Performance

Report

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| Name of service: | Japara The Homestead |
| Service address: | 29 Homestead Avenue WALKLEY HEIGHTS SA 5098 |
| Commission ID: | 6229 |
| Approved provider: | Calvary Aged Care Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 5 October 2022 to 7 October 2022 |
| Performance report date: | 25 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 The Homestead (**the service**) has been prepared by M. Nassif, 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.

# 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 all staff treated them with dignity and respect. Staff were observed acknowledging and greeting consumers in a respectful manner. Care planning documents demonstrated individualised information is captured which reflects consumers background, religious, spiritual, cultural needs and personal preferences.

Consumers described how staff value their culture, values and diversity. Staff explained how a consumer’s cultural background influences the care they provide to them. The service had frameworks and policies which provided strategies and guidance for staff to communicate with consumers from culturally diverse backgrounds.

Consumers said they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff described how they assist consumers to communicate their decisions with their representatives, and exercise choices for themselves, encouraging independence.

Consumers described the ways the service supports them to live the best life they can. Staff explained how the service supports consumers to participate in activities that may be of risk to them. Care planning documents evidenced the completion of dignity of risk procedures and how consumers who want to take risks, are assessed and supported to understand the benefits and possible harm surrounding risks and the implementation of mitigation strategies.

Consumers explained how they receive formation that allows them to make informed choices. Staff described how they assist consumers who have difficulty communicating and said information is distributed to consumers and representatives in a timely manner as required by emails and newsletters.

Consumers said staff respected their privacy by always knocking on doors before entering to provide personal care. Staff described the practical ways they respect and maintain consumers privacy. The service had policies that described how confidential information for both consumers and staff is stored and secured electronically.

# 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

Consumers and representatives expressed satisfaction with the assessment and planning process at the service. Management and staff described the process of assessment and planning, including consideration of risks to the consumer’s health and well-being, and how it informs the delivery of safe and effective care and services. Care planning documents demonstrated assessment and planning included consideration of risks to consumers’ health and well-being and informs the delivery of safe and effective services.

Consumers and representatives said staff regularly discuss and review their current needs, goals and preferences including what their end-of-life wishes are. Management and staff described the assessment and planning process, including the consumer’s end of life planning and how they initiated end of life discussions with consumers and their families. Care planning documents included information regarding consumers’ end of life wishes.

Care planning documents demonstrated that consumers and their representatives are consulted throughout assessment and development of consumers’ care plan. Care planning documents evidenced input from a variety of allied health professionals and specialist providers. Staff provided examples of referrals to other specialist providers involved in the care of the consumer.

Consumers and representatives said they were able to have a copy of the consumers care plan if they wanted and were provided with regular updates of care plan reviews. Care planning documents documented the outcomes of assessment and planning, including engagement with consumers and their families.

Consumers and representatives said the service engages with consumers and their families when care plans are reviewed, incidents occur or when care needs change. Staff described the 3 monthly review process and how the medical officer, allied health specialists and staff evaluate and update the care plan.

# 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 and representatives said they receive safe and effective care which reflects their needs and preferences. Staff explained how they receive training, resources and support in relation to best practice care and processes. Care planning documents reflected individualised personal care is tailored to optimise consumers health and well-being. The service had policies, procedures and fact sheets, which reference best practice, are accessible for staff.

Consumers and representatives expressed satisfaction with the service’s management of high impact and high prevalence risks to consumers. Management and staff demonstrated a good understanding of consumers’ risks and strategies to reduce the risks. Care planning documents identified key risks to consumers and included strategies to mitigate high impact and high prevalence risks.

Consumers and representatives said they had discussed and documented their end of life wishes with management. Staff said palliative care wishes are reviewed regularly to ensure consumers’ preferences are current. Care planning documents included individualised end of life wishes and described how deterioration is recognised and addressed by staff who provide end of life care.

Consumers and representatives were satisfied that staff responded to and notified them promptly of any changes in the consumers health. Care planning documents demonstrated where deteriorating and changing conditions occurred, appropriate assessment, referrals, engagement with families and outcomes were recorded. Staff explained how changes are reported, discussed and documented at handover, and can trigger a medical officer review and hospital transfer if required.

Consumer and representatives said they were confident consumer information was well documented and communicated between staff and allied health services. Staff described how comprehensive consumer information is accessed through an electronic data system to record and review information relating to consumers condition, needs and preferences. Care planning documents showed appropriate and relevant information regarding the consumer’s condition, needs and preferences is recorded and accessible to staff, medical practitioners and allied health workers involved in consumers’ care.

Care planning documents evidenced timely and consistent referrals such as, physiotherapists, wound consultants and speech pathologists. Consumers and representatives said they get the care they need including referrals to allied health providers and staff described the referral process.

Consumers and representatives reported they observed staff wearing personal protective equipment. Staff demonstrated knowledge of infection control practices and undertake training relevant to their duties. Staff were observed adhering to infection control practices and the service had an outbreak management process to prevent and prepare for an outbreak.

# 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 and representatives said they were satisfied with the services and supports for daily living which meet consumers’ needs, goals and preferences. Staff understood what is important to consumers and what they like to do. This was reflected in care planning documents which included information about the service and supports required by consumers to optimise their quality of life, health, well being and independence. Consumers were observed engaging in a variety of group and independent activities, including listening to audio books.

Consumers and a representative said consumers are supported when they are feeling low and described how the service promotes their emotional, spiritual and psychological well-being. Staff said if they identify a change in a consumer’s mood or emotional need, they provide additional support such as one-on-one conversations and activities.

Consumers said they felt supported to participate in the outside community as they choose and that the service supported them to maintain social and personal connections that are important to them. Staff provided examples of how they support consumers to maintain their relationships both inside and outside the service. Care planning documents identified the people important to individual consumers, the activities of interest to the consumer and how to support them.

Consumers and representatives said consumers’ services and supports are consistent, that staff are aware of their needs and preferences and that they do not have to repeat their preferences to multiple staff members. Care planning documents demonstrated how changes in consumers’ care and services are documented electronically and input from allied health providers is shared through handover processes.

Consumers said they are supported by other organisations, providers of other care and external support services. Care planning documents included referrals to other organisations and specialist services occur. Staff provided examples of consumers being referred to other providers of care and services.

Consumers said they were satisfied with the quantity, quality and variety of meals provided by the service. Staff described the menu was developed by consumers and a dietician, how they comply with consumers individual dietary needs and preferences, and obtain consumers feedback through surveys and residents food focus meetings.

Consumers and representatives said they had access to equipment that is clean, safe and well maintained. Staff said equipment used to support consumers activities of daily living was suitable and clean. Documentation evidenced maintenance books were checked daily to ensure any issues with calls bells were addressed in a timely manner.

# 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

Consumers said they felt at home in the service environment and representatives were encouraged to treat the service as the consumers home. Consumers’ rooms displayed photographs, paintings and personal belongings. The service has easily accessible communal and private areas inside and outside the service.

Consumers and representatives said the service was clean and well maintained and enables them to move around freely both indoors and outdoors. Staff described the process for cleaning, documenting, reporting, and attending to maintenance issues. Documentation demonstrated cleaning and maintenance processes are scheduled and completed.

Furniture, fittings and equipment were observed to be safe, clean and in good condition. Staff were able to explain how assessments are conducted to ensure equipment used for consumers is suitable and safe. The service’s maintenance and cleaning reports were reviewed and the preventative maintenance schedule demonstrated routine maintenance is completed.

# 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 felt supported to provide feedback and make complaints if they had any concerns about their care and were able to explain the process to do so. Staff said the service encourages both consumers and staff to provide feedback. Feedback and complaints forms, posters and information, as well as locked suggestion boxes to submit those forms, were observed throughout the service.

Consumers said they are aware of advocacy services and knew how to make a complaint and use external services. Staff said they knew how to access external advocacy and interpreter services to assist consumers who requested these services. Information on accessing external complaints, language and advocacy services was observed to be displayed.

Consumers who had raised concerns and complaints provided examples of changes that had been made because of their concerns/complaints raised. The service had a documented policy and procedure which guided staff in appropriate action expected when handling complaints. Management explained how they respond and resolve complaints and implement changes from feedback. Staff demonstrated the use of open disclosure and gave examples of how they respond and apologise to the complainant.

Consumers felt the service is helpful in finding a solution to feedback and provided examples of changes implemented. Staff described what service improvements have been delivered owing to consumer surveys and feedback. A continuous improvement register detailed the changes made in response to feedback and complaints to improve services.

# 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

Consumers and a representatives said there are sufficient staff and care is timely. Staff advised there is not much unplanned leave. Management said they always backfill unfilled shifts with agency staff, and have also recently completed a large recruitment of clinical staff. Review of staff rosters indicated consistent staffing levels with additional support from agency staff.

Consumers said staff are respectful, kind, and gentle when providing personal care. Staff were observed engaging with and greeting consumers in respectful manner.

Consumers said staff perform their duties effectively and were confident staff are skilled to meet consumers’ care needs. Management stated that there are position descriptions for each role and explained the different ways that they determine that staff are competent and capable in their roles. Position descriptions outlined the qualifications, key competencies, training and skills required to perform various roles.

Consumers were satisfied that staff are adequately trained and equipped to do their jobs. Management said they gauge staff competency through annual training and resident surveys. Staff training records demonstrated staff had completed mandatory training.

Management informed The Assessment Team they were behind on completing the current performance reviews for 2022 however all performance reviews for 2021 had been completed and management stated the recent COVID-19 lockdowns had put them behind this year. The service had policies for performance reviews which stated all employees must participate in an annual performance review. The services continuous improvement log showed a plan is in place to complete remaining performance reviews by the end of the year.

# 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

Consumers believe the service is well run and they are engaged in improving the delivery of care and services. Staff said consumers are engaged and supported in providing input for service delivery through monthly resident meetings, feedback forms and surveys. Survey results reflected consumers input in service delivery.

Management explained how the Board is engaged with the delivery of care and services and monitors performance including incident data and consumer survey reports. The service’s clinical framework, polices, procedures and documentation outlined how the Board plays a role in promoting a culture of safe and inclusive quality care and services and are accountable for their delivery.

The service demonstrated an organisation wide governance reporting structure, effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. For example, management stated that information of a regulatory nature, such as changes in the aged care law, is monitored from a national perspective, and then filtered down to management of each service who then distributed information to staff.

The service had a documented risk management system and practices that included managing high impact or high prevalence risks, identifying and responding to abuse and neglect of consumers, and managing, minimising and preventing incidents. Mandatory training records confirmed staff had been educated on these policies and could provide practical examples of their relevance to their work and responsibilities.

The service had a clinical governance framework that included antimicrobial policy, minimising the use of restraint and open disclosure. Staff said they had been educated about antimicrobial stewardship practices and restrictive practices and least intrusive measures. Staff demonstrated a comprehensive understanding of open disclosure, explaining how they would apologise to consumers and representatives in the event of an incident or error occurring.

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)