Japara Trevu House

Performance Report

1-13 Deland Avenue
Gawler East SA 5118
Phone number: 08 8522 1045

**Commission ID:** 6843

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

**Assessment Contact - Site date:** 10 March 2021

**Date of Performance Report:** 15 April 2021

# 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** |  |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(g) | 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 Assessment Contact Report for the Assessment Contact – Site conducted 1 December 2020
* the Performance Assessment Report dated 5 January 2021 for the Assessment Contact – Site conducted 1 December 2020.

# STANDARD 2 Ongoing 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 Assessment Team assessed Requirement (3)(e) in relation to Standard 2. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The Assessment Team recommended Requirement (3)(e) in Standard 2 as met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 2 and find the service Compliant with Requirement (3)(e).

Overall, consumers sampled considered that they feel like partners in the ongoing assessment and planning of their care and services. Examples provided to the Assessment Team by consumers and representatives included changes to care following consumer falls and referrals to allied health staff following incidents. Consumers and representatives confirmed they were involved and kept updated where changes to consumers’ care needs occur.

Consumer files sampled were noted to be individualised and demonstrated review of care and service needs occur following changes to consumers’ condition or circumstances. A monthly Resident of the day process is in place and care plans sampled were noted to have been regularly reviewed.

For the reasons detailed above, I find the approved provider, in relation to Japara Trevu House, Compliant with Requirement (3)(e) in Standard 2**.**

## Assessment of Standard 2 Requirements

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

# STANDARD 3 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 assessed Requirement (3)(g) in relation to Standard 3. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(g) in Standard 3. This Requirement was found Non-compliant following an Assessment Contact - Site conducted 1 December 2020.

The Assessment Team recommended Requirement (3)(g) in Standard 3 as met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 and find the service Compliant with Requirement (3)(g).

At an Assessment Contact - Site conducted 1 December 2020, in relation to Standard 3 Requirement (3)(g), the service’s infection control processes, specifically in relation to prevention and management of COVID-19 were found not to be effective. Outbreak management plan information was not sufficient to guide staff practice in the event of a COVID-19 outbreak, staff had not sighted the plan and were not aware of their roles and responsibilities in the event of a confirmed COVID-19 case. Additionally, the Assessment Team observed poor staff infection control practices during the Assessment Contact. In response to the Non-compliance, the service has implemented a range of actions to address the deficiencies identified which are detailed in the specific Requirement below.

### Assessment of Standard 3 Requirements

### 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 Assessment Team’s report provided evidence of actions taken to address deficiencies identified and have recommended this Requirement as met. The Assessment Team’s report outlined the following actions and improvements implemented since the Assessment Contact - Site, including, but not limited to:

* Provided additional training to staff in relation to infection control, COVID –19 safe plan, antimicrobial stewardship, recognition of clinical deterioration in consumers, infection control process and personal protective equipment.
* One hundred per cent of staff are up-to-date with the SA Health COVID-19 mandatory training.
* Reviewed and updated the Outbreak Management Plan.
* Updated the service’s floor plan to identify cohorting zones and entry and exit points.
* Conducted audits and reviews, including in relation to screening processes, antimicrobial stewardship, social distancing and COVID-19.
* Appointed a personal protective equipment champion.
* Displayed density signage in communal areas of the service in line with stipulated regulations.

In relation to Standard 3 Requirement (3)(g), information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated:

Sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Consumers stated they had observed staff members washing their hands and frequently using hand sanitiser. One consumer described actions staff would initiate if the consumer was suspected of having an infection.

Clinical staff described processes they would follow in the event of an outbreak and were aware of how to access policies, procedures and guidelines relating to infection control, including COVID-19 and antimicrobial stewardship. Hospitality staff described how they would adjust their cleaning schedule in the event of an outbreak and volunteers stated they had received training in donning and doffing of personal protective equipment.

Consumer files sampled demonstrated where infections were suspected, appropriate actions had been implemented. Actions included implementation of isolation protocols, monitoring of symptoms and referral to Medical officers.

Management and clinical staff described practices and processes for promoting antimicrobial stewardship and documentation sampled by the Assessment Team demonstrated antibiotic use is proactively monitored.

For the reasons detailed above, I find the approved provider, in relation to Japara Trevu House, Compliant with Requirement (3)(g) in Standard 3.

# 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.