Performance

Report

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| Name of service: | Japara Strzelecki House |
| Service address: | 27 Giles Street MIRBOO NORTH VIC 3871 |
| Commission ID: | 3169 |
| Approved provider: | Calvary Aged Care Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 21 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 Strzelecki House (**the service**) has been prepared by M. Nassif, 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.

# 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

Consumers said are treated with dignity and respect and expressed how their identities are acknowledged. Staff spoke about individual consumers’ needs and things of importance to them and this was consistent with information contained in care planning documents. Staff were observed being respectful during their interactions with consumers.

Consumers provided examples of how staff support them to meet their cultural needs and preferences. Care planning documents demonstrated the service captured personalised information as it relates to consumers’ religious, spiritual and cultural needs and preferences and staff were aware of this information.

Consumers reported that they are supported to maintain relationships and to make informed choices about their care and services. Care planning documents identified supports for maintaining independence based on individualised consumer choices for care and services and staff were aware of these.

Staff described how they provide relevant information so that consumers can make risk-based decisions on how they live their life. Care planning documents described areas in which consumers are supported to take risks to live the life they wish.

Consumers advised they receive updated and accurate information about activities, meals, meetings and other events happening in the service. This information was observed displayed around the service. Staff described several ways that information was delivered to consumers regarding their care and services, which enabled them to practice their own choices.

Consumers confirmed that their privacy is respected, and staff demonstrate this in a variety of ways. Staff were observed knocking on consumers’ doors, waiting for a response before entering, and closing the door whilst attending to consumer care needs.

# 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 expressed satisfaction with assessment and care planning considered risks and informed the delivery of safe and effective care. Staff described the assessment and planning process, including the identification and acknowledgement of key risks to consumers which was reflected in care planning documents.

Consumers and representatives reported participating in advance care and end of life planning related conversations. Assessment and planning documents identified consumer’s current needs, goals and preferences, including advance care planning and end of life planning.

Consumers and representatives felt partnered in the assessment, planning and review of care and services and that the service included other organisations or providers as required. Care planning documents demonstrated involvement of a diverse range of external providers and services in the assessment and planning process for consumers as required. Staff detailed processes to involve other providers, consumers and representatives to partner with in the assessment and planning process.

Care planning documents demonstrated regular communication with consumers and their representatives. Consumers expressed confidence in the service to provide them with a copy of their care plans when requested and reported they were kept informed of outcomes of assessments and planning of their care.

Staff demonstrated awareness of regular review process and provided examples of triggered reviews following an incident or change in care needs. Care planning documents evidenced variations made after a change in consumer circumstances or post-incident, in addition to regular 3 monthly reviews.

# 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

Consumers and representatives said they receive safe and effective care which reflected their needs and preferences. Staff demonstrated understanding of the individualised personal and clinical needs of consumers. Care planning documents reflected individualised personal care is safe, effective, and tailored to optimise consumers health and well-being. Consumers subject to restrictive practices have appropriate consents and behaviour support plans in place.

Consumers and representatives expressed satisfaction with the service’s management of high impact and high prevalence risks to consumers. Care planning documents identified key risks to consumers and included strategies to mitigate risks. Staff detailed processes to identify high impact or high prevalence risks through ongoing assessment and planning.

Consumers and representatives confirmed that staff had spoken to them about advance care planning and end of life preferences. Staff explained processes to support end of life care, including the involvement of family and other health professionals. Care planning documents included end of life wishes including choices and end of life preferences.

Consumers and representatives were satisfied with the recognition of deterioration or changes in consumers’ conditions. Care planning documents demonstrated deterioration in a consumer’s health, capacity and function is recognised and responded to. Staff provided examples of deterioration in consumers that were identified and responded to.

Staff described how consumer information is accessed and shared during handover and in care planning documents. Care planning documents identified adequate and accurate information to support effective and safe sharing of information in relation to consumers’ condition, needs and preferences.

Care planning documents reflected referrals to a range of allied health professionals. Staff detailed several examples of specialist referrals conducted for consumers, for example, behaviour management review. Consumers and representatives felt satisfied that referrals were timely and appropriate.

Staff detailed strategies to reduce the inappropriate prescription of antibiotics. The service had an outbreak management plan available for staff to guide them in relation to outbreak management and the key steps to prevent the transmission of, and manage consumers diagnosed with, COVID-19.

# 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 were satisfied with the services and support they receive for daily living. Staff explained what is important to consumers and the activities they like to engage in, and this aligned with information captured in care planning documents. Consumers were observed to be engaging in activities in large and small groups.

Consumers said they receive service to promote their emotional and spiritual well-being. Staff described how they facilitate contact between consumers and their family members who are not local to the service. Care planning documents outlined consumers’ emotional and spiritual needs and the supports staff provide to meet those needs.

Several activities demonstrating active community engagement to support consumers participate in the wider community were reflected in the lifestyle program. Consumers said they are supported to participate in their community within and outside the service environment as they choose. Staff explained the activities that consumers like to engage in, and this aligned with the information captured in care planning documents.

Consumers and representatives felt information is effectively communicated within the service as staff are generally aware of consumer health condition, needs and preferences and they do not have to repeat themselves. Care planning documents included adequate information such as dietary information that is used by kitchen staff to provide correct meals to consumers.

Management said the service engaged external service providers to supplement lifestyle activities. Staff explained the referral process and provided examples of involvement of other organisations and providers of other care to optimise consumer wellbeing.

Consumers expressed satisfaction with the variety, quantity and quality of meals. The service had documented processes and systems in place to include consumers in the development of the menu and to provide feedback on the quality of the food provided. Staff identified consumers with specific dietary requirements.

Equipment used for activities of daily living was observed to be safe, suitable, clean and well-maintained. Staff reported easy access to equipment when required and described how equipment is kept safe, clean, and well 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 said the service environment is welcoming and encourages a sense of belonging. Consumers said they can find their way around easily and can easily access areas, such as dining areas, the activities room or lounge rooms. Staff described how consumers are supported to make the service feel like home, and how they support consumers to maintain independence.

The service environment was observed to be clean, well maintained, and comfortable. This was consistent with feedback from consumers. The layout of the service encouraged consumers to move freely within the environment.

Consumers reported that equipment was maintained. Management described the processes for replacing furniture, fittings or equipment. Documentation demonstrated the service has an effective preventative and reactive maintenance program in place and acts promptly when furniture, fittings and equipment need to be maintained.

# 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 representatives said they are encouraged and supported to provide feedback regarding care and services and feel comfortable in raising concerns should the need arise. Staff and management described the avenues available for consumers and representatives if they wanted to provide feedback or make a complaint, and the process they follow should a consumer or representative raise an issue with them directly. Feedback forms available to consumers and representatives were observed around the service.

Flyers and brochures were observed displayed at the service that detailed internal and external complaint avenues and advocacy and language services. Staff described how they act as advocates for consumers by communicating concerns to management on their behalf, encouraging them to provide feedback and assisting consumers to complete feedback forms as required.

Consumers and representatives said management promptly addressed and resolved their concerns following the making of a complaint. Staff and management described the process that is followed when feedback or a complaint is received, including escalation if applicable. Documentation demonstrated complaints are responded to within appropriate timeframes.

Consumers and representatives stated they are satisfied with the improvement of the service based on their feedback. Staff described how information from feedback and complaints is used to improve the quality of care and services. Documentation demonstrated feedback and complaints are trended, analysed, and used to improve the quality of care and services.

# 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

Consumers were satisfied with the level of staff within the service and said even though staff are quite busy, their current needs are being met. Staff reported they work together to ensure care needs of consumers are met. Documentation demonstrated minimal shifts that remained unfilled.

Consumers and representatives reported staff were kind, caring and gentle when delivering care. Staff interactions were observed to be kind, caring and respectful of each consumer’s identity, culture and diversity.

Consumers felt staff were competent in their roles and felt confident they have the knowledge to effectively perform their roles. The service had a competency and orientation program. Management described staff competency is assessed at the pre-interview screening and score-based interviewing stage to ensure staff recruits have the requisite qualifications and knowledge to effectively perform in their roles.

Staff felt the service provided them with adequate resources and training to perform their roles. Consumers and representatives said staff know what they are doing. Documentation evidenced staff training requirements on recruitment and on an ongoing basis and a high completion rate of required training.

Management advised that staff undertake performance appraisals on a 3 monthly basis for new staff and then annually. Documentation evidenced that majority of performance reviews were completed.

# 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 said they are engaged in the development, delivery and evaluation of the care and services. Management outlined the process by which consumers and representatives are actively engaged through avenues such as the consumer and representative meetings.

Documentation evidenced the organisation’s governing body receives regular reports from the service, including clinical and quality indicators, to ensure they have the information they need to promote a culture of safe, inclusive and quality care and services.

The service demonstrated an effective organisation wide governance system relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. For example, in relation to financial governance, management advised there is a financial budgeting process and management has a discretionary budget to attend to the basic needs of the service within their level of delegation.

The service had a risk management system to monitor and assess high impact or high prevalence risks, identify and respond to the abuse and neglect of consumers, supporting consumers to live the best life they can and manage and prevent incidents. Staff explained the processes of risk management at the service, including key areas of risk that had been identified and were being mitigated.

The service had a clinical governance framework that included antimicrobial policy, minimising the use of restraint and open disclosure. Staff detailed processes in use of open disclosure, antimicrobial stewardship practices and restrictive practices. Documentation such as quality reports and meeting minutes discussed key areas and strategies for implementing clinical framework

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)