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:** 26 October 2020 to 28 October 2020

**Date of Performance Report: 18 December 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** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | 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 November 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 of this Standard and therefore an overall summary for the Quality Standard is not provided. However, a finding of non-compliant in one or more requirements results in a compliance rating of non-compliant for the Quality Standard.

The Quality Standard is assessed as non-compliant as three 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.*

Assessment and planning processes have not been consistently completed and focussed assessments are not undertaken when a need or risk to a consumer’s health and well-being is identified, such as pain, falls and mobility. Care planning documentation did not include consistently include information about consumers’ complex clinical care needs.

The Assessment Team reviewed care planning documentation for a sample of consumers receiving a home care package (HCP) and found:

* Mobility and falls risks assessments were not completed for four consumers who have an identified risk of falls. Care planning documents did not include strategies to guide staff in management of the consumers’ falls risk.
* Care documentation for two consumers with complex care needs who receive a level 4 HCP identified relevant assessments had not been completed and management strategies had not been identified in relation pain, wounds and the use of cytotoxic medication.

While registered and care staff described the service’s assessment and care planning process, they were not aware whether evidence-based tools were used. Registered staff advised they do not undertake assessment and planning when consumers self-manage their care or an external provider is involved in their care; however, staffwere not aware of how these consumer care needs may impact the delivery of care and services provided by staff under the HCP.

While care plans reviewed did not consistently document strategies to guide staff practice when delivering care and services, staff interviewed said they know the consumers well and are guided by what they want.

Management advised the Assessment Team they were reviewing assessment and care planning policies and procedures but were unsure about when the review process would be complete.

The approved provider’s response dated 27 November 2020 accepted the Assessment Team’s findings. While the response did not identify specific actions or timeframes to rectify the deficiencies relevant to this requirement, the approved provider noted external assistance has been engaged to support the organisation in achieving compliance with the Quality Standards.

At the time of the Assessment Contact, the service did not undertake appropriate assessment and planning processes for consumers. For the reasons detailed above, 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.*

While consumers interviewed by the Assessment Team generally reported being satisfied with their care and services, they advised service staff had not involved them in discussions relating to advance care planning and end of life planning.

The Assessment Team found care planning documentation did not consistently identify consumers’ needs, goals and preferences, including advance care planning and end of life planning. For example:

* Care planning documentation for two sampled consumers did not reflect consumers’ end of life wishes or planning.
* A consumer’s preference to purchase equipment through their HCP to maintain independence and social connections was discouraged by staff due to possible risk to consumer which had not been assessed or explored.
* Another consumer’s preference for staff and hours of service delivery was not actioned.

The approved provider’s response dated 27 November 2020 accepted the Assessment Team’s findings. While the response did not identify specific actions or timeframes to rectify the deficiencies relevant to this requirement, the approved provider noted external assistance has been engaged to support the organisation in achieving compliance with the Quality Standards.

At the time of the Assessment Contact, the service did not undertake appropriate assessment and planning processes for consumers, including in relation to end of life. For this reason, 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 consistently documented in the consumers’ care and services plan. Assessment and planning information is inconsistently completed and does not record adequate information to guide staff in care and service delivery. For example:

* Consumers’ care planning documentation does not consistently document consumers’ assessed needs, risks and/or relevant management strategies, including for consumers who have a history of falls, pain or wounds. Refer to requirement 2(3)(a) for further information.
* While a consumer’s care documentation identified regular physiotherapy and that staff are to assist with mobility, the care plan did not identify strategies to manage the consumer’s risk of falls or provide strategies to guide staff in supporting mobility.
* A consumer’s budget identified costs associated with services that were not identified on that consumers’ care plan.

Most consumers interviewed said they have a copy of their care plan, however staff reported that some consumers do not ready access to a consumers’ care plan.

The approved provider’s response dated 27 November 2020 accepted the Assessment Team’s findings. While the response did not identify specific actions or timeframes to rectify the deficiencies relevant to this requirement, the approved provider noted external assistance has been engaged to support the organisation in achieving compliance with the Quality Standards.

At the time of the Assessment Contact, the service did not ensure the outcomes of assessment and planning were effectively communicated to the consumer and documented in a care and services plan. For these reasons, this requirement is non-compliant.

### 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.*

The Assessment Team reviewed consumers’ care documentation and found care and services are reviewed on a regular basis, when circumstances change or incidents occur. For example:

* A consumer was reviewed by a medical officer and an occupational therapist following falls.
* Two consumers’ care documentation identified regular review of care and services and care plans were updated when care and service needs changed.

Consumers/representatives interviewed by the Assessment Team reported staff regularly phone them to check satisfaction with their care and services and update their care plan when circumstances change. For example, a consumer said staff had recently discussed an increase in the HCP level and hours of support and updated the care plan and budget accordingly.

Management described how and when care plans are reviewed and advised case management meetings are conducted each week to discuss changes in consumers’ care and service needs.

Improvements recently implemented at the service in relation to this requirement included:

* Management advised case management meetings are conducted weekly to discuss changes in consumers’ care and service needs.
* Management also advised the electronic care planning system has alerts for when care plans are due to be reviewed.
* The Assessment Team reviewed a newly implemented spreadsheet to assist in the monitoring of assessment and reassessment processes.

For the reasons detailed above, this requirement is compliant.

# 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 Assessment Team did not assess all requirements of this Standard and therefore an overall summary for the Quality Standard is not provided. However, a finding of non-compliant in one or more requirements results in a compliance rating of non-compliant for the Quality Standard.

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)(b) Non-compliant

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

The Assessment Team reviewed care planning documentation and interviewed staff and found high impact and high prevalence risks were not consistently identified and managed. For example:

* For some consumers, key risks had not been identified and therefore were not being effectively managed by the service. For example, risks associated with a consumers’ cytotoxic medication were not identified by a registered nurse or staff who provide regular care and services to the consumer.
* For other consumers, while key risks had been identified, these had not been adequately assessed (refer to Standard 2, requirement 2(3)(a)) and strategies to manage those risks had not been identified or documented. In some cases, staff relied on their own knowledge of the consumer to manage the risks.
* For some consumers, their high impact/high prevalence risks were managed outside the scope of their HCP by other providers (such as medical officers or allied health professionals), however there was no assessment or documented strategies to manage the impact of these risks on the care and services delivered to the consumer by the service under their HCP package. For example:
	+ Staff provide in home respite care for two consumers who have complex care needs (diabetes and continuous oxygen) that are managed by their spouse. These consumers’ care plans did not provide instructions to staff on how to manage the consumers’ care needs or escalate concerns when providing in home or centre-based respite care and the spouse was not present. Staff reported they are not trained in the diabetes or oxygen management.
	+ Another consumer’s chronic pain is managed with medication by a medical officer and physiotherapist, however, the consumers’ care plan does not provide strategies on how to assess and manage the consumer’s pain when providing personal care and services.

Management described how risks are recorded in incident documentation and risk alerts in consumer care planning documentation and are discussed in case management meetings. Management advised they support consumers to change to alternate providers when the service can no longer meet their clinical and personal care needs.

The approved provider’s response dated 27 November 2020 accepted the Assessment Team’s findings. While the response did not identify specific actions or timeframes to rectify the deficiencies relevant to this requirement, the approved provider noted external assistance has been engaged to support the organisation in achieving compliance with the Quality Standards.

At the time of the Assessment Contact, the service did not ensure high impact and high prevalence risks were consistently identified and managed. For these reasons, this requirement is non-compliant.

# STANDARD 7 NON-COMPLIANTHuman 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

The Assessment Team did not assess all requirements of this Standard and therefore an overall summary for the Quality Standard is not provided. However, a finding of non-compliant in one or more requirements results in a compliance rating of non-compliant for the Quality Standard.

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

## 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.*

Consumers and representatives interviewed by the Assessment Team reported that staff are punctual, their hours and service schedule are met, consistent staff are allocated to them, and the service keeps them informed about any changes.

Management advised that while the service experienced some staff shortages during COVID19 and not all consumer preferences for days and times of service could be accommodated, the service has enough staff to meet consumers’ care needs and to manage staff planned and unplanned leave.

Staff advised there is adequate staff employed by the service to provide safe and quality care. They said rosters are prepared weekly and staff are contacted to confirm availability.

The service has human resource policies and procedures in place.

For the reasons detailed above, this requirement is compliant.

### Requirement 7(3)(c) Non-compliant

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

The service has policies that describe education, qualifications and mandatory requirements for staff. However, while the service has a process to monitor police certificates, it did not have an effective process to monitor currency of first aid certificates, cardiopulmonary resuscitation (CPR) competency and driver’s licences.

The rostering coordinator advised the Assessment Team that staff who have expired first aid qualifications have been rostered to shifts, and they were not aware CPR competencies needed to be renewed annually as per the service’s policy.

The service was unable to demonstrate how they ensure staff who provide services to consumers through brokered arrangements are competent and have the qualifications and knowledge to effectively perform their roles.

Management advised they are currently undertaking a restructure of roles and responsibilities and have developed position descriptions to guide staff to effectively perform their roles. Management advised staff performance is monitored through a staff appraisals process to ensure staff are competent and have the knowledge to perform their roles. However, the Assessment Team identified the service had not conducted any staff appraisals.

Whilst a training program has commenced to ensure staff have the knowledge to perform their roles, the service was unable to demonstrate all care staff have the required training and competency to meet the needs of consumers. Refer to requirement 7(3)(d).

The approved provider’s response dated 27 November 2020 accepted the Assessment Team’s findings. While the response did not identify specific actions or timeframes to rectify the deficiencies relevant to this requirement, the approved provider noted external assistance has been engaged to support the organisation in achieving compliance with the Quality Standards.

At the time of the Assessment Contact, the service did not ensure the workforce was competent and staff had the qualifications and knowledge to effectively performance their roles. Therefore, this requirement is non-compliant.

### Requirement 7(3)(d) Non-compliant

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

#### The service could not demonstrate the workforce is trained and supported to deliver the outcomes required by the Quality Standards.

Management advised staff participate in regular training to ensure they are competent and trained to deliver safe and effective care to consumers, and staff confirmed they participate in training programs on commencement and on an ongoing basis.

However, the Assessment Team reviewed the training calendar and register and spoke to staff and found:

* The training register was under development and training was not delivered according to the training calendar.
* The service was unable to identify what is considered mandatory training or demonstrate staff attendance at training was monitored and recorded. Staff do not routinely attend training.
* Whilst staff said they have requested training and received some training, the service does not have a clear process to identify training and competency needs of staff.
* The training program does not consistently address areas relevant to consumer care needs. For example, a review of training records identified, and staff interviews confirmed:
	+ Regular care staff who provide in home respite care for two consumers who have complex care needs (diabetes and continuous oxygen) are not trained or assessed as competent in diabetes or oxygen management.
* Three consumers were identified with pain and/or high falls risk, however, these are not areas that staff have been trained.

The approved provider’s response dated 27 November 2020 accepted the Assessment Team’s findings. While the response did not identify specific actions or timeframes to rectify the deficiencies relevant to this requirement, the approved provider noted external assistance has been engaged to support the organisation in achieving compliance with the Quality Standards.

At the time of the Assessment Contact, the service did not ensure the workforce is trained, equipped and supported to deliver outcomes required by the Quality Standards, and relevant to the consumers’ care and service needs. Therefore, this requirement is non-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 Assessment Team did not assess all requirements of this Standard and therefore an overall summary for the Quality Standard is not provided. However, a finding of non-compliant in one or more requirements results in a compliance rating of non-compliant for the Quality Standard.

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)(c) Non-compliant

*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.*

The organisation did not demonstrate effective organisation wide governance systems. For example:

* Information systems have not ensured information is available, current, accurate and timely to support effective decision making and guide staff in the safe delivery of care and services. For example:
	+ Information regarding consumer assessment and planning is not consistently documented. (Refer to Standard 2 for further information).
	+ The service does not have any brokerage agreements in place with over 400 preferred suppliers providing services to consumers.
	+ The home care agreement did not include The Charter of Care Recipient’s Rights and Responsibilities – Home Care in full pertaining to the care recipient’s rights and responsibilities.
	+ Four of five consumers sampled identified they had not received a copy of their budget. The service acknowledged that they have not provided a copy of the budget to consumers and only keep a copy at the service.
* While the service maintains a continuous improvement and action plan, continuous improvement systems and processes have not ensured issues and areas of non-compliance are addressed in a timely manner. The service has had ongoing non-compliance since July 2019, and the approved provider’s response of 27 November 2020 acknowledged this and noted external assistance has been engaged to support the organisation in returning to compliance with the Quality Standards.
* Financial governance arrangements have not been effective in ensuring consumers receive accurate individualised budgets. Improvements have been implemented and consumers now receive monthly statements and have access to a complaints process to raise concerns about financial information.
* Workforce governance systems and processes have failed to ensure the service staff were trained and competent to deliver safe and quality care to consumers and that the performance of members of the workforce was monitored or assessed. (Refer to Standard 7 for further information)
* Regulatory compliance systems and processes have not ensured the organisation meets its obligations, including in areas such as providing individualised consumer budgets, national criminal history checks, and home care agreements.

The Assessment Team interviewed the organisation’s management, which included the CEO, CFO, Operations Manager, Systems Manager and Coordinators and identified that the they were not aware of the Home Care Packages Manual.

The approved provider’s response dated 27 November 2020 accepted the Assessment Team’s findings. While the response did not identify specific actions or timeframes to rectify the deficiencies relevant to this requirement, the approved provider noted external assistance has been engaged to support the organisation in achieving compliance with the Quality Standards.

At the time of the Assessment Contact, the organisation has not demonstrated effective organisation wide governance systems and for the reasons detailed above, this requirement is non-compliant.

### 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 organisation did not demonstrate effective risk management systems and practices were in place. For example:

* While the organisation has risk management policies and procedures, and risks are discussed at senior management committee and Board meetings, the Assessment Team found high impact and high prevalence risks associated with the care of consumers were not consistently identified, assessed, managed or documented. (Refer to Standard 2 and 3 requirements for further detail).
* While the organisation has policies and procedures identifying systems for the management of elder abuse and all staff have received mandatory training in elder abuse, the Assessment Team identified a potential incident of elder abuse reported by a consumer, documented in the consumer’s care notes and confirmed by staff interviewed, however, no action in response was documented.
	+ The approved provider’s response received 27 November 2020 stated the care coordinator had followed up the consumer’s concerns but did not document this, and that further monitoring had occurred but documentation was saved elsewhere rather than the consumer’s case notes. However, documentary evidence of this was not included in the approved provider’s response and it is not clear how staff were aware of the monitoring arrangements.
* The Assessment Team identified an instance where a consumer requested to purchase equipment through their package to support their independence and social connections, however, the service did not adequately consider or assess the request and associated risks, on the basis they considered the equipment would be unsafe.

The approved provider’s response dated 27 November 2020 accepted the Assessment Team’s findings, with the exception of the elder abuse incident where the approved provider gave additional information. However, the response did not address other aspects of this requirement or identify specific actions or timeframes to rectify the deficiencies identified. The approved provider noted external assistance has been engaged to support the organisation in achieving compliance with the Quality Standards.

At the time of the Assessment Contact, the organisation had not demonstrated effective risk management systems and for the reasons detailed above, this requirement is non-compliant.

### Requirement 8(3)(e) 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 organisation was able to demonstrate, where clinical care is provided, clinical governance policies and procedures support the service to monitor the provision of clinical care.

The Assessment Team found:

* The organisation has a clinical governance framework that includes a range of policies and procedures related to the clinical care of consumers. While the Clinical Governance Procedure and policies were noted to be in draft form, management confirmed they had been implemented. Other policies and procedures related to antimicrobial stewardship, restraint, open disclosure and other clinical areas such as medication, falls, clinical indicators. Some of these were recently implemented.
* Meeting minutes identified the organisation discusses clinical care of consumers at staff, management and Board levels monthly. For example, recent governance meeting minutes demonstrated clinical governance matters such as clinical indicators, antibiotic usage, falls reports and risk assessment review progress were discussed.
* The service has an open disclosure policy and provided an example of when this was used. Staff interviewed were aware of open disclosure and their role in the process.
* The organisation does not currently use any form of restraint.

For the reasons detailed above, this requirement is 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.

* 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.
* 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 consistently documented in the care and services plan.
* High impact and high prevalence risks are to be identified and managed for each consumer.
* The workforce needs to be competent and have the qualifications and knowledge to effectively perform their roles.
* The workforce needs to be trained, equipped and supported to deliver the outcomes required by the Quality Standards and to meet consumer needs and preferences.
* The organisation needs to have effective organisation wide governance systems in place, specifically in relation to information systems, continuous improvement, financial governance, workforce governance and regulatory compliance.
* Ensure effective risk management systems and practices are in place.