Performance

Report

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| Name of service: | Japara Kingston Gardens |
| Service address: | 173-213 Clarke Road SPRINGVALE SOUTH VIC 3172 |
| Commission ID: | 3233 |
| Approved provider: | Calvary Aged Care Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 8 November 2022 to 10 November 2022 |
| Performance report date: | 11 January 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 Kingston Gardens (**the service**) has been considered by James Howard, 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 conducted from 8 November 2022 to 10 November 2022; 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 | | 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)(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 and representatives said they were treated with dignity and respect by staff, and their identities and cultures were valued. Staff described the ways in which consumers’ identity, culture and diversity were valued. Consumers’ care planning documentation contained details of individual consumers’ cultural and diversity needs. Staff were observed acting respectfully towards consumers in their interactions.

Consumers and representatives from culturally diverse backgrounds said their cultures were respected and gave examples of how staff supported them to meet their cultural preferences. The feedback was consistent with information in consumer care plans. Staff described consumers with different cultures and how they ensured their cultural identities were respected.

Consumers and representatives provided examples of how the service supported them to exercise choice and independence. Consumers’ care planning documents showed individual cultural and diversity needs were identified. The service had a policy on dignity, choice and independence that guided staff in providing choices for consumers and promoting their independence.

Staff demonstrated an awareness of activities that included an element of risk and described strategies in place to support consumers’ choices. Care planning documents described areas in which consumers were supported to take risks to live life as they wished. The organisation had documented policies for managing risks to consumers, including the requirement to obtain informed consent.

Most consumers and representatives said they were provided with information to assist them in making choices about their lifestyles and care. Lifestyle staff described how consumers were provided with a monthly activity planner which accommodated all consumers in the service. The service shared information via meetings, newsletters, e-mails, telephone, and verbally in person.

Staff described the practical ways they respected the personal privacy of consumers, and this information aligned with feedback from consumers. The organisation had documented policies and procedures regarding privacy and the protection of personal information which guided staff practice.

# 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 and representatives said they were satisfied with their assessment and care planning. Staff detailed the assessment and planning processes undertaken for new and continuing consumers at the service. The service had documented policies and procedures which guided staff practice in relation to the completion of assessments and care plans.

Consumers and representatives said the service considered the needs, goals and preferences of consumers when undertaking assessment and planning. Staff detailed how they involved consumers and representatives in assessment and planning, including advance care planning and end of life (EOL) planning. Care documents reviewed by the Assessment Team generally identified this information.

Consumers and representatives said they felt involved and partnered in the assessment, planning and review of care and services, and the service included other organisations or providers as required. Care documents demonstrated other organisations and individuals, including medical officers (MO) and allied health, were involved in the assessment and planning process for consumers.

Most representatives said the service regularly provided updates via phone calls in relation to the outcomes of assessment and planning. Staff detailed processes whereby they informed consumers and representatives of the assessment and planning processes and kept them up to date with the outcomes of these assessments. The service utilised an electronic care management system (ECMS) to generate copies of consumer care plans, which were readily available to consumers and representatives.

Management advised the service had a routine 3-monthly review schedule for each consumer’s care and services plan, which involved conversations with the consumer and their representative. Staff provided examples of care plans which were reviewed following an incident or change in care needs. Most consumer care plans reviewed by the Assessment Team had been reviewed in the 3 months prior to the site audit.

# 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 generally received safe and effective personal and clinical care that was best practice, tailored to their individual needs, and optimises their health and well-being. Staff demonstrated they understood the personal and clinical needs of individual consumers. Care planning documents for sampled consumers generally reflected individualised care that was safe and tailored to consumers’ needs. The service had policies and procedures in place which supported the delivery of care provided.

Most consumers and representatives were satisfied high impact and high prevalence risks were effectively managed by the service. Care planning documents identified effective strategies to manage key risks and were recorded in assessment tools. The service had policies and procedures available to guide staff in managing high impact and high prevalence risks.

The representative of a consumer receiving palliative care was satisfied they were receiving the care they needed while on an end-of-life (EOL) pathway. Care planning documents detailed advance care planning information, including EOL preferences. The service had policies and procedures which guided staff practice in relation to palliative care assessment, advanced care planning, EOL care, and involvement of specialists for interventions and support.

Representatives were satisfied with how the service identified and responded to deterioration in health. Staff were guided by policies and procedures regarding deterioration in health and provided examples of when a change in a consumer’s condition was recognised and responded to at the service. Care documents demonstrated the service identified and responded to the deterioration or changes in consumers’ health conditions, functions, and capacity.

Most consumers and representatives were satisfied with the delivery of care, including the communication of changes regarding consumers’ conditions. Staff described how changes in consumers’ care and services were communicated through verbal handover, meetings, and care plans. The service had systems and processes which ensured information about consumers’ care was documented and effectively communicated within the organisation, and with others where responsibility for care was shared.

Consumers and representatives said they felt satisfied with the timely and appropriate referrals to individuals, other organisations, and providers of other care and services. The service had policies and procedures which guided staff practice in relation to the involvement of other individuals, including further clinical assessment and planning by specialists. The Assessment Team reviewed several examples of timely and appropriate referrals to individuals and other organisations.

Consumers and representatives were satisfied with the service’s management of COVID-19 and infection control practices. Staff demonstrated an understanding of infection minimisation strategies, minimising the use of antibiotics, personal protective equipment (PPE) and outbreak management processes. Staff and visitors were observed undergoing screening processes upon entry to the service and wearing surgical masks.

# 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 were satisfied supports for daily living met their needs, goals, and preferences. Staff demonstrated knowledge of consumers’ needs and preferred activities. Care planning documents demonstrated staff were assessing and identifying consumer needs, goals and preferences and tailoring care to optimise consumers’ health and well-being.

Consumers said there were services and supports for daily living that promoted their emotional and spiritual well-being. Staff described the services and supports in place that promoted consumers’ emotional, spiritual, and psychological well-being. Care planning documents outlined consumers’ emotional and spiritual needs, including strategies to support and promote these needs.

Consumers said they were supported by the service to participate in their community within and outside the service environment as they chose. Staff described supports in place for consumers which enabled them to participate in the wider community and maintain personal relationships. Care planning documentation identified activities of interest to consumers. The Assessment Team observed the monthly activity program displayed in all communal areas and consumer bedrooms.

Staff described a variety of ways in which they shared information regarding consumers. Access to the service’s electronic care management system (ECMS) was available to all staff and external organisations which provided services and supports for daily living, including medical officers and allied health professionals. Care planning documents for sampled consumers provided information which supported safe and effective care.

Consumers said the service referred them to external providers to support their care and service needs. Staff described how consumers were referred to other providers of care and services. Care planning documents showed the service collaborated with external providers and the organisation had a policy on referrals and partnership, including guidelines for staff.

Consumers said the meals provided were varied and of suitable quality and quantity. Staff were able to describe how they met individual consumer dietary needs and preferences and how any changes were communicated. The Assessment Team observed meal order forms completed by consumers with the assistance of care staff.

Consumer and representative feedback indicated the service’s equipment is safe, suitable, and clean. Staff were aware of how to report maintenance issues at the service. The Assessment Team reviewed preventative and corrective maintenance schedules, which were completed and up-to-date. The organisation had documented policies for the maintenance of equipment and cleaning services.

# 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 and representatives said the service environment was welcoming and optimised the consumers’ sense of belonging, independence, interaction, and function. Consumer rooms were personalised with furniture and possessions of choice. Staff described, and the Assessment Team observed, consumers moving between the different areas of the service to visit other consumers or participate in activities.

Consumers and representatives said the service environment was clean, well-maintained, and comfortable. The service had clear signage in each area and unit to aid navigation around the service. The Assessment Team observed the service environment was safe, clean, and well-maintained with outdoor areas easily accessible. Cleaning schedules were in place for each unit and communal areas of the service.

Consumers and representatives said furniture and equipment at the service was clean, safe, and suitable for consumers. Staff described the process for logging a maintenance request in the maintenance book. The Assessment Team observed furniture and equipment appeared to be clean and well-maintained.

# 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 and representatives said they were encouraged and supported to provide feedback regarding care and services and felt comfortable raising concerns when the need arose. Staff described the avenues available for consumers and representatives to provide feedback or make a complaint. The service demonstrated it had a process in place to encourage and support consumers and their representatives to provide feedback or make a complaint.

Consumers and representatives said they were aware of other avenues for raising a complaint. Staff were aware of how to access interpreter and advocacy services for consumers. The service displayed information on advocacy services on noticeboards throughout the service and brochures on making a complaint were displayed in multiple different languages.

Consumers and representatives said management promptly addressed and resolve their concerns following a complaint, or when an incident occurred. Staff and management were able to describe the process that was followed when feedback or a complaint was received, including escalation to senior clinical personnel or management if applicable. Management provided examples of recent actions taken in response to complaints, including open disclosure processes.

Consumers and representatives said they felt the feedback and complaints provided at resident meetings and other avenues was used to improve the quality of care and services. Management detailed processes by which feedback was used to improve services. The organisation had documented policies in relation to using feedback and complaints information to identify areas for continuous improvement.

# 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

While some representatives said the service was understaffed, most consumers and representatives said they were satisfied with the quantity of staff. Staff advised they were busy but generally able to meet the care needs of consumers. Recent call bell data identified most call bells were responded to in less than 5 minutes. The Assessment Team observed staff were generally available when consumers needed assistance.

Consumers and representatives advised staff engaged with them in a respectful, kind, and caring manner. Staff demonstrated an in-depth understanding of sampled consumers, including their needs and preferences. This information aligned with the Assessment Team’s review of care planning documents.

Consumers and their representatives said they felt confident staff were suitably skilled and competent to meet their care needs. Staff felt they were competent to provide the care the consumers needed at the service. The service demonstrated it had position descriptions for each role, which included key competencies, professional registrations, and other requirements.

Consumers and representatives expressed confidence in the training of staff to perform their roles. Staff described the training, support, professional development, and supervision they received during orientation and on an ongoing basis. The Assessment Team reviewed training records which showed the service monitored staff competencies to ensure the workforce had the skills to perform their roles effectively.

Management advised, and staff interviews confirmed, the service had probationary and ongoing performance review systems in place. The Assessment Team reviewed 9 staff files, all of which contained a probation or yearly performance appraisal document completed in the last calendar year, in accordance with the service’s policy.

# 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

Consumers and representatives considered the organisation was run well and felt they were partners in improving the delivery of care and services. Staff outlined the variety of ways consumers participated in the development, delivery, and evaluation of services, including monthly consumer meetings, feedback forms, surveys, and food forums. Documentation review showed consumers were meaningfully engaged in evaluation of services through avenues such as consumer meetings and care plan reviews.

Consumers and representatives felt the organisation promoted a culture of safe, inclusive, and quality care and was accountable for its delivery. The organisation’s policies and procedures included information as to how the governing body promoted a culture of safe, inclusive, and quality care and services and this was shown through committee reports and consumer engagement information.

Management and staff described processes and mechanisms in place for effective, organisation-wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had an effective ECMS, continuous improvement framework and Plan for Continuous Improvement (PCI), established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

Consumers said they felt supported to live their lives as they chose, as the service effectively managed risks associated with their care. Staff explained the processes of risk management at the service, including key areas of risk that were identified and mitigated. The service had risk management systems implemented to monitor and assess high impact and high prevalence risks associated with the care of consumers.

Staff demonstrated an awareness of antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. The Assessment Team sighted current documented policies in relation to clinical governance, antimicrobial stewardship, minimising the use of restraint and open disclosure.

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)