Performance

Report

**1800 951 822**

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| Name of service: | Japara St Judes |
| Service address: | 381-403 Narre Warren North Road NARRE WARREN NORTH VIC 3804 |
| Commission ID: | 4183 |
| Approved provider: | Calvary Aged Care Services Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 6 February 2023 |
| Performance report date: | 16 March 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 St Judes (**the service**) has been prepared by S Byers, 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 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 team’s report received 9 March 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 |

Findings

The service was found Non-compliant in Standard 1 in relation to Requirement 1(3)(a) following a site audit in May 2022 where it was unable to demonstrate:

* each consumer was treated with dignity and respect in relation to personal care and meal-time routines.

At the February 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers were satisfied they are treated with dignity and respect. Care planning documents detailed personalised information relating to the consumers choices and preferences and outlined what was important to them. Staff demonstrated they are familiar will each consumer’s culture, routines, needs and preferences. The lifestyle calendar included several multicultural activities and celebrations; and the lifestyle register reflected consumers current cultural, religious and spiritual choices. Staff have completed training and education in dignity, choice and cultural awareness and this was supported by training documentation.

Based on the available evidence, summarised above, I find Requirement 1(3)(a) is Compliant.

# 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 |

Findings

The service was found Non-compliant in Standard 7 in relation to Requirement 7(3)(a) following a site audit in May 2022 where it was unable to demonstrate:

* the workforce was planned to enable the delivery and management of safe and quality care and services in line with consumers’ needs and preferences.

At the February 2023 assessment contact, the Assessment Team found the service was unable to demonstrate the planned actions in response to the previous non-compliance had been effective. I have considered the Assessment Team’s findings, the information in the assessment team report and the Approved Provider’s response and have come to a different view.

Consumers and representatives provided negative feedback about staffing levels and call bell wait times. Mixed feedback was received from staff, with some staff describing negative impacts resulting from staffing.

While I acknowledge the negative feedback, I note that during the assessment contact, management described the strategies in place to manage unplanned leave and vacant shifts including the use of casual staff, agency staff, extended shifts and ongoing recruitment. Allocation and roster documentation demonstrated an appropriate skill mix of staff planned across shifts including a registered nurse overnight and a significant decrease in the number of unfilled shifts since the May 2022 site audit.

Conflicting evidence from the Assessment Team and the Approved Provider was submitted regarding this requirement. The Approved Provider submitted a written response with clarifying information and documentation including memory support program materials, consumer reports, progress notes, care plans and charting. I am satisfied the documentation provided by the Approved Provider demonstrates consumers are receiving care and services in accordance with their assessed needs and preferences. Actions taken since the assessment contact include implementation of new allocation sheets, daily call bell response reviews with increased monitoring by management, commencement of a memory support program with dedicated staff and consultation and care plan review of consumers named in the assessment team report.

While I acknowledge the negative feedback from consumers and some staff in relation to staffing. I am satisfied the response from the Approved Provider addresses the concerns raised in the assessment team report. Based on the information available, I find Requirement 7(3)(a) is Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)