Accreditation Decision and Report

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Japara Vonlea Manor |
| **RACS ID:** | 3339 |
| **Name of approved provider:** | Japara Aged Care Services Pty Ltd |
| **Address details:** | 1-9 Moran Place NORLANE VIC 3214 |
| **Date of site audit:** | 13 August 2019 to 14 August 2019 |

**Summary of decision**

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| **Decision made on:** | 17 September 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of *the Aged Care Quality and Safety Commission Rules 2018* (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 06 November 2019 to 06 November 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Standard 6 Feedback and complaints | | Met |
| Standard 7 Human resources | | Met |
| Standard 8 Organisational governance | | Met |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

## Introduction

**This is the report of an assessment of Japara Vonlea Manor (the Service) conducted from 13 August 2019 to 14 August 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 10 |
| Consumer representatives | 11 |
| Management | 2 |
| Clinical staff | 3 |
| Care staff | 3 |
| Hospitality and environmental services staff | 3 |
| Lifestyle staff | 1 |
| External contractors | 0 |
| Visiting service providers such as allied health professionals | 1 |
| Other | 0 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### 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.

#### Summary of Assessment of Standard 1:

The Assessment Team found the service has met all six requirements under Standard1.

The service demonstrated consumers are treated with dignity and respect and the service actively promotes a culture of diversity and inclusion. The service acknowledges the cultural and cognitive support required for consumers and is respectful of these differences when planning and providing care. Consumers are enabled to exercise choice and be as independent as possible. The service offers a variety of activities to reflect the diverse backgrounds and preferences of consumers.

All consumers and representatives interviewed confirmed that staff always treat them with respect. The service encourages feedback and conducts surveys to monitor consumers’ satisfaction. Management and senior staff model appropriate behaviour and take action when they become aware of any staff conduct that does not meet the organisation’s requirements.

Staff were observed to interact with consumers respectfully, gently and could readily identify consumer’s individual goals, preferences and interests. The service provides staff training to ensure they are equipped to deliver personalised and culturally appropriate care. Staff provided meaningful examples of how they help consumers to make choices and assist them in doing what they want to do, even if this involves an element of risk.

Consumers and representatives are satisfied that the service promotes and protects privacy and confidentiality of information. The service demonstrated how information is stored and kept secure and confidential. The service promotes the value of privacy and dignity through staff training and performance management monitoring.

#### Requirements:

Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found the service has met all of the five requirements under Standard 2.

The service demonstrated assessment and planning is based on the ongoing partnership with consumers and others they wish to have involved. Of consumers and representatives randomly interviewed, 100% said they have a say in daily activities all or most of the time.

Consumers and representatives said they are satisfied care is planned and delivered effectively. Consideration of risks to the consumer’s health and well-being informs the delivery of care and services. Consumers and representatives described attending regular care consultations to review care and goal attainment saying the service communicates promptly if there is a change in the consumers health status.

Staff described how they engage other providers to assist in the delivery of care. They also described how they access plans of care and use the information to deliver safe and effective care and services, including end of life care planning if this is something consumers wish to discuss.

Care and service documentation reviewed by the Assessment Team demonstrated regular review and updating in consultation with the consumer and/or their representative. Staff showed an understanding of how to identify and report adverse incidents or hazards and management demonstrated how the information is used to inform continuous improvement.

#### Requirements:

Standard 2 Requirement 3(a) Met

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Met**

The organisation demonstrates that 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.

Standard 2 Requirement 3(c) Met

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.

Standard 2 Requirement 3(d) Met

The organisation demonstrates that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

Standard 2 Requirement 3(e) Met

The organisation demonstrates that 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 Met

#### 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.

#### Summary of Assessment of Standard 3:

The Assessment Team found the service has met all seven requirements in relation to Standard 3.

The service demonstrated they provide and understand how to deliver safe and effective personal and clinical care and services. Of consumers and representatives randomly sampled 100% agreed consumers felt safe all or most of the time. Consumers and representatives said they are confident consumers are receiving care that is safe and right for them.

#### Consumers and representatives described regular consultative interactions with staff and said they are confident staff respond appropriately to meet all of consumers’ personal and health care needs. Consumers and representatives gave examples of individualised care and services that optimise consumers’ health and well-being. Management and staff described how they apply their knowledge and practices to ensure personal and clinical care and services meet consumers’ needs and preferences and optimises their health and well-being.

Each consumer’s care plan reviewed demonstrated care is delivered safely and effectively. Changes in consumers’ condition were identified and communicated to appropriate parties including representatives, medical officers, specialist services and allied health professionals. The service demonstrated that high impact or high prevalence risks associated with individual consumers are identified, assessed and managed in consultation with the consumer or their representative.

Staff demonstrated an understanding of infection prevention and control practices appropriate to their positions and the service is working with medical officers to ensure antibiotic use is monitored and appropriate. Processes used by the service to ensure care is best practice include policies, procedures and best practice guidelines.

#### Requirements:

Standard 3 Requirement 3(a) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(b) Met

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

Standard 3 Requirement 3(c) Met

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

Standard 3 Requirement 3(d) Met

The organisation demonstrates that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

Standard 3 Requirement 3(e) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

Standard 3 Requirement 3(f) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 3 Requirement 3(g) Met

The organisation demonstrates 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.

### Standard 4: Services and supports for daily living Met

#### 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.

#### Summary of Assessment of Standard 4:

The Assessment Team found the service has met all of the seven requirements in relation to Standard 4.

Consumers randomly interviewed said they are satisfied with the services they receive and the range of activities available to them. Of consumers and representatives randomly sampled 100% agreed consumers like the food all or most of the time. Consumers and representatives said consumers are supported with their daily living activities, their independence is encouraged and they can follow their interests.

Care plans reviewed demonstrated detailed information about consumers’ needs and preferences and strategies to ensure these are met. A number of local religious denominations conduct church services and staff facilitate visits from other spiritual advisors according to consumer wishes.

The service supports consumers’ emotional, psychological and spiritual well-being through assessment and provide access and referral to the onsite counsellor for guidance and assistance. Staff explained how they refer identified individuals to relevant external providers and collaborate to meet the diverse needs and preferences of consumer.

The service demonstrated it seeks consumer input regarding all aspects of the service including menu development and suggestions for activities. Maintenance systems ensure equipment and furniture are safe, suitable, clean and well maintained. Records reflect incidents are recorded, investigated, actioned and evaluated.

#### Requirements:

Standard 4 Requirement 3(a) Met

The organisation demonstrates that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Standard 4 Requirement 3(c) Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Standard 4 Requirement 3(e) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found the service has met all three of the requirements in relation to Standard 5.

The service was observed to be welcoming, clean and well maintained. Consumers were observed to move freely around the home, utilising the communal lounge and dining area, and smaller sitting areas. Consumers had open access to outdoor courtyards with raised garden beds, outdoor furniture and paths that enable free and safe movement.

Consumers expressed satisfaction with the environment and confirmed that they feel safe and comfortable. For example, of consumers and representatives randomly sampled 100% said they feel safe and feel at home, most of the time or always.

The service has procedures to ensure the environment is safe, clean and well maintained. Staff and approved contractors oversee the routine and preventative maintenance system. Staff interviewed confirmed their understanding of these systems and confirmed consumer preferences are a priority.

Management proactively assess and improve the environment through encouraging consumer feedback and conducting environmental audits. The service is currently planning to replace the vinyl flooring and have applied for funding for the carpet to be replaced.

#### Requirements:

Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 6:

The Assessment Team found the service has met all four of the requirements in relation to Standard 6.

All consumers and representatives interviewed said management and staff encourage feedback. 100% of consumers and representatives randomly selected said staff follow up when things are raised, most of the time or always. Management said they receive minimal feedback and complaints therefore seek feedback through other mechanism including care consultations, meetings and surveys.

The service demonstrated that it encourages and supports consumers and their representatives to provide feedback and make complaints. The service informs consumers about these processes and how they can access assistance to make a complaint using advocates and language services, if required.

The service has a complaints management and open disclosure policy. All feedback is logged to record, track and manage feedback. Staff interviewed demonstrated an understanding of how to help consumers provide feedback and evidence of this was reviewed in the service’s feedback records. Feedback is reviewed and analysed to identify trends leading to improvements in care and service.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### 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.

#### Summary of Assessment of Standard 7:

Of consumers and representatives randomly sampled 100% said they get the care they need, staff are kind and caring, and staff know what they are doing, most of the time or always.

The service has a base workforce roster that reflects consumers’ care and service needs including a registered nurse seven days a week twenty-four hours a day and a clinical care coordinator seven days a week. Staff interviewed expressed satisfaction with current staffing numbers and the skill mix, confirmed attendance to a range of education, including the Quality Standards. The Assessment Team observed respectful staff interactions with consumers throughout the visit.

The organisation’s recruitment and selection processes ensure the workforce is competent and staff have the qualifications and knowledge to effectively perform their roles. Staff complete mandatory education and accompanying competencies annaully and additional training when additional training needs are identifed. The service uses a range of processes to monitor staff performance including observation, monitoring incidents, consumer feedback and a have recently introduced a formal annual performance appraisal.

#### Requirements:

Standard 7 Requirement 3(a) Met

The organisation demonstrates that 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.

Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Standard 7 Requirement 3(c) Met

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

Standard 7 Requirement 3(d) Met

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

Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Met

#### 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.

#### Summary of Assessment of Standard 5:

The Assessment Team found the service has met all five of the requirements in relation to Standard 8.

Consumers and representatives interviewed said management and staff encourage feedback and seek their opinion on care and services. Of consumers and representatives randomly sampled, 100% said they always feel safe and 100% said the home is well run, most of the time or always.

The organisation’s governing body is accountable for the delivery of safe and quality care and services. They have started to increase their engagement and consultation with consumes and their representatives in the development, delivery and evaluation for care and services. For example, the service recently completed a ‘resident outcome’ survey and increased their care consultation process. All home managers also recently participated in a consumer engagement workshop to develop more ideas on how to enhance engagement.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and service through policy and procedures, organisational values and staff reward programs. The governance structure has recently been formalised and monthly corporate reports demonstrate how information is reported to key decision makers within the organisation. This includes information and data on continuous improvement, financial governance, workforce governance, regulatory compliance and complaints. High-impact or high-prevalence risks, and abuse and neglect are identified, managed and reported. The governance framework includes antimicrobial stewardship, minimising the use of restraint and open disclosure.

Each service is required to provide monthly corporate reports and analysis in relation to these items as part of the organisational governance system. These reports are discussed at organisational level committee meetings including the zero-harm committee and the board.

#### Requirements:

Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Standard 8 Requirement 3(b) Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

Standard 8 Requirement 3(c) Met

The organisation demonstrates 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.

Standard 8 Requirement 3(d) Met

The organisation demonstrates 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.

Standard 8 Requirement 3(e) Met

The organisation demonstrates that 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.