Performance

Report

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| Name of service: | Performance report date: |
| Janoah Gardens | 17 August 2022 |
| Commission ID: | Activity type: |
| 5759 | Site audit |
| Approved provider: | Activity date: |
| Bethany Christian Care | 4 July 2022 to 6 July 2022 |

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 Janoah Gardens (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.

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| Consumer dignity and choice | | Compliant |
| 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)€ | 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)€ | 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 |

# Standard 1

## Findings

Consumers felt valued and said they are treated with respect and dignity by staff. Consumers described the ways the service supports them to maintain their identity and said their culture and diversity were recognised and respected.

Staff demonstrated a shared understanding of the backgrounds and individuality of consumers, including specific cultural, spiritual, and personal preferences. Policies and care planning documentation demonstrated the care provided by the service was culturally safe and the Assessment Team observed staff engaged in appropriate care practices to ensure consumers were treated with dignity and respect.

Consumers felt supported to make choices and maintain their independence and relationships of importance to them and staff described the ways in which they supported consumers maintain these connections, such as through visits and phone calls.

Staff outlined how they support consumers to make informed decisions about their care and services, such as. tailoring their communication methods to suit the abilities and needs of the consumers. Consumers felt able to make choices about activities involving risk and confirmed they received accurate and timely information to support them in this decision making. The Assessment team inspected care plans that reflected consumer’s choices including personalised information regarding cultural, spiritual, lifestyle and social needs.

The service had appropriate policies and processes in place to identify individual risks to consumers and methodologies to support consumers to take risks. Staff understood dignity of risk principles and respected the consumers right to make their own decisions. Consumers confirmed their personal privacy was respected by the staff and staff were observed respecting privacy through practices such as knocking on doors prior to entry The service actively protects consumer information via electronic and physical means.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 confirmed the service undertakes comprehensive assessment and planning with appropriate consideration of risks to consumer health and well-being, this was supported by care documents inspected by the Assessment Team. Staff described how the assessment and planning process informs their delivery of care and services, including awareness of risk and specific needs of consumers. Care plans included thorough assessments and information relating to consumer’s needs and matters for consideration when providing care and services.

Care planning documents evidenced ongoing partnerships with consumers, representatives and organisations involved in the care of the consumer, including external providers of care and services, consumers confirmed they had access to a copy of their care plan when they want it.

Staff described how they provide end of life care to individuals and explained the process for advance care and end of life care planning. The Assessment Team observed organisational policies and guidelines on processes to support end of life care and advance care planning which directs a collaborative and holistic approach to assessment and care planning for end of life.

Staff described how outcomes of assessment and planning were communicated with consumers and their representatives. The Assessment Team observed staff handover where outcomes of assessment and planning were communicated and discussed, including changes in consumer’s needs, goals, and preferences. Care planning documents evidenced that care plans are reviewed and updated at least every three months, or if circumstances change and outcomes discussed with consumers and representatives.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 said they receive safe and effective care tailored to their needs. Staff said care planning documents are reviewed at least every three months and ensured personal and clinical care reflected the consumer’s current needs and preferences and were effective in optimising their health and well-being.

Staff were aware of how to report and document consumer incidents, and described how incidents are reviewed, with outcomes of any actions that require follow-up initiated. The Assessment Team reviewed organisational policies that showed staff are supported by policies and procedures from the service in providing care and services to consumers and included procedures, guidelines and flowcharts for key areas of care including but not limited to restraint, skin integrity and pain management.

Staff described how high impact risks to consumers were managed, mitigated, and said care was based on best practice processes. The Assessment Team inspected care documents that further demonstrated the effective identification and management of high impact and high prevalence risks relating to each consumer.

Staff described the way care delivery changed for consumers nearing end of life and practical ways in which consumers’ comfort was maximised, palliative care plans for consumers reflected consumer needs and wishes and informed staff in their practice.

Consumers said their needs and preferences were effectively communicated between staff and described how changes in consumers’ care and services were communicated amongst staff to ensure optimal outcomes, including referrals to health professionals both within and outside of the service.

The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship, staff were observed following these protocols when assisting consumers.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 said they receive safe and effective services and supports for daily living, and said staff had awareness of their individual needs and preferences to optimise their independence and well-being. Staff were observed encouraging, assisting, and supporting consumers during activities.

Consumers confirmed the service provides for their emotional, spiritual, and psychological needs and said they are provided emotional support and conversation as needed; religious needs are met as were the supports to maintain their important relationships. Consumers confirmed they were supported to do the things they liked to do both inside and outside the service, care documentation reflected information is shared within and outside the service, as appropriate, to enable a shared understanding of consumers’ needs and preferences

Consumers reported enjoyment of the meals and the meal service, care planning documentation reflected dietary needs and preferences. Kitchen staff described how they engaged with consumers to ensure that the menu choices were suitable through monthly meetings and one on one engagements from the chef. The kitchen environment was observed to be clean and well maintained

The service’s equipment used for activities of daily living was suitable, clean, well-maintained and staff undertook ongoing monitoring to ensure equipment was fit for purpose.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 felt at home within the service and stated it is a nice place to live. Consumers reported the service to be safe, clean, and well maintained, and said they could move around freely. Observations made by the Assessment Team included appropriate signage, indoor and outdoor areas for consumers to access, and consumer rooms personalised to suit their preferences

Staff described the design features in place to support the safe mobility of consumers, and freedom to move in and out of doors on each level; with gathering areas to socialise and participate in activities. Observations made by the Assessment Team showed the service to be clean, safe, and well maintained.

The service was able to demonstrate that furniture, fittings, and equipment are safe, clean, well maintained and suitable for the needs of the consumer cohort. The service has a preventative maintenance program any maintenance concerns are logged into the electronic management system and actioned.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 advised they felt safe and were encouraged to give feedback and raise complaint. Consumers described the various channels available to them such as feedback forms, meetings, and conversation with staff to raise issues. Staff understood internal and external processes in place to provide feedback and complaints and described how they provide support to consumers to raise feedback and lodge complaints.

Consumers were aware of and had access to advocates, language services and other methods for raising and resolving complaints. Consumers were satisfied the service took appropriate action in response to complaints and feedback.

Staff demonstrated an understanding of the open disclosure process and provided examples of how they have applied open disclosure in practice. Management described how the organisation records, analyses and acted on feedback and complaints to address concerns raised and improve care and services.

The organisation’s continuous quality improvement plan demonstrated a commitment the service worked in partnership with consumers and representatives to resolve issues and inform the process of continuous improvement. Consumers were satisfied the feedback will result in service improvements.**Standard 7**

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| Human resources | | Compliant |
| 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 felt the service had sufficient staff to provide quality care and services and said that members of the workforce interacted with them in a kind, caring and respectful way. Staff said they felt the number and mix of the workforce enables them to complete their roles effectively and if required other staff could be sourced as needed.

Consumers indicated that staff perform their duties effectively, and they are confident staff are trained appropriately and are sufficiently skilled to meet their care needs. The service ensures that staff are trained and suitably qualified to do their jobs through orientation practices, mandatory training, and competency assessments.

The Assessment Team reviewed documents and policies that demonstrated the recruitment process for employee onboarding, which included regulatory compliance checking, pre-employment health screening, work rights, qualifications, and reference checking.

The service had an appropriate performance and development system that included regular assessment, monitoring, and review of staff performance. Staff confirmed completion of annual performance reviews and indicated they receive feedback on areas that require improvement.

**Standard 8**

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| Organisational governance | | Compliant |
| 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

The service supported consumers to engage in the development, delivery and evaluation of care and services through regular care and service plan reviews, feedback and complaints, audits, surveys, and consumer meetings.

Consumers said the service is run well, and they are satisfied with their level of engagement in the development, delivery and evaluation of care and services.

The governing body promotes a culture of safe, inclusive, and quality care and services through regular reporting, attendance at meetings and members of the governing body regularly visit the service and speak directly to consumers.

The Board releases guidelines and documents, regularly to maintain oversight and ensure regulatory compliance. The service has implemented effective governance systems relating to the management of information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

The service has a risk management framework, including policies describing how to manage high impact or high prevalence risks, identifying, and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents.

The service had an effective clinical governance framework that included antimicrobial stewardship, restraint minimisation and open disclosure processes. Staff understood the open disclosure principles and gave examples of strategies relevant to their work.

1. The preparation of the performance report is in accordance with section 40A the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)