Performance

Report

**1800 951 822**

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| Name of service: | Japara The Highbury |
| Service address: | 684-692 Highbury Road GLEN WAVERLEY VIC 3150 |
| Commission ID: | 4579 |
| Approved provider: | Calvary Aged Care Services Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 4 January 2023 |
| Performance report date: | 27 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 The Highbury (**the service**) has been prepared by N Eastwood, 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.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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)(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 |

Findings

The service was found non-compliant with Standard 3 in relation to Requirements 3(3)(a) and 3(3)(b) following a site audit from 17 May to 9 June 2022 (the site audit).

In relation to Requirement 3(3)(a) the service was unable to demonstrate care delivery consistent with consumers’ documented care plans, as well as staff reporting the inability to provide safe and effective personal care due to staffing shortages.

The service implemented actions to address the previously identified non-compliance, conducting a review of falls management protocols, wound, behaviour, personal care and pain management. Review of training records demonstrate staff education in these areas, as well as restrictive practices, and evidence of ongoing review and monitoring.

These actions were found to be effective in rectifying the previous issues of non-compliance, with the service able to demonstrate the provision of individualised personal and clinical care. The service also provided documentation to support effective wound, pain, falls, and behaviour management. Consumer and representative accounts reflect satisfaction with appropriate clinical and personal care.

Review of the service’s psychotropic register in addition to individual care files, provided evidence of the indication for prescribing chemical restraint, behaviour support plans, informed consent as well as the last medication review date. Environmental and mechanical restraint reviews demonstrated all sampled consumers had accompanying diagnoses, trialled alternatives, appropriate medical and occupational therapy reviews, in addition to representative consent.

Care files provided evidence of wound charts consistent with best practice and the requirements of the service’s skin care, pressure injury and wound management policy. Staff were also able to describe interventions to promote wound healing and skin integrity as well as prevention of pressure injuries. In circumstances where a wound is slow to heal, clinical management confirmed a referral is made to the consumer’s medical practitioner and wound specialist for advice.

In relation to Requirement 3(3)(b) the service was unable to demonstrate effective management and staff understanding of high-impact or high-prevalence risks and the management of complex clinical care, such as diabetes, urinary catheters, and falls with injury, did not always align with best practices. Deficiencies in the management and monitoring of risks associated with behaviour management, reporting of Serious Incident Response Scheme (SIRS) incidents in a timely manner and monitoring of the front entrance for COVID-19 vigilance and protection of vulnerable consumers were identified.

The service has implemented effective actions to address the previously identified non-compliance, by conducting a review of high-impact and high-prevalence risks. Review of training records demonstrate staff education on high-impact and high-prevalence risks associated with the care of consumers. The service has also liaised with medical practitioners, allied health and specialists, consumers and their representatives to ensure when clinical care needs change or incidents occur, all stakeholders are notified.

The reviewed documentation supports the presence of relevant policies, protocols, and risk-related tools utilised for monitoring and assessing consumers when care is reviewed. This is further supported by all consumer and representative accounts indicating they were satisfied that care is effectively managed.

Complex care requirements such as use and management of Continuous Positive Airway Pressure (CPAP) machines and diabetes management were appropriately documented in individualised consumer care plans with supporting medical practitioner directives.

With consideration to the available evidence and actions taken, I am satisfied that the service has rectified the previously identified deficits, and find Requirements 3(3)(a) and 3(3)(b) to be Compliant.

# 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)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The service was found non-compliant with Standard 7 in relation to Requirements 7(3)(a) and 7(3)(d) following a site audit from 17 May to 9 June 2022 (the site audit).

In relation to Requirement 7(3)(a), at the time of the site audit there was evidence of inadequate staffing to cover allocated shifts, weekend reception cover and delays with call bell response times.

At the January 2023 assessment contact the Assessment Team found the service have implemented effective actions to address this non-compliance, including planning and consideration to the quantity and skill mix of staff to enable the delivery of safe and quality care and services to consumers. Staff confirmed there was adequate staffing across shifts to enable completion of delegated tasks. This was further supported by a review of rosters demonstrating that all shift vacancies were covered for the previous week along with the addition of a reception staff member to cover weekend shifts allowing for greater vigilance with entry and exit at the service. The service also demonstrated active recruitment across all designations, with a view to ensuring staffing levels are consistently maintained.

The majority of consumers confirmed there are enough appropriately skilled staff members to provide adequate care and services, noting one consumer account which indicated concerns with call bell response time delay. A review of the call bell response audits and the service’s supporting policy reflects that 90% of call bells are responded to within 5 minutes. For any delays outside of the required 10 minute response time the management report that they follow up with the consumer individually.

In relation to Requirement 7(3)(d) at the time of the site audit the service was unable to provide adequate evidence, or centralised staff information records to demonstrate up to date staff performance appraisals and mandatory training requirement monitoring. Deficiencies were also identified with the provision of ongoing Serious Incident Response Scheme (SIRS), dementia care and the Aged Care Quality Standards training.

At the January 2023 assessment contact, all consumers report they are satisfied that staff recruited by the organisation are provided with adequate training to ensure the safe provision of care and services. A review of training records reflected staff completion of SIRS, restrictive practices, infection control, manual handling, dementia care, and other specialised care topic training. Additionally, the service induction modules include training on Aged Care Quality Standards with staff able to demonstrate understanding of the relevant indicators of restrictive practices and SIRS reporting.

Staff members report being supported to provide quality care, with regular training available to them. Review of the service’s training records reflect that all staff have completed annual mandatory training, with new staff members completing mandatory competency training within the first month of employment. Management at the service report that targeted training was identified through analysis of complaints and feedback, internal audits, in addition to Aged Care Quality Standards and legislative updates. The service also provided evidence of completed performance appraisals for all staff members for the previous reporting period.

With consideration to the available evidence and actions taken, I am satisfied that the service has rectified the previously identified deficits, and find Requirements 7(3)(a) and 7(3)(d) to be Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service was found non-compliant with Standard 8 in relation to Requirement 8(3)(c) following a site audit from 17 May to 9 June 2022 (the site audit).

At the time of the site audit, the service was unable to demonstrate incident reporting consistent with regulatory compliance requirements and systems to support effective information management of staff records. Additionally, the service did not demonstrate that it had trained staff effectively in safeguarding consumers through the prompt reporting and effective management of incidents.

At the January 2023 assessment contact the Assessment Team found the service have implemented effective actions to address this non-compliance. The service provided evidence of a governance system which incorporates continuous improvement, workforce governance and regulatory compliance. A review of documentation reflects the completion of audits identifying improvements related to high impact, high prevalence risks associated with the care of consumers.

The service carried out a review of policies and procedures related to incident management, resulting in implementation of a system to ensure incident reporting is completed within the required time frames. Staff training was also provided reflecting the changes to incident reporting, with staff records now accessible and available through an organisational share drive.

Consumer representative feedback indicates staff competency has improved. Staff were able to demonstrate understanding of their responsibilities related to SIRS and incident management, in addition to confirmation of access to relevant training.

The service further demonstrated that monthly review of high impact, high prevalence risks associated with the care of consumers has been successful in significantly reducing specific and identified areas of risk such as falls management.

With consideration to the available evidence and actions taken, I am satisfied that the service has rectified the previously identified deficits, and find Requirement 8(3)(c) to be Compliant.

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