Juniper Annesley

Performance Report

4-10 Hayman Road
BENTLEY WA 6102
Phone number: 08 6363 6601

**Commission ID:** 7838

**Provider name:** Uniting Church Homes

**Site Audit date:** 25 August 2020 to 27 August 2020

**Date of Performance Report:** 11 November 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 approved provider did not submit a response to the Site Audit report.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

This Quality Standard is assessed as Compliant as all six specific Requirements have been assessed as Compliant.

The Assessment Team found consumers and representatives interviewed said consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided during interviews with the Assessment Team:

* A consumer said staff do not rush them. The consumer’s preferred morning routine of toileting and washing prior to breakfast is respected by staff.
* A representative said the consumer cannot do much for themselves, but staff encourage the consumer to do what they can and are very respectful and caring.
* A consumer said they have access to social media and video calls to maintain connections with family and friends far away.
* A consumer said they requested bed rails to help them reposition themselves in bed. The consumer said staff discussed the risks of having bed rails installed and the consumer has signed a dignity of risk form to acknowledge the risk.
* A representative said the service provides updates by phone and email about the consumer as their health and well-being changes.

The Assessment Team found the service has policies and procedures in place to guide staff practice in relation to this Standard.

Documents reviewed by the Assessment Team included assessments, care plans, progress notes and dignity of risk forms. Assessments and care plans detail consumers’ cultural needs and personal preferences and demonstrate these are considered in the planning of care. Progress notes show information about changes in care needs is shared with nominated people.

During interviews with the Assessment Team staff consistently spoke about consumers respectfully and demonstrated an understanding of consumers’ personal circumstances and life journeys. Staff spoke about a consumer who has reverted to speaking in their first language and how they use communication cards to help them understand what the consumer needs. Care staff said the care they provide is guided by care plans accessible on the electronic care planning system, and in consultation with consumers every day, to check what their preferences are.

Throughout the site audit the Assessment Team observed staff interacting respectfully with consumers, seeking consent to enter rooms and provide care, and actively engaging with them as they provide care and services during each day. Staff were seen respecting privacy by closing room doors when providing care and observing confidentiality accessing the electronic care planning system using individual passwords.

The Assessment Team reviewed processes in place, such as audits, survey and consumer meetings, to collect information about consumer satisfaction and monitor compliance with this Standard.

For the reasons detailed above I find Juniper Annesley Compliant with all Requirements within Standard 1.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

This Quality Standard is assessed as Compliant as all five specific Requirements have been assessed as Compliant.

The Assessment Team found consumers and representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers and representatives confirmed they contributed information to inform the development of the initial care plan and were informed of the outcome of formal assessments and invited to participate in care planning as care needs changed.
* Consumers remembered having discussions about end of life care during the initial care planning discussions when they first entered the service.
* Representatives said they were invited to a family conference with clinical staff and allied health team members as appropriate to discuss the consumer’s needs and preferences.
* Representatives reported improvements with the assessment and care planning process and stated they can discuss care with clinical staff at any time.

The Assessment Team reviewed policies and procedures, including advance care planning guidelines, to guide staff in meeting the requirements of this Standard.

Documents reviewed by the Assessment Team include assessments, care plans, progress notes, annual case conference records and advance care directives. All documents reviewed showed evidence of consultation with consumers and/or their representatives about needs and preferences, and input from the multidisciplinary team and external services such as Dementia Support Australia and the Older Adult Mental Health Service. Records showed clinical staff reviewed care plans at least six-monthly and completed assessments annually or when a consumer’s condition deteriorated.

During interviews with the Assessment Team clinical staff and members of the allied health team reported they complete assessments when consumers enter the service, involving the consumer and/or their representatives, to inform the development of care plans that reflect each consumer’s needs, goals and preferences. Management and clinical staff reported end of life planning is discussed with consumers and/or their representative when they first enter the service, as part of the six-monthly and 12-monthly review process, or when a consumer is identified as nearing end of life. Care staff said they receive updates on consumers’ care needs and condition during handover at the beginning of their shift, they access care plans on the electronic record management system, and they receive updates intermittently during their shift or during ‘huddle’ at 11.00am. Management advised copies of care plans are being offered to consumers and/or their representatives as part of the six and 12 monthly review process.

The Assessment Team observed care staff confirming a consumer’s meal preference with their representative, and a consumer with a cognitive impairment being served their meal in a red plastic bowl as documented in their care plan.

The Assessment Team reviewed processes in place, such as audits and surveys to monitor consumer satisfaction and service compliance with these requirements.

For the reasons detailed above I find Juniper Annesley Compliant with all Requirements within Standard 2.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Following a desk audit on 20 March 2020 Requirement (3)(b) within this Standard was found to be Non-compliant. A plan for continuous improvement was developed and the following action taken to address the identified deficiencies: completing a review of the relevant consumer’s continence care plan; completing a case conference and meetings with members of the consumer’s family; conducting medication administration refresher training for registered nursing staff; and providing responsive behaviour training for staff.

During this site audit the Assessment Team have recommended all seven Requirements within Standard 3 are met. The Approved Provider has not submitted a response to the Assessment Team’s report.

Based on the Assessment Team’s report I find all Requirements within this Standard Compliant and have detailed the reasons for my decision below.

The Assessment Team found that overall, consumers and representatives considered the personal and clinical care provided is safe and right for consumers. During interviews with the Assessment Team consumers and representatives provided the following examples relevant to this Standard:

* Consumers and representatives confirmed staff discussed their care needs with them and provided personal and clinical care that is safe, appropriate and in the manner requested.
* Consumers and representatives confirmed they have access to clinical support and specialists to manage their complex health needs.
* Two consumers confirmed advance care directives and end of life planning were discussed as part of the initial care planning discussions with them.
* A representative stated they are kept up to date with the needs of the consumer both formally (case conferences) and informally and the registered nursing staff on duty will often ‘touch base’ with them to check they are happy with the care being provided.

The Assessment Team reviewed policies and procedures accessible to staff on the intranet that support them to deliver care that meets consumers’ needs, goals and preferences.

Documentation reviewed by the Assessment Team included assessments, care plans, progress notes, referrals and incident reports. Records showed the sampled consumers were receiving appropriate personal and clinical care, including care to effectively manage high impact or high prevalence risks associated with reduced mobility and pressure, wounds, diabetes, falls, use of restraints, behavioural and psychological symptoms of dementia, weight loss, pain and general deterioration.

During interviews with the Assessment Team staff were able to describe what clinical and personal care they provide to consumers. Care staff said they have access to the registered nurse if they have concerns about a consumer’s condition. All staff said they refer to individual care plans to guide the care they provide to each consumer and are informed of changes to care needs through shift handover, daily ‘huddles’ at 11.00am and alerts sent through the electronic care planning system. The physiotherapist and occupational therapist advised all consumers who have had a fall or have demonstrated a deterioration in their physical condition are reviewed.

Clinical staff described how they work to minimise the use of antibiotics. Care and clinical staff spoke of action they take to minimise the spread of infection, and of additional training provided in relation to the specific requirements associated with COVID-19, including the correct use of personal protective equipment. Senior clinical staff spoke about providing consumers with regular opportunities to discuss advance care directives and end of life wishes.

The Assessment Team reviewed processes in place to monitor compliance with this Standard.

For the reasons detailed above I find Juniper Annesley Compliant with all Requirements within Standard 3.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANTServices and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

This Quality Standard is assessed as Compliant as all seven specific Requirements have been assessed as Compliant.

The Assessment Team found consumers considered they get the services and supports for daily living that are important for their health and well-being and that enables them to do the things they want to do. During interviews with the Assessment Team consumers and representatives provided the following feedback relevant to this Standard:

* All consumers and their representatives confirmed consumers are supported by the service to do things they like to do, and they enjoy the range of activities and bus outings.
* All consumers interviewed confirmed they are supported to keep in touch with people who are important to them, they still attend their churches, go to coffee with friends and enjoy visits with family and friends.
* A representative spoke of being grateful their family member was referred to an external service to assist in developing strategies to manage aggression.
* Most consumers advised they like the food most of the time, they are supported to provide feedback to improve the meals and some consumers reported the new chef has improved the quality of meals.
* Consumers said staff, including maintenance personnel, are very good at cleaning and fixing anything that is broken in a timely manner.

The Assessment Team reviewed policies and procedures to guide staff practice in meeting the requirements of this Standard. Policies and procedures are available to staff on the electronic care planning system.

Documents reviewed by the Assessment Team included functional assessments, lifestyle care plans, activity records, consumer surveys and feedback forms. Care plans included consumers’ social histories, information about what was important to them, activities of interest to them, and details of their goals and preferences. The information in consumers’ care plans was sufficiently detailed to guide staff in providing individualised care. Surveys and feedback forms showed consumers have input into group and individual activities and that these interventions are reviewed and changed regularly based on consumer feedback. Records showed feedback led to an extra therapy staff member being rostered on weekends and the purchase of electronic tablets to allow downloads of music and programs for consumers to enjoy.

During interviews with the Assessment Team staff reported when consumers arrive at the service a life history is completed and made available to them in hard copy and on the electronic care planning system, which assists them to get to know them. Staff described how they are provided with updates on consumers when their condition, needs or preferences change, either through handover, the electronic care planning system or verbally from nursing and allied health staff. The chef said they attend the lunch service as this is an opportunity to receive feedback about meals.

The Assessment Team observed: a group activity where an external musician was singing with consumers; consumers celebrating their birthdays and eating birthday cake with staff; consumers engaging in group and individual activities including singing, walking in the garden and supporting a consumer who is at risk of leaving the service without supervision.

The Assessment Team reviewed processes in place, such as audits and surveys to monitor consumer satisfaction and service compliance with these requirements.

For the reasons detailed above I find Juniper Annesley Compliant with all Requirements within Standard 4.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

This Quality Standard is assessed as Compliant as all three specific Requirements have been assessed as Compliant.

The Assessment Team found consumers considered they feel they belong in the service and feel safe and comfortable in the service environment. Consumers and representative provided the following feedback relevant to this Standard during interviews with the Assessment Team:

* Consumers confirmed they feel safe and comfortable and they feel at home living at the service, and their visitors feel welcome when they visit and enjoy being able to visit.
* Consumers confirmed the service is clean and well maintained and staff keep their rooms clean, checking them daily.
* Consumers reported they are very happy with their rooms and the outlook onto the gardens and the outside.
* A representative reported the home is very comfortable and homely.
* A consumer reported they love looking out the window watching the trees as they can tell what the season is as the trees are deciduous.

The Assessment Team reviewed policies and procedures in place to guide staff in meeting the requirements of this Standard.

Documents reviewed by the Assessment Team included maintenance and cleaning schedules, all showing required work is completed as required. Equipment audits are completed as part of the maintenance schedule. Call bell audits showed staff response times are acceptable.

During interviews with the Assessment Team staff described how they report maintenance issues and respond to a safety incident, hazard or emergency. Maintenance staff reported they follow routine and preventative maintenance schedules and check the maintenance books regular throughout the day for maintenance requests.

The Assessment Team observed a welcoming communal living environment with navigational aids for consumers and representatives to locate each wing and enabling consumers living with cognitive impairment to move freely around the service. Consumers’ rooms and communal areas were clean, light and odour free and appropriately furnished. Consumers were seen moving freely, both indoors and outdoors independently and supported. Entry doors are coded. Consumers who wish to access the community have been assessed as safe to do so and are required to sign out when leaving and sign in on their return.

The Assessment Team reviewed processes in place, such as audits and surveys to monitor consumer satisfaction and service compliance with these requirements.

For the reasons detailed above I find Juniper Annesley Compliant with all Requirements within Standard 5.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

This Quality Standard is assessed as Compliant as all four specific Requirements have been assessed as Compliant.

The Assessment Team found consumers considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers and representative provided the following feedback relevant to this Standard during interviews with the Assessment Team:

* Consumers and representatives interviewed confirmed they know how to provide feedback and make complaints, and they feel safe and comfortable in doing so.
* Most consumers and representatives said feedback is responded to in a timely manner and the issues are resolved promptly and to their satisfaction.
* A consumer said they wanted a different fruit juice to what is routinely provided at breakfast. The consumer raised the issue with staff and asked if pear juice was available. The consumer was surprised when the kitchen provided pear juice and continues to provide this regularly.

The Assessment Team reviewed policies and procedures relevant to this Standard to guide staff in meeting the relevant requirements.

The Assessment reviewed documents including feedback forms and the complaints register. Records show the service acts promptly on feedback, investigating issues raised and communicating with complainants about the action taken to address their concerns. The Assessment Team reviewed evidence of feedback and complaints feeding into the service’s plan for continuous improvement, and evidence of improvements made as a result of the complaints process.

During interviews with the Assessment Team staff described how they would assist consumers to provide feedback if they could not do this by themselves. Staff accurately described open disclosure and provided examples of when this had been used. Management spoke of multiple complaints about food and how they sought to address this. Consumers and representatives were invited to assist in the selection of the new chef, by taking part in a meal tasting process. The positive feedback from consumers and representatives about the food prepared by the proposed chef was used to inform the selection process.

The Assessment Team observed feedback forms and drop-points throughout the service for consumers, visitors and staff to provide feedback. Information about advocacy services is displayed, along with information in various languages about how to provide feedback.

The Assessment Team reviewed processes in place, such as audits and surveys to monitor consumer satisfaction and service compliance with these requirements.

For the reasons detailed above I find Juniper Annesley Compliant with all Requirements within Standard 6.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

This Quality Standard is assessed as Compliant as all five specific Requirements have been assessed as Compliant.

The Assessment Team found consumers and representatives considered consumers get quality care and services when they need them from people who are capable, knowledgeable and caring. Consumers and representative provided the following feedback relevant to this Standard during interviews with the Assessment Team:

* Consumers and representatives confirmed staff are kind and caring, and they respond to call bells promptly.
* Consumers and representatives confirmed staff know what they are doing and have the required skills to provide appropriate care and services.
* Consumers and representatives confirmed the staffing levels meet consumers’ needs however, some consumers and representatives commented on the apparent lower levels of staff on weekends.

The Assessment Team reviewed policies relevant to this Standard to guide management and staff in developing and maintaining skills and knowledge specific to the requirements of their roles.

Documents reviewed by the Assessment Team included rosters, allocation sheets and shift vacancies for the fortnight before the site audit which showed a registered nurse was always rostered on duty, therapy assistants were rostered on duty seven days per week and all vacant shifts were back-filled. Rosters showed slight variations in carer and clinical hours on morning and afternoon shifts over a seven-day period however the variations were not isolated to Saturdays and Sundays. Training records reviewed by the Assessment Team showed staff have completed all required mandatory training, and additional training as deemed necessary. Memoranda have been circulated to remind staff of their responsibilities and reinforce important messages.

During interviews with the Assessment Team management advised service staff are offered vacant shifts in the first instance and agency staff are used if no service staff are available. Management described a comprehensive training program in place to ensure all staff complete required training and achieve competencies specific to their roles. Management reported that registered nursing staff are to undertake a 12-month development program, including scope of practice and roles and responsibilities. An electronic training system prompts staff to complete all required training on their individual accounts and enables management to track what training is outstanding, for follow-up. During interviews staff made no reference to being concerned about staffing levels and spoke of completing required and additional training and of being involved in regular performance appraisals and follow-up training as gaps in knowledge are identified.

The Assessment Team observed staff interactions with consumers to be kind, caring and respectful.

For the reasons detailed above I find Juniper Annesley Compliant with all Requirements within Standard 7.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Following a desk audit on 20 March 2020 Requirement (3)(d) within this Standard was found to be Non-compliant. A plan for continuous improvement was developed and the following action taken to address the identified deficiencies: conducting medication administration refresher training for registered nursing staff; and providing responsive behaviour training for staff.

During this site audit the Assessment Team have recommended all five Requirements within Standard 8 are met. The Approved Provider has not submitted a response to the Assessment Team’s report.

Based on the Assessment Team’s report I find all Requirements within this Standard Compliant and have detailed the reasons for my decision below.

The Assessment Team found that overall consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. The following feedback was provided relevant to this Standard:

* A representative said the service’s response to the COVID-19 pandemic was appropriate and in line with the current aged care guidelines on visiting restrictions. The representative was happy visiting restrictions were put in place, to protect consumers.
* Consumers and representatives confirmed they are engaged in case conferences involving clinical and medical staff, and are involved in regular meetings where they can provide feedback to improve care and services.

The Assessment Team found the organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance, and feedback and complaints.

The organisation has effective risk management systems and practices to manage high impact and high prevalence risks, to respond to abuse and neglect of consumers and to support consumers to live the best life they can.

The Assessment Team found all policies and procedures, each linked to the Quality Standards, were recently reviewed and approved by the Board. The Board is provided with regular reports about audits, surveys and clinical indicators, which assists them to determine if the Quality Standards are being met.

During interviews with the Assessment Team staff described the policies and procedures relating to mandatory reporting and their associated responsibilities. Staff spoke of the policy relating to antimicrobial stewardship, confirming they had received training and were involved in recording and monitoring antibiotic usage using a register. Staff confirmed receiving training on minimising the use of restraint and the open disclosure policy.

The Assessment Team found the organisation has monitoring processes in relation to Standard 8 to ensure the governing body is aware of and accountable for the delivery of safe and quality care and services.

For the reasons detailed above I find Juniper Annesley Compliant with all Requirements in Standard 8.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) 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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.