Performance

Report

**1800 951 822**

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| Name of service: | Japara Goonawarra |
| Service address: | 19-25 Anderson Road SUNBURY VIC 3429 |
| Commission ID: | 4513 |
| Approved provider: | Calvary Aged Care Services Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 28 September 2022 |
| Performance report date: | 24 November 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 Goonawarra (**the service**) has been prepared by V Stephens, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received on 27 October 2022.

# Assessment summary

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

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

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| Personal care and clinical care | |  |
| 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

The service demonstrated it has infection control policies and practices in place to minimise infection-related risks. The service’s outbreak management plan was last reviewed on 29 August 2022 and contains sufficient information to manage an infectious outbreak.

Staff members confirmed completion of online and face-to-face training on infection prevention practices including donning and doffing personal protective equipment, hand hygiene, and implementation of standard and transmission-based precautions.

Antimicrobial stewardship practices are followed to minimise the use of antibiotic medications. Care plans reviewed confirmed timely investigation and identification of infections and use of antibiotic therapy.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The Assessment Team recommended Requirement 8(3)(d) was not met, however I have considered the evidence in the site report and the approved provider’s response and have formed a different view.

The Assessment Team found the service has policies to guide staff in managing and reporting incidents, and responding to abuse and neglect. The Assessment Team also sighted copies of policies and procedures relating to minimising restraint, falls prevention and restrictive practices. However, the Assessment Team found deficiencies in incident management for two consumers with responsive behaviours and that mandatory reporting of some incidents did not occur.

In its response to the Assessment Team report, the approved provider submits clinical staff have participated in education workshops and toolbox sessions on a number of topics including managing responsive behaviours and responding to incidents. Ongoing education in relation to mandatory reporting obligations is planned, and management now take a more proactive role in identifying risks and potential incidents. In relation to the two sampled consumers from the Assessment Team report, the service has conducted comprehensive reviews of care plans and assessments for each consumer with relevant interventions and risks communicated to staff.

I am satisfied the organisation has effective risk management systems in place, including managing, preventing and reporting incidents. Accordingly, I find the service compliant with Requirement 8(3)(d).

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