**Performance**

**Report**

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| Name of service: | Jymbilung House Aged And Disabled Care Services (Ccp) |
| Service address: | 9 / 13 Summerfield Drive BEAUDESERT QLD 4285 |
| Commission ID: | 700161 |
| Home Service Provider: | Mununjali Housing and Development Company Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 2 December 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 Jymbilung House Aged And Disabled Care Services (Ccp) (**the service**) has been prepared by Mary Murray, 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.

# Services included in this assessment

**Home Care:**

* Jymbilung House Aged And Disabled Care Services (Ccp) , 18230, 9 / 13 Summerfield Drive, BEAUDESERT QLD 4285

**CHSP:**

* Community and Home Support, 23772, 9 / 13 Summerfield Drive, BEAUDESERT QLD 4285
* Care Relationships and Carer Support, 23773, 9 / 13 Summerfield Drive, BEAUDESERT QLD 4285

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 23 December 2022.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Non-compliant |
| **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 |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Non-compliant |
| **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 |

In the instance where all requirements of the Standard have not been assessed, a finding at the Standard level is not made and is noted as not applicable.

In the instance where one or more requirements of a Standard are not met, the result is that the service does not comply with both the requirements indicated at an individual level and the Standard overall.

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.

**Standard 2 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. Focussing on adopting the new assessment tool to ensure all consumers have a comprehensive assessment.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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. | Non-compliant | Non-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 | 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 | Compliant |

Findings

I have relied on the Assessment Team report and the response of the approved provider in forming my decision on compliance.

Overall care documentation sampled by the Assessment Team identified, to their satisfaction, consumers’ needs, goals and preferences are being captured. Care plans outlined actions to meet individual consumer’s requirements and recorded any advance care wishes the consumer had chosen to share with the service. Ten of ten consumers and representatives interviewed said in various ways that relevant staff took the time to listen to what is important to them and deliver care and services accordingly.

Consumers said they have a copy of their care plan in a folder in their home, they understand the plan and are involved discussion about their care.

In relation to Requirement 2(3)(a) for HCP Consumers and CHSP Consumers

The Assessment Team found that the service did not demonstrate emerging risks to the health and wellbeing of consumers are consistently identified during the assessment process.

A new assessment tool, developed to be used by care coordinators during interviews with consumers does include consideration of individual risks including skin integrity, swallowing, continence, nutrition and hydration and changed behaviours as appropriate. However, the tool has been inconsistently applied by staff when undertaking assessments with the result that not all consumers have had potential risks explored.

The approved provider accepts the findings of the Assessment Team and was proactive in their response to addressing the issue when identified by the team including that:

* consumers will be prioritised for assessment and anyone with an immediate risk will, in consultation with the consumer and the input of any relevant specialised person or organisation, have a mitigation strategy put in place
* oversight of the assessment and care planning process will be increased
* a project plan including timelines will be established to ensure all consumers are appropriately assessed
* guidance and support will be provided to care coordinators on effective assessment and their responsibilities in the process
* the new tool will be renamed to reflect its assessment purpose.

Based on the information (summarised above) I am satisfied that the service does not comply with this Standard as it has failed to comply with the requirement outlined in the table above.

# Standard 3

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| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |

Findings

I have relied on the Assessment Team’s report and the response of the approved provider in forming my decision on compliance.

The service demonstrated to the Assessment Team the effective management of high impact, high prevalence risks associated with the care of each consumer. Ten of ten consumers interviewed were satisfied the personal care they receive is safe and right for them. While documentation was not always complete, staff interviewed described ways they reduce consumer risk and support consumer safety. Staff use their training and knowledge of each consumer to implement strategies to support them to reduce their risks and live safely at home.

Risk management occurs in practice and incidents that occur and any actions taken to reduce risks are documented.

There is no compliance finding at the Standard level as only one of the requirements has been assessed at this visit.

# Standard 7

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| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |

Findings

I have relied on the Assessment Team’s report and the response of the approved provider in forming my decision on compliance.

Consumers and representatives expressed confidence in the management and staff of the service to the Assessment Team. Consumers felt the staff know what they are doing and have the appropriate level of skill. Management said their recruitment selection criteria includes the qualifications and knowledge requirements for each role and this informs the appointment of new staff. Competencies are monitored to ensure staff maintain the required competencies for their role.

Management and staff described the recruitment and induction process at the service, including buddy shifts for staff when they first commence. Staff said they have received ‘on the job’ training and guidance and felt supported to undertake their duties safely and effectively. Management and staff have access to online training. Evidence of training includes dignity and risk, food safety, workplace health and safety, infection control, risk identification, reporting incidents, supporting people living with dementia and first aid. Management said they identify training needs through various methods including consumer feedback and staff appraisals.

The Assessment Team’s report outlines that frameworks are in place for the service to ensure itself that any contracted worker is equally supported by the contracted service provider and that all staff delivering care, including outsourced workers, are competent and have the relevant qualifications.

There is no compliance finding at the Standard level as only two of the requirements have been assessed at this visit, however, the service complies with the requirements noted in the table above.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| 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 | 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 | Compliant |

Findings

I have relied on the Assessment Team report and the response of the approved provider in forming my decision on compliance.

The Assessment Team’s report describes the service’s governance systems as well established and provides evidence in 8(3)(c) for each sub requirement (i) to (vi) of effective workflows and communication.

The organisation has a risk management framework and policies and procedures to guide staff and management practices in identifying and responding to risk. The Assessment Team’s report outlines the framework includes risk management systems in 8(3)(d) for each sub requirement (i) to (iv) and management and staff use the framework effectively. For example, staff described the process of reporting incidents involving consumers and understood incident management procedures and practices. Incidents are recorded, and management could demonstrate how incidents are assessed, followed up, resolved and escalated as appropriate. Incident data is analysed and used to inform continuous improvement practices and prevent reoccurrence.

There is no compliance finding at the Standard level as only two of the requirements have been assessed at this visit, however, the service complies with both requirements noted in the table above.

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