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.*

# 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.