Performance

Report

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| Name of service: | Jindalee Aged Care Residence |
| Service address: | 277 Goyder Street NARRABUNDAH ACT 2604 |
| Commission ID: | 2988 |
| Approved provider: | Johnson Village Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 31 October 2022 to 2 November 2022 |
| Performance report date: | 9 December 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 Jindalee Aged Care Residence (**the service**) has been prepared by K. Spurrell, 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
* the provider’s response to the assessment team’s report received 21 November 2022.
* 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 | **Non-compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**• Requirement 6(3)(b)** The Approved Provider ensures consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

**• Requirement 6(3)(d)** The Approved Provider ensures feedback and complaints are reviewed and used to improve the quality of care and services.

**• Requirement 8(3)(e)** The Approved Provider ensures a clinical governance framework is effectively implemented and monitored at the service

# 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 felt valued and respected at the service and said that staff treat them with dignity and respect, with their identity, culture and diversity valued. Staff interviewed were able to describe how a consumer’s culture influences how they deliver care and services. Care planning documentation reflected the consumer’s cultural background, their life story and what is important to the consumer.

Consumers stated they were able to express their cultural identity and interests. Consumer care plans sampled reflected the background, cultural identity, and linguistic backgrounds of each consumer at the service. The service has a consumer ‘Diversity Policy’ documenting the service’s commitment to promote diversity and cultural safety. Staff explained to the Assessment Team that cultural festivals and special events are incorporated into the activities calendar.

Consumers indicated they are supported to exercise choice regarding their care and maintaining relationships of choice. Care planning documentation reflected how the service supports consumers to make choices for themselves and encourage independence.

Management and staff were able to describe how consumers are supported to take risks, and staff described how consumers are supported to understand the benefits and possible harm when they make decisions involving risk. Care planning documentation identified the process taken to assess and manage risks and included acknowledgement from consumers.

Consumers were satisfied that they receive timely and accurate information about the care and services. Staff described strategies for communicating with consumers who may experience language barriers, cognitive impairments or hearing loss. Information such as activities calendar and food menu were observed posted around several areas in the service.

Consumers felt that the service and staff respect their privacy, and that their personal information is kept confidential. Staff outlined the practical ways they respect the personal privacy of consumers. Staff were observed knocking on consumers’ doors and announcing themselves before entering consumer’s 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

Care plans evidenced assessment and planning considers risks to the consumers, to inform the delivery of safe and effective care and services. Consumers and representatives were satisfied consumers’ current needs and preferences are considered. Staff described how they assess consumers and use care planning to deliver safe and effective care.

Staff were able to describe consumers’ individual preferences that were consistent with care plans and consumer feedback. Care plans were observed to have Advanced Care Plans on record for the consumers who chose to have one.

Care plans reflect the ongoing partnership with the consumer and others that the consumer wishes to be involved in assessment, planning and review. Consumers and representatives confirmed staff regularly engage with them and staff described how consumers and representatives are included in care planning and described the various health services professionals that are involved in consumers’ care.

Staff reported that care plan evaluations are discussed with the consumers and representatives and care plans updated accordingly. Consumers and representatives indicated that they regularly involved in the care planning and care review conversations.

Care plans were observed to be reviewed following critical points in care or a periodically at a minimum after three months. Consumers and representatives said that staff regularly discuss their care needs with them and keeps them informed about any changes or incidents.

# 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 were satisfied that care is tailored to their needs and optimises their health and well-being. Care documents indicate that personal and clinical care is individualised, based on best practice and optimal for supporting positive health and well-being outcomes for consumers. Consumers subject to restrictive practices had appropriate consent and reviews in place. A review of consumer care plans evidenced they align with best practice, however the services’ policy on minimisation of restrictive practices was found to be outdated. This has been discussed further under Requirement 8(3)(e). Staff follow procedures to deliver safe skin integrity and pain management care.

Staff described strategies used to minimise risks for consumers. Care planning documents and service reports evidenced high-impact and high-prevalence risks are effectively managed through regular clinical data monitoring, and implementation of suitable risk mitigation strategies for consumers. Consumers and representatives expressed satisfaction of how these risks are managed by the service.

Care plans identified the personal choices and preferences in advanced care directives and evidenced discussions with representatives regarding palliative care. Staff described the way care delivery changes for consumers nearing end of life.

Consumers and representatives said the service recognises and responds to changes in consumer condition in an appropriate and timely manner. Staff explained how deterioration in consumer condition is recognised, responded to, documented and monitored at the service.

Care planning documents provided adequate information to support care. Consumers and representatives said the consumer's preferences and care needs are communicated effectively with them, and between staff. Staff described how information is shared when changes occur through staff meetings, handover and how changes are documented in progress notes and the handover sheets.

Consumers and representatives said referrals are timely, appropriate, and occur when needed. Care planning documents confirmed input of other allied health professionals who can be consulted as necessary.

The service had documented policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. Consumers and representatives expressed confidence in the service’s ability to minimise and prevent infections and outbreaks.

# 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 said they receive services and supports for daily living that meets their needs, goals and preferences, and enhances their independence and quality of life. Staff were able to explain consumers preferences, which aligned with the information in consumers’ care planning documentation. Activities calendars are tailored to the interests and functional abilities of consumers. Consumers were observed by the Assessment Team participating in several activities during the Site Audit.

Consumers said there are services and supports for daily living that promote their emotional and spiritual well-being. Care planning documents outlined consumers’ emotional and spiritual needs and strategies to support these needs. Staff described how they support consumers emotional and spiritual needs.

Staff provided examples of consumers who were supported to maintain their relationships, both inside and outside of the service. Care planning documentation identified the people important to individual consumers and the activities of interest to that consumer.

Consumers said staff are well informed on their conditions, needs and preferences. Staff confirmed they are informed of changes to consumer needs via electronic management system and handover processes.

Management described how they work with external organisations, such as disability services and volunteers, to supplement the lifestyle activities. Staff could describe other individuals, organisations and providers of other care and services and specific consumers who utilise these services. Care planning documentation state that staff assist consumers to access these services and ensure they are prepared and ready for them at the appointed time.

Consumers provided positive feedback on the choice of food, the quality, and the variety of the meals. Staff confirmed the changes made to the menu choices to cater for consumer’s individual food preferences. Care documents listed the dietary preferences and needs of the consumers.

Equipment was observed to be clean, suitable and stored appropriately. Staff said they have access to equipment when they need it, and equipment is always kept clean and well maintained.

# 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 considered the service environment welcoming and said it allows for easy accessibility and enhances their sense of belonging. The service is designed to support people with varying abilities and includes features such as handrails and signage and management described aspects of the service intended to enhance a sense of belonging, such as communal areas, gardens, lounges, and areas for exercise. The Assessment Team observed consumer rooms and spaces personalised with photos and paintings.

The service was able to demonstrate that processes are in place to ensure that the service environment is safe, clean, well maintained, and comfortable. Cleaning staff advised that a cleaning schedule is followed by staff that includes cleaning tasks of consumers rooms along with common areas. The preventative maintenance schedule and ongoing maintenance logs indicated that any works are completed in a timely manner and external contractors are employed to conduct any major maintenance work.

Consumers expressed satisfaction that furniture, fittings, and equipment provided are kept clean, well maintained, and suitable for them. The Assessment Team observed that furniture, fittings, and equipment are safe, clean, and well maintained, such as service areas, trolleys, and mobility equipment.

# 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. | Non-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. | Non-compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

* Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.
* Feedback and complaints are reviewed and used to improve the quality of care and services.

The Assessment Team identified two consumers who were not aware of advocacy or language services or external providers that may support them to raise feedback. Staff were unable to describe advocacy and interpreter services available to consumers and were unable to describe a time in which they assisted a consumer to access these services. While Management advised that consumers had access to advocacy services and referred to a recent consumer meeting during which and advocacy provider made a presentation, they acknowledged that the minutes of this meeting did not record the contents of the information sharing session for those consumers and representatives not in attendance.

In its written response of 21 November 2022, the Approved Provider acknowledged the issues raised by the Assessment Team and provided evidence of engagement with the two consumers named in the Site Audit report. The service also undertook to hold additional consumer meetings to provide education and awareness for the consumers and staff regarding advocacy services and advised additional brochures and resources have now been placed throughout the service for consumers, additional information has also been incorporated into the monthly newsletter.

I have considered the evidence brought forward in the Site Audit report and the Approved Provider’s response, while I acknowledge the additional information provided by the Approved Provider, I have also given weight to the feedback provided by consumers to the Assessment Team and remain of the view that consumers were not made aware of all methods available to them in raising and resolving complaints. I find Requirement 6(3)(b) non-compliant.

The Assessment Team spoke with six consumers and representatives who raised concerns around the laundry services at the service stating that items had gone missing and one consumer who stated that laundry had not being returned for the preceding two weeks. The Assessment Team reviewed the feedback and complaints register that identified complaints dating back to January 2022 in relation to missing clothing. During the Site Audit Management acknowledged that the service was experiencing issues with laundry due to current staff leave and prior to the last of the Site Audit provided a plan to address the issues with the laundry and missing clothing.

The Approved Provider’s response of 21 November 2022 described further initiatives taken to address the deficiencies, including adding management accountability for staff action regarding laundry items missing.

While I acknowledge the service has taken some actions to address the deficits identified by the Assessment Team, there has not been sufficient time to demonstrate the sustainability and effectiveness of the Approved Provider’s changes. I find Requirement 6(3)(d) non-compliant.

I am satisfied that the remaining two Requirements of Quality Standard 6 are compliant.

Staff described avenues for consumers to provide feedback or make a complaint and supporting consumers to fill out a feedback form and following escalation protocols. Consumers and representatives felt encouraged, safe, and supported to provide feedback.

Consumers described feeling confident that the service will act in response to feedback raised. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer if something went wrong.

# 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 felt there are adequate staff at the service to meet their needs. Management described strategies used to ensure there is enough staff to provide safe and effective care through the development of a roster to ensure the appropriate mix and skills of staff and the development of a casual staff pool to fill any vacant shifts.

Consumers and representatives reported staff are kind, caring and gentle when providing care, and respectful of each consumer's identity, culture, and diversity. Staff were observed to always greet consumers by their preferred name and demonstrated that they are familiar with each consumer’s individual needs and identity.

Consumers were satisfied and explained that staff are skilled to meet their care needs. Staff said they are confident the training provided has equipped them with the knowledge to carry out care and services for consumers. Management stated that the service requires staff to attend a mandatory face-to-face orientation day, complete role-based competencies and annual mandatory online training that is monitored by the office manager. Position descriptions provided include key competencies and qualifications that are either desired or essential for each role, and staff are required to have relevant qualifications.

Staff described details of the training they completed relevant to their roles and management said staff can request additional training at their performance discussions. Management review data to determine any trends that can be addressed through additional training. Training records reflected staff are up to date with mandatory training which included key topics such as manual handling, Serious Incident Response Scheme, elder abuse, and the Aged Care Quality Standards.

The service demonstrated how the performance of staff is regularly assessed and reviewed, and training and development needs are identified. Staff outlined how their performance is monitored through annual performance appraisals, competency assessments, questionnaires, surveys, and mandatory education assessments.

# 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. | Non-compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* 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.

The Site Audit report identified deficits in relation to outdated policy and procedure for restrictive practices such as:

* The service did not have a current policy and procedure for minimising restrictive practices that reflected the changes made to legislation in 2022.
* Staff were unable to demonstrate a shared understanding of restrictive practices to the Assessment Team when asked.

The Assessment team noted while the service has an approach to minimising the use of restraint, its policies at the time of the Site Audit were not reflective of the current legislative provisions for restrictive practices.

The Approved Provider acknowledged the deficiencies identified by the Assessment Team in its written response of 21 November 2022 and provided information including supporting evidence of actions that have been taken since the Site Audit, which included an update of the Restrictive Practices policy to incorporate the recent changes, an education program for staff, including toolbox talks and a risk register to be monitored by management.

While I acknowledge that the Approved Provider has taken steps to improve its governance framework, at the time of the Site Audit there were deficits in the framework regarding restrictive practices. Therefore, I find Requirement 8(3)(e) is non-compliant.

I am satisfied the remaining Requirements of Quality Standard 8 are compliant.

Consumers and representatives said the service is well run and that they felt the service listens and responds to their suggestions and seeks input. Management described a variety of mechanisms in place to ensure consumers provide input.

Management monitors that the Quality Standards are being met through the monthly meetings and reports that include a governance and quality component. There was evidence of regular communication from the board of directors to the service's management regarding regulatory upgrades and a range of other matters.

The service demonstrated it had effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had a risk management framework which focuses on the high-impact or high-prevalence risks at the service and identifies immediate risks to consumers and informs areas for improvement. Staff demonstrated knowledge of various risk minimisation strategies and their reporting responsibilities.

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)