Performance

Report

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| Name of service: | Japara Elouera |
| Service address: | 6-11 Kooringa Place TORQUAY VIC 3228 |
| Commission ID: | 3251 |
| Approved provider: | Calvary Aged Care Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 3 January 2023 to 5 January 2023 |
| Performance report date: | 10 February 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Japara Elouera (**the service**) has been prepared by G. Hope- Simpson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Overall consumers said they were treated with dignity and respect and their cultural backgrounds are respected. Staff described how they respected consumers; for example, using their preferred names, and embracing consumers' identity and culture. Care planning documentation included personal preferences, backgrounds, and spiritual needs. The Assessment Team observed staff treating consumers with kindness and respect and noted the activity calendar celebrated days of cultural significance.

Consumers said they were supported in choosing who they wish to involve in their care and how they would like their care and services delivered. Consumers said they were encouraged to make connections with others and were supported to maintain relationships including intimate relationships. Staff described who consumers wish to have involved in their care and who they choose to maintain relationships with. Care planning documents confirm consumers’ choices as to who they would like to be delivered in their care.

Consumers said they were assisted in making choices to live their best lives. Staff demonstrated an awareness of consumers who take risks and supported their right to make choices that enhance their independence and well-being. Care planning documentation shows risks are identified by the use of risk assessments and appropriate measures are taken, to ensure consumers are provided with the knowledge and information to make informed decisions. Risk assessments are carried out by qualified health professionals and dignity of risk assessments were in place.

Representatives said they were kept informed via various ways to ensure they know when changes to care services occur. Consumers confirmed they were provided with timely and accurate information either verbally or by receiving paper-based notifications and provided examples of this. The Assessment Team observed menus, activity calendars displayed throughout the service and in residents’ rooms.

Consumers said their privacy was respected and personal information was kept confidential. Staff said consumer information and their relevant files are stored in the locked nurses’ station. Staff said clinical handover is carried out in a private area behind closed doors and confirmed computers are locked with individual passcodes. The Assessment Team observed all computers in a locked nurses’ station and staff knocking on consumers doors and gaining consent before entering.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

Consumers and representatives said they were satisfied with the care they received, and risks were identified and managed to promote their independence and safe care. Staff said assessment outcomes were documented in care plans, which guided them in the safe and effective care of consumers. Care plans identified key high impact and high prevalence risks. A consumer admission process guides registered staff in the assessment of consumers on entry to the service.

Consumers and representatives said they had been provided the opportunity to discuss their current care needs, goals and preferences, including advance care planning and end of life care. Consumers’ care plans reflected end of life care wishes and advance care directives. Staff were able to describe what is important to consumers in terms of how their care is delivered.

Consumers and representatives said they were satisfied with the quality of care and services they received, and that assessments and planning are based on partnership with them and include others they choose to involve in their care. Staff described the process of referring consumers to relevant allied health professionals. Care planning identified that consumers and their representatives were consulted and assessments and care planning included input from other multidisciplinary team members, such as Medical Officers and allied health.

All the consumers and representatives sampled said the outcomes of assessments and planning were communicated to them and said they have a current copy of their care plan or know where to access one. Staff explained the process of accessing care plan documents on the electronic system. Care planning documentation evidenced involvement of family members in the care planning process.

Consumers and representatives said they were notified when circumstances changed or when incidents occurred such as falls, pressure injuries and medication incidents. Staff demonstrated familiarity with reporting and recording incidents in the electronic system, updating care plans and reporting events as per the Serious Incident Response Scheme (SIRS). Service policy and procedure stipulate three monthly review of care plans, or as needed.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

Sampled consumers and representatives said they were satisfied the care delivered was tailored to their needs and optimised their health and well-being. Staff demonstrated an understand of individualised personal and clinical needs of consumers. Care planning documentation reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer.

Consumers and representatives were satisfied high impact or high prevalence risks were effectively managed. Care planning documentation identified effective strategies to manage key risks and were recorded in assessment tools, care plans and progress notes for sampled consumers. Staff described how they manage high prevalence and high impact risk in line with the service’s policy.

Consumers and representatives interviewed confirmed that staff had spoken to them about advance care planning and end of life preferences. Consumers and representatives were satisfied care delivered is tailored to their needs, goals and preferences. Staff said they ensure symptom management and pain needs are met for each consumer in the palliative phase. Care planning documents detail consumers’ advance care planning information, including choices and end of life preferences.

Consumers and representatives said they were satisfied with the delivery of care, including the recognition of deterioration or changes in consumers’ conditions. Staff provided examples of when a deterioration or change in a consumer’s condition was recognised and responded to. Care planning documents, progress notes and charting demonstrated deterioration in a consumer’s health, capacity and function is recognised and responded to.

Consumers and representatives were satisfied with the delivery of care, including the communication of changes to consumers’ conditions. Staff described how changes in consumers’ care and services are communicated through various means including verbal handover and care plans. Care plans identified adequate and accurate information to support effective and safe sharing of the consumer’s care.

Consumers and representatives said they were satisfied with the delivery of care, including referral processes. Staff described the process for referring consumers to health professionals and allied health services. Care planning documentation included input from other services such as Medical Officers, geriatricians, and dieticians, and allied health.

Consumers and representatives said they were satisfied with the service’s management of COVID-19 and infection control practices. Staff interviewed said they had received training on infection-minimising strategies including hand hygiene, the use of appropriate personal protective equipment (PPE) and outbreak management processes. Staff demonstrated an understanding of how to minimise the need for antibiotics and ensure they are used appropriately. The service has policies to guide infection control practices.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said they felt safe, effective support was provided for their activities of daily living, and staff ensured their well-being and quality of life was prioritised. Documentation supports that staff are assessing and identifying consumers' needs, goals and preferences, and optimising their health and well-being. Staff described how activities were tailored to individual needs for consumers and how the activities benefited individuals.

Consumers said their emotional, spiritual and psychological needs were supported and they could stay in touch with family or friends for comfort and emotional support. Lifestyle and care staff described how consumers’ emotional, social and psychological needs were supported, including facilitating connections with people important to them, one to one conversation and escalation of concerns to clinical staff. Religious visitors and a reflection room also support consumers’ spiritual lives.

Consumers and representatives said they were supported to participate within and outside the service, keep in touch with people who are important to them and do things of interest to them. Staff describe how they ensure this is carried out. Care planning documentation aligns with the information provided by consumers, representatives, and staff regarding their continued involvement in their community and maintaining personal and social relationships.

Consumers and representatives said the consumer's condition, needs and preferences are effectively communicated within the service and with others responsible for care. Staff interviewed were able to describe ways in which they share information and are kept informed of the changing conditions, needs and preferences for each consumer. Care planning documentation and hand over notes for consumers sampled provided adequate information to support safe and effective care as it relates to services and supports for daily living.

Consumers said they were supported by other organisations, support services and providers of other care and services. Staff could describe other individuals, organisations and providers of other care and services and specific consumers who utilise these services. Consumer care planning identified referral to other organisations and services. A visiting hairdresser and library service support consumers at the service.

Consumers and representatives interviewed expressed satisfaction with the variety and quantity of food being provided at the service and said there are plenty of choices for each meal daily. Consumers discussed how they can request different meals if they do not like what is on the menu that day. Dietary requirements were observed documented on a white board for each consumer noting preferences and specific needs of the individual.

Consumers and representatives said they have access to equipment, including mobility aids, shower chairs and manual handling equipment, to assist them with their daily living activities as well as providing resources and equipment for the leisure and lifestyle activities. Staff interviewed said they have access to equipment when they need it and could describe how equipment is kept safe, clean and well maintained. The Assessment Team observed equipment to be clean and in good condition, and generally maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said the service is welcoming and optimised their independence, interaction, and function. Representatives said they feel welcomed when they visit their family members and can utilise outdoor areas. The Assessment Team observed the service to be adequately lit with clear signage throughout.

Consumers said the service is clean, well maintained, and comfortable to live in. Consumers and representatives said they could move freely in and out of the service as they choose and utilise the lift to access the upper and lower levels of the service. Staff said they assist consumers in accessing all areas of the service, especially consumers who reside in the memory support unit. The Assessment Team observed the maintenance request logs and identified all requests were attended to within a timely manner.

Consumers said the furniture and equipment they use are suitable, clean, well-maintained, and safe. Consumers and representatives said the furnishings such as lounge chairs and dining room tables and chairs, used throughout the service are comfortable, safe and well maintained. The Assessment Team observed equipment to be functional, maintained, clean and stored appropriately.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and their representatives said they understand how to give feedback or make a complaint and said they feel comfortable doing so and were aware of the various avenues available. Documentation showed feedback and complaints were discussed in consumer meetings and information was given on how to make complaints and how complaints and feedback were addressed.

Consumes and representatives said they were aware of advocacy services available to them and would use these services if needed. Management reported that they did not currently have any consumers who required interpreter services but information on accessing was displayed in the facility and included in the consumer handbook. and they have access to language interpreters if required. Document review showed information on advocacy services had been provided.

Consumers and representatives said management addresses and resolves their concerns following the making of a complaint, or when an incident has occurred. Staff demonstrated an understanding of open disclosure. Management explained how staff are guided by a documented policy on open disclosure and complaints management. Incident reports showed how incidents were logged, investigated and open disclose being carried out.

Consumers and representatives said their feedback is used to improve services such as the implementation of a reflection room. Management could describe processes in place to escalate complaints, and how they are used to improve the care and services available to consumers. Staff were able to describe improvements, which were driven by consumer feedback.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumer and representatives said there were staffing issues, however all stated they were happy with the care consumers were receiving and considered their care needs were being met. Staff said although there have been staff shortages at times and use of agency staff, consumers’ needs are mostly met. Approximately 50% of the staff rostered were agency staff, which caused a strain on permanent staff members. Management discussed ways they were trying to attract new staff. Although call bell data showed average response times were higher than service policy required, the Assessment Team reviewed high risk and high prevalence reports relating to falls, pressure injuries and weight loss and found that staffing issues had not significantly affected care and outcomes for consumers.

Consumers and representatives said staff were kind, gentle and caring when providing care. The Assessment Team observed staff to always greet consumers by their preferred name, and preferred names were used in care planning documentation. Staff demonstrated that they were familiar with each consumer's individual needs and identity.

Consumers and representatives said staff performed their duties effectively, and they are confident staff are skilled to meet their care needs. Management said the service requires staff to complete role based annual mandatory refresher training. Position descriptions provided include key competencies and qualifications that are either desired or essential for each role, and staff are required to have relevant qualifications.

Consumers and representatives interviewed said staff know what they are doing, and they are satisfied with the care they receive The Assessment Team observed 100% of staff have completed the mandatory training. Staff reported they were happy with their orientation programme and the onboarding process.

All staff described how performance appraisals occur and confirmed that in addition to performance feedback, they discussed their development needs in the review. There is a formal process for the performance review. Management also informally reviews performance through observation and supervision of staff practice and the monitoring and feedback processes of the service.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

Consumers and representatives were engaged through a variety of ways and said they felt the service listens and responds to their suggestions and seeks input on a range of topics such as the food menu and lifestyle activities at the service. The service engages consumers through a variety of mechanisms such as monthly consumer meetings and regular surveys.

Management described the organisational structure and hierarchy and how it supports accountability over care and services delivered. Information is conveyed from the board to the service via monthly meetings, emails, and memorandums. Clinical governance regularly meets with regional and service management to maintain regular communication, particularly about changes and escalations. Resident meeting minutes and continuous improvement plan showed consumers are actively encouraged and engaged in the care and services they receive.

Management described the processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. The service had an effective management system, systems in place to trend and analyse information to drive continuous improvement, financial governance arrangements and processes for workforce governance, feedback and complaints.

Management and staff were able to describe how incidents were identified, responded to and reported in accordance with legislation including serious incident reporting. The service has policies and procedures in the management of high impact and high prevalence risks.

The service demonstrated a clinical governance framework in place, including policies concerning antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these concepts and gave practical samples to demonstrate how the principles applied to their work.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)