Performance

Report

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| Name of service: | Japara George Vowell |
| Service address: | Cnr Nepean Highway & Cobb Road, Mount Eliza VIC 3930 |
| Commission ID: | 3494 |
| Approved provider: | Calvary Aged Care Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 31 August 2022 to 2 September 2022 |
| Performance report date: | 20 October 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 Japara George Vowell (**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

Consumers said staff treat them with dignity, are friendly, respectful, and helpful when interacting with them. Staff explained they are guided by the service’s policies and procedures which enables them to treat consumers with dignity and respect. Care planning documents reflected what is important to consumers to maintain their sense of individual value and identity.

Consumers said the service values their culture and diversity, and staff apply consumers’ preferences to the delivery of care and services. Staff familiarise themselves with a consumer’s culture to enhance their awareness when delivering care and services. Care planning documents captured consumers’ cultural needs and preferences.

Consumers are supported to exercise choice and independence through visits with family, friendships with other consumers, participation in activities inside and outside the service, and through their choice of meals. The service’s staff build rapport with consumers through one-on-one time to understand their preferences which cultivates choice and independence.

Consumers said they are supported to make informed choices about risks which enable them to live the best life they can. Staff were aware of consumers who wish to partake in risk activities, as reflected in care planning documents.

The service provides information that is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables consumers to exercise choice. The Assessment Team observed information about upcoming events and activities broadcasted over the service’s intercom and displayed on posters and flyers in consumer rooms and on noticeboards.

Consumers expressed confidence in the service to protect their personal information and described staff practices such as knocking on doors prior to entry and closing the door during provision of personal care. The Assessment Team observed staff respecting consumers’ privacy by awaiting a response from consumers before entering their rooms.

# 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

Assessment and planning is completed to inform and support the delivery of safe and effective care, including consideration of individual consumer risks such as falls, pressure injuries and behaviours. Care planning documents documented consumer needs, goals and preferences and identified required assistance and interventions, including the management of risks. Advance care and end of life planning are included if the consumer wishes. Consumers and representatives said staff are aware of their needs and has discussed and documented their end of life preferences.

Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process. Consumers and their representatives were satisfied with communication regarding care planning and assessment outcomes, and care plans are available to them.

Care plans are reviewed 3 monthly and further updates are made when consumers’ circumstances change or following incidents. These reviews involve the consumer and/or their representative, clinical staff, allied health, and other medical professionals 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

Consumers considered they receive safe and effective care that is tailored to their needs and optimises their health and well-being. Staff said they are guided by organisational policies and procedures to direct care that is best practice and have access to senior staff to receive support and guidance. Care plans reflects consumers are receiving individualised care that is safe, effective, and tailored to their specific needs and preferences.

Care planning documents identified high impact and high prevalence risks are effectively managed. Staff were aware of their responsibilities in managing risks and described mitigation strategies used. Consumers and their representatives considered staff manage risks effectively.

Care planning documents for a recently deceased consumer demonstrated their dignity was preserved and care provided in accordance with their needs and preferences. Staff responded in a timely manner and involved representatives regularly with updates.

Care planning documents, including handover notes, progress notes, scheduled reviews, incident reports and clinical charting, reflected the identification of and response to deterioration or changes in consumers’ condition and health status. Consumers and representatives were confident in the service’s response to deterioration. Staff had shared understanding of how to respond to deterioration in consumers.

Consumers and representatives were confident consumer information is properly documented and shared between staff and services. Staff said they receive information documented in the ECMS and communicated via handover, ECMS messaging and verbal communication. Care planning documents demonstrated progress notes, care and service plans and handover reports provide adequate information to support effective and safe sharing of consumers' information to support care.

Consumers and representatives said timely, and appropriate referrals occur and the consumer has access to relevant health supports and services. Staff could describe the process for referring consumers to other health professionals and how this informs care and services provided for consumers.

The service has implemented policies and procedures to guide staff relating to antimicrobial stewardship, infection control management and for the management of a Covid-19 outbreak. At the time of site audit, management confirmed a recruitment drive was underway for an Infection Prevention Control Lead and in the meantime, the service’s infection prevention and control needs were being overseen by senior management and other staff with the relevant qualifications.

# 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 receive safe and effective services and supports for daily living that meet their needs, goals, and preferences. Consumers are supported to maintain their independence, well-being, and quality of life and staff are aware of consumers' interests, preferences, likes and dislikes. Staff build rapport with consumers and encourage social interaction with other consumers. Care planning documentation had correctly identified each consumer's needs, goals, and preferences.

Staff described providing additional emotional and psychological support to consumers, in line with care plan strategies as needed. Consumers stated their emotional, spiritual and psychological needs were supported and care planning documents included strategies to meet these needs.

Consumers and representatives said consumers are supported to stay connected with people who are important to them, participate in the community within and outside the service, have social and personal relationships and do the things of interest to them. The Assessment Team observed consumers participating in activities such as bus trips, a virtual tour and the use of a theatrette.

The service has processes and systems in place for identifying and recording each consumer's condition, needs and preferences, as well as changes to them. Mechanisms are in place to ensure that changes are communicated within the organisation, and with others where responsibility for care is shared. Staff advised consumer care, and other needs, are shared internally at handovers and recorded in the service's care planning system.

Care planning documents evidenced the service collaborates with external providers to support the needs of consumers. Lifestyle staff explained the service engages with external service providers when the service is not able to provide specific activities that are of interest to the consumers. This was consistent with consumer feedback.

Most consumers said the meals provided are varied and of suitable quantity, however some consumers provided mixed feedback including about the temperature of meals, and inconsistent quality of soups. The service has processes in place to allow consumers to influence the menu and to provide regular feedback on the food provided through resident relative meetings and food focus groups.

Consumers said they felt safe when using the service's equipment and said it was easily accessible and suitable for their needs. Consumers were comfortable raising issues if equipment needed repair and knew the process for reporting issues. Staff understood the process to log maintenance issues.

# 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

The service environment was observed to be welcoming, well-lit with natural light, and corridors were free from equipment to facilitate interaction and movement. Consumers said it was easy to move around the service and they feel at home. Although the memory support unit suffered significant flood damage in the past year and has been closed off, the service is working with the organisation to improve the building in coming years. In the interim, the service has invested in and implemented a bespoke memory support program to meet consumers’ needs.

Consumers said the service environment is safe, clean, comfortable, and well maintained. Consumers are able to move around freely both indoors and outdoors, with staff assistance when required. Staff explained consumers are encouraged to move around the service independently or with supported mobility when required.

Furniture, fittings, and equipment were observed to be safe, clean, and well maintained. The Assessment Team observed all corrective jobs were actioned in a timely manner, and maintenance staff conduct call bell spot checks.

# 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 understood how to provide feedback or make a complaint and are comfortable approaching staff directly. The service has processes, systems and documentation in place for consumers to raise concerns about their care and services, and support staff to complete training on encouraging feedback.

Although consumers could not identify specific advocacy or interpreter services, they were confident staff and management would support them to access such services if needed. The Assessment Team observed brochures and other written information about advocacy and language services displayed throughout the service and in the consumer handbook.

Most consumers and representatives said when feedback is provided, the service responds appropriately, apologises if things go wrong, and acts promptly to resolve issues. Staff described the process followed when feedback or a complaint is received and knew the underlying principles of open disclosure. Review of the feedback register showed timely response to complaints.

Trends in complaints showed the service has identified key issues raised by stakeholders and responded appropriately. A review of the continuous improvement plan evidenced the service implemented workforce changes as a result of staff feedback ensuring the skill mix of the workforce was appropriate for consumers’ needs. As a result, an additional care worker is rostered in each care unit.

# 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

The workforce is planned to enable a suitable number and mix of staff to support the delivery of safe and quality care and services. Most staff said the service has enough personnel to meet consumer needs. Consumers mostly considered they received timely response to call bells and reported no concerns with the care received. Call bell reports indicate call bells are answered in a timely manner.

Consumers and representatives said staff are kind, caring and gentle when providing care and services. The Assessment Team observed staff treating consumers with care, dignity, and respect when providing care directly in consumers’ rooms, at meal services and during activities. The service has documents and processes in place which support the provision of respectful and inclusive care.

The workforce has the qualifications and knowledge they need to effectively perform their roles. Consumers and representatives felt staff are competent in providing care and know what they are doing. Management described how qualifications and checks for staff are verified through an online human resource management system.

Staff said they have access to training to support their role and ongoing development. Training completion is monitored and reviewed. Staff performance appraisals are conducted regularly on an annual basis where their performance is assessed, monitored, and reviewed. Staff were able to describe the performance appraisal process and confirmed they occur annually.

# 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

Although the service was transitioning from one service provider to another, consumers and representatives confirmed they can provide feedback to the service through resident and relative meetings, feedback forms and speaking directly with staff members and management. In response to consumer feedback, the service has upgraded air conditioning, increased staff rosters, and established a shade sail in the front courtyard.

Consumers feel safe and valued and trust the organisation’s governing body promotes a culture of safe, inclusive quality care and services. The organisational structure is designed to support accountability over the care and services delivered to the consumer. A quality business partner supports the service with the internal auditing program and reporting to the governing body.

The service has effective organisation wide governance systems to support delivery and accountability of care, and processes and systems in place to ensure members of the workforce have access to information that helps them in their roles. Financial governance processes are in place and management confirmed the governing body is responsive to requests for additional expenditure to meet consumer needs.

The service has effective risk management systems and practices that includes high impact and high prevalence risks, dignity of risk and the Serious Incident Reporting Scheme (SIRS).

The service has a clinical governance framework that included antimicrobial stewardship, minimising use of restraint and open disclosure. Staff said they had been educated in these areas and were able to provide examples of how it applied to their day to day work.

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