Jymbilung House Aged And Disabled Care Services (Ccp)

Performance Report

9 / 13 Summerfield Drive
BEAUDESERT QLD 4285
Phone number: 07 5541 4025

**Commission ID:** 700161

**Provider name:** Mununjali Housing and Development Company Ltd

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

**Date of Performance Report:** 23 July 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** |  |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(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 17 July 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 Assessment Team did not assess all requirements specific to this Standard. However, four specific requirements have been found Non-compliant, therefore the overall rating for the Standard is 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.*

Assessment and planning processes have not been consistently completed and focussed assessments are not undertaken when a need is identified. Care planning documentation does not include information about consumers’ complex clinical care needs, including how these needs are being addressed and by whom.

The Assessment Team reviewed care planning documentation for consumers and found:

* Documentation for consumers with a history of pain is inaccurate and not reliable. Strategies to assist in managing the consumers’ pain are not included in care planning documentation. The Assessment Team found that while staff reported episodes of pain being experienced by a consumer, no further assessments or follow up occurred.
* For a consumer with diabetes mellitus, there are no reportable parameters to guide staff who are completing regular monitoring of blood glucose levels.

The Assessment Team interviewed consumers and/their representatives and found that while some were satisfied with assessment and planning, others were not satisfied. For example:

* A representative for a consumer said the consumer had been with the service for more than six months and has increasing care needs, however assessment and care planning discussions had not occurred.

Management advised the service has purchased policies from a peak industry body (which includes the communication and documentation of assessments) however the policies do not contain information that is specific to the service’s processes.

The approved provider does not refute the Assessment Team’s findings. The approved provider’s response states actions are being taken to finalise policies and procedures relevant to this specific requirement and that staff will be trained in these processes. Monitoring activities such as audits are planned to occur.

The approved provider has not adequately addressed these deficiencies which were initially identified in June 2019 and the approved provider’s response states the current timeframe for addressing these concerns is October 2020.

While the approved provider has identified actions to address the deficiencies identified under this requirement, I am concerned at the length of time being taken for the service to return to compliance. At the time of the Assessment Contact, the service did not undertake appropriate assessment and planning processes for consumers. For these reasons, this requirement is Non-compliant.

### 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 care planning documentation does not consistently identify consumers’ preferences including advance care planning and end of life planning.

The Assessment Team sampled care planning documentation for seven consumers and identified that for five consumers, documentation did not reflect end of life wishes.

While consumers generally reported being satisfied with care and services, the Assessment Team spoke to consumers and/or their representatives who advised they had not been involved in discussions relating to end of life planning.

Management advised the Assessment Team that consumers are provided with information about Advanced health directives and end of life planning when they enter the service. They said consumers’ palliative care needs are provided through the hospitals however information about end of life planning for consumers is not consistently held by the service.

The approved provider does not refute the Assessment Team’s findings. The approved provider’s response states actions are being taken to finalise policies and procedures relevant to this specific requirement and that staff will be trained in these processes. Monitoring activities such as audits are planned to occur.

While the approved provider identified actions to address the deficiencies identified under this requirement, at the time of the Assessment Contact, the service did not undertake appropriate assessment and planning for consumers, including in relation to end of life. For these reasons, this requirement is Non-compliant.

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

*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.*

The Assessment Team found the outcomes of assessment and planning are not effectively communicated to the consumer and/or their representative and are not consistently documented in the care and services plan. For example:

* Assessment and planning information is inconsistently completed and does not record adequate information to inform care and service delivery. Care and service plans for consumers with diabetes mellitus and chronic pain did not include assessment information or details about the consumer’s care needs.
* One consumer and representative said they had not been involved in discussions relating to assessment and care planning; they were not aware of a documented care plan.

The approved provider does not refute the Assessment Team’s findings. The approved provider’s response states actions are being taken to finalise policies and procedures relevant to this specific requirement and that staff will be trained in these processes. Monitoring activities such as audits are planned to occur.

While the approved provider identified actions to address the deficiencies identified under this requirement, at the time of the Assessment Contact, the service did not ensure 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. For these reasons, this requirement is Non-compliant.

### 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.*

While the service has a 12 month review process of consumers’ care needs, the Assessment Team found that care and services are not consistently reviewed when changes or incidents occur that impact on the consumers’ needs, goals and preferences. For example:

* A consumer who is identified as being at medium risk of falls experienced a fall in April 2020. At the time of the Assessment Contact, the consumer had not had their mobility reviewed; nor had they been referred to a physiotherapist.
* A consumer who entered the service with a history of pain and who was identified as being at medium risk of pain did not have their pain reviewed in May 2020 when a review of care and services was conducted.
* Care staff have reported that a consumer (with a history of chronic pain) has been experiencing pain; the consumer has not had their pain management reviewed to ensure current strategies are effective.

The approved provider does not refute the Assessment Team’s findings. The approved provider’s response states actions are being taken to finalise policies and procedures relevant to this specific requirement and that staff will be trained in these processes. Monitoring activities such as audits are planned to occur.

While the approved provider identified actions to address the deficiencies identified under this requirement, at the time of the Assessment Contact, the service did not ensure care and services are reviewed regularly or when there is a change in a consumer’s condition. For these reasons, this requirement is Non-compliant.

# 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.

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| * Ensure assessment and planning processes are consistently completed and that focussed assessments are undertaken when a need is identified. Care planning documentation is to include information about consumers’ complex clinical care needs, including how these needs are being addressed and by whom.
* Consumers’ needs and preferences, including advance care planning and end of life planning is to be identified through assessment and planning processes and reflected in care planning documentation.
* The outcomes of assessment and planning are to be communicated to the consumer and/or their representative and consistently documented in the care and services plan. Care and services plans are to be made available to consumers and/or their representatives.
* Care and services are to be reviewed regularly for effectiveness, and when there is a change in the consumer’s condition or when an incident occurs that impacts on the needs, goals and preferences of consumers.
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