Jallarah Homes

Performance Report

10 South Terrace   
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**Commission ID:** 6053

**Provider name:** Jallarah Homes Inc

**Assessment Contact - Site date:** 28 June 2022 to 29 June 2022

**Date of Performance Report:** 9 August 2022

# Performance report prepared by

Marek Dubovinsky, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

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 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; and
* the provider’s response to the Assessment Contact - Site report received 13 July 2022.
* The Performance Report dated 13 October 2021 for the Site Audit undertaken from 31 August 2021 to 1 September 2021.

# STANDARD 2 NON-COMPLIANT Ongoing 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 Quality Standard is assessed as Non-compliant as the one Requirement assessed has been found Non-compliant. The Assessment Team assessed Requirement (3)(e) in this Standard. All other Requirements in the Standard were not assessed at the Assessment Contact.

The Assessment Team recommended the service did not meet Requirement (3)(e) in this Standard. The Assessment Team found the service was unable to demonstrate 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. Specifically, behaviour support plans had not been reviewed following changed behaviours.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and I have found the service Non-compliant with Requirement (3)(e). I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 2 Requirements

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

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team found the service was unable to demonstrate 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. Specifically, behaviour support plans had not been reviewed following changed behaviours. The Assessment Team’s report provided the following evidence relevant to my finding:

* Clinical staff said they have identified behaviour support plans have not been reviewed as part of the routine four-monthly care plan review process.

Consumer A

* The consumer had a behaviour support plan completed approximately three months prior to the Assessment Contact. The consumer was commenced on a psychotropic medication to manage their changed behaviours two weeks after the completion of the behaviour support plan, however, the plan was not reviewed on commencement of the medication. One week following the commencement of the psychotropic medication, the dose was increased without a review of the consumer’s behaviour support plan.
* Records showed the consumer was commenced on the medication due to ongoing changed behaviours.
* The representative advised they were aware the medication was being prescribed in response to the consumer’s changed behaviours.

Consumer B

* The consumer was commenced on a psychotropic medication for the management of changed behaviours, however, a behaviour support plan was not developed.

Consumer C

* The consumer experienced changed behaviours following an emotional event. The consumer’s care and services were not reviewed following the emotional event, including the behaviour support plan.

Consumer D

* One clinical staff advised during a care review, they were informed the consumer was struggling with the loss of independence, and this was documented in the progress notes but the service had not considered review of the consumer’s depression scale. The consumer’s emotional needs assessment was not reviewed following this information nor the consumer’s related mobility risk in light of their emotional state and noting they have been previously assessed as to be able to leave the service independently.
* The consumer advised they do not leave their room. Nursing and care staff advised the consumer did not like to join other consumers.

The provider’s response indicates they agree with the Assessment Teams’ recommendation. The service has commenced implementing improvements, including processes for the review of behaviour support plans, facilitating training on changed behaviours and reviewing care plan review processes.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstratecare and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. This specifically related to reviewing care and service plans, including behaviour support plans, following new or changed behaviours or emotional events. In coming to my finding, I have noted the evidence which showed care and services for Consumers A, B, C and D were not reviewed following changes. To further support my view, I have considered the provider’s response which shows a range of improvements have been commenced, however, are yet to be fully implemented and sustained.

For the reasons detailed above, I find Jallarah Homes Inc, in relation to Jallarah Homes, Non-compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 Personal 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 assessed Requirement (3)(b) in Standard 3 Personal care and clinical care. All other Requirements in this Standard were not assessed; therefore, an overall rating of the Standard is not provided.

Requirement (3)(b) was found Non-compliant following a Site Audit conducted on 31 August 2021 to 1 September 2021, where it was found the service was unable to demonstrate high impact or high prevalence risks associated with the care of each consumer were effectively managed.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirement (3)(b) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Jallarah Homes Inc, in relation to Jallarah Homes, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

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

This Requirement was found Non-compliant following a Site Audit undertaken from 31 August 2021 to 1 September 2021 where it was found the service was unable to demonstrate high impact or high prevalence risks associated with the care of each consumer were effectively managed. This specifically related to implementing behaviour support plans in line with legislative requirements and managing consumer risks associated with bed rails, overhead bed help bars and epileptic seizures. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Development of an acute care plan for management of the consumer’s seizures, and provision of education for staff on seizure management.
* Supported Choice, Risk and Decision Making forms were completed for consumers identified with bedrails or overhead help bars.
* A form was developed in relation to chemical restraint.
* Education for staff was undertaken on the medication management policies and procedures, and toolbox education provided on medication storage and disposal.

The Assessment Team provided the following information collected through interviews and documentation which are relevant to my finding in relation to this Requirement:

* Consumers interviewed were satisfied with how the service managed their high impact high prevalence risks, including pain, nutrition and hydration and falls risk management.
* Nursing staff could identify key risks and management strategies for consumers.
* Care files sampled included use of validated assessment tools to identify risk associated with falls, malnutrition and pressure injury.
* Consumer files viewed showed effective management for consumers who are at risk of malnutrition, choking and falls.
* The service could demonstrate minimising use of chemical restraint through ongoing medication reviews and consultation with consumers and/or families.
* A Risk Register is maintained which contains relevant risks identified for individual consumers.

For the reasons detailed above, I find Jallarah Homes Inc, in relation to Jallarah Homes, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# STANDARD 8 Organisational 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 assessed Requirements (3)(c) and (3)(d) in Standard 8 Organisational governance. All other Requirements in this Standard were not assessed; therefore, an overall rating of the Standard is not provided.

Requirements (3)(c) and (3)(d) in this Standard. were found Non-compliant following a Site Audit conducted on 31 August 2021 to 1 September 2021, where it was found the service was unable to demonstrate;

* Effective governance systems, specifically in relation to legislative changes, including for restrictive practices and behaviour support plans and legislative responsibilities in relation to Serious Incident Response Scheme (SIRS) reporting; and
* Effective risk management systems and practices relating to high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and managing and preventing incidents, including the use of an incident management system.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirements (3)(c) and (3)(d) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the Jallarah Homes Inc, in relation to Jallarah Homes, Compliant with Requirements (3)(c) and (3)(d) in Standard 8 Organisational governance. I have provided reasons for my finding under the specific Requirements below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) 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.*

This Requirement was found Non-compliant following a Site Audit undertaken from 31 August 2021 to 1 September 2021 where it was found the service was unable to demonstrate effective governance systems, specifically in relation to legislative changes for restrictive practices and behaviour support plans and legislative responsibilities in relation to SIRS reporting. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Implemented a policy review framework which includes triggers to update policies following changes in legislation and/or regulations.
* Reviewed processes in relation to behaviour support plans.
* Staff were provided training on SIRS reporting.
* Implementation of fortnightly and monthly meetings to all areas of the service, including risks to consumers, incidents, quality indicators and improvements.

The Assessment Team provided the following information collected through interviews and documentation which are relevant to my finding in relation to this Requirement:

* The organisation demonstrated effective information management systems and processes are in place to ensure staff and management have ready access to relevant and up-to-date information to perform their role.
* Continuous improvement initiatives are discussed at all levels of the service from consumers and representatives, all staff, management and are reported at various organisational meetings.
* Processes support the development of a financial budget and monitoring of financial expenditure which is overseen by the Board.
* Processes ensure staff are selected, trained, and supported to meet the organisations values and job specifications.
* The Assessment Team viewed the service’s reportable incident management SIRS register and noted incidents were reported within legislative timeframes and in line with the service’s reporting policy.
* Feedback and complaints processes ensue consumers, representatives and staff are encouraged and supported to provide feedback and/or complaints in a variety of ways and feedback is used to identify opportunities for improvement.

For the reasons detailed above, I find Jallarah Homes Inc, in relation to Jallarah Homes, Compliant with Requirement (3)(c) in Standard 8 Organisational governance.

### Requirement 8(3)(d) 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*
4. *managing and preventing incidents, including the use of an incident management systems*

This Requirement was found Non-compliant following a Site Audit undertaken from 31 August 2021 to 1 September 2021 where it was found the service was unable to demonstrate effective risk management systems and practices relating to managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and managing and preventing incidents including the use of an incident management system. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Developed a new form which documents the consumer’s consent for taking a psychotropic medication.
* Reviewed their incident and risk management policies.
* Staff education in relation to incident reporting, SIRS and risk management.

The Assessment Team provided the following information collected through interviews and documentation which are relevant to my finding in relation to this Requirement:

* The organisation has a range of policies to support effective risk management.
* Management described their roles and responsibilities, in particular the escalation process, notification to relevant parties, SIRS requirements and how opportunities for continuous improvement are identified.
* Management described how the open disclosure process is utilised within the service’s incident management system.
* Consumers said staff talk to them about their care needs and feel confident their representatives are notified of any incidents or changes to their care needs. Representatives said staff will call them when there are changes in their family member’s care needs or when an incident occurs.
* Staff interviewed said they receive education when policies are updated and they can access information via folders in the nurse’s station or staff room. Management, nursing, care and housekeeping staff explained their roles and applicable reporting requirements, including actions if they witness an incident.

For the reasons detailed above, I find Jallarah Homes Inc, in relation to Jallarah Homes, Compliant with Requirement (3)(d) in Standard 8 Organisational governance.

# 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.

**Standard 2 Requirement (3)(e)**

* Review policies and procedures to ensure care and services are reviewed following changes to consumers’ care and service needs and following incidents. This is to include the effective review of care and services following emotional events. In addition, this is to include effective review of behaviour support plans following new or increases in changes behaviours.
* Ensure relevant staff are aware of their roles and responsibilities in relation to review processes.
* Implement monitoring processes to ensure staff are following policies and procedures in relation to assessment and planning.