Juniper Ella Williams

Performance Report

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**Commission ID:** 7242

**Provider name:** Uniting Church Homes

**Site Audit date:** 11 August 2020 to 12 August 2020

**Date of Performance Report:** 4 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** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-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’s response to the site audit report received 3 September 2020 and supporting documents received 22 and 26 October 2020.

# STANDARD 1 COMPLIANT Consumer 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

Following an Assessment Contact on 5 March 2020 and a Review Audit from 9 to 11 March 2020 Requirements 1(3)(a) and (f) within this Standard were found to be Non-compliant. The service has since acted to address the identified deficits in these Requirements including conducting a range of staff training programs, requiring staff to read and sign as having read the organisation’s privacy policy, sending memos to remind staff of confidentiality, and observing staff to monitor compliance with expected behaviour.

During this Site Audit the Assessment Team have recommended all Requirements within Standard 1 are met. The Approved Provider submitted a response to the Assessment Team’s report. This response did not refer to Standard 1.

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 consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the lives they choose.

During interviews with the Assessment Team consumers and representatives provided the following information relevant to this Standard:

* Consumers provided feedback they felt their privacy and dignity were respected by staff, they could make choices about their care, meals, and lifestyle and they were able to take risks to do the things they liked to do.
* Two consumers described how their preference for female only care staff was respected when they needed help to use the toilet and to shower.
* One consumer said different cultures were discussed during resident and relative meetings and staff had recently had a one-on-one discussion with them about their cultural history which made them ‘feel respected and valued’.
* One consumer described how they discussed their care needs and preferences with the registered nurse and this was included in their care plan.
* One consumer described how the service supports them to maintain friendships through the lifestyle program initiative of friendship club. This was their favourite activity and they really enjoyed connecting with others.
* A consumer’s representative stated they pick the consumer up once each week and take them home for a visit. The service supported the consumer to continue this through the COVID-19 restrictions. The representative completes a risk assessment with clinical staff each time she takes the consumer out.

The Assessment Team reviewed the organisation’s policies and procedures relevant to this Standard.

Documents reviewed by the Assessment Team including assessments, care plans and progress notes confirm consumers are supported to make choices about the care and services they receive, these choices are reflected in the documents guiding care, and they are respected and accommodated.

During interviews with the Assessment Team staff described how they have undertaken further education in the past few months around privacy, dignity and respecting culture. Staff described consumers who preferred personal care delivered by female staff, and that they are advised of specific cultural care needs and preferences in handover and in care planning documents. Care, clinical and lifestyle staff provided consistent information about how they involve consumers in decision-making about the care and services provided to them. Clinical staff discussed how they support consumers to take risks and care and clinical staff spoke about a range of ways they maintain consumers’ privacy.

Throughout the Site Audit the Assessment Team observed staff treating consumers respectfully. Staff were seen speaking kindly with consumers as they provided care, speaking in their preferred language to assist with care and service delivery and engaging with consumers individually to seek their choice of meals.

The Assessment Team reviewed audits undertaken to monitor compliance with the Requirements within this Standard.

For the reasons detailed above I find Juniper Ella Williams Compliant with all Requirements in 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 COMPLIANT Ongoing 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

Following an Assessment Contact on 5 March 2020 and a Review Audit from 9 to 11 March 2020 Requirements 2(3)(d) and (e) within this Standard were found to be Non-compliant. The service has since acted to address the identified deficits in these Requirements including conducting a range of staff training programs, communicating with consumers and/or their representatives to advise them of the option to be involved in care planning and receive a copy of the care plan, and inviting consumers and representatives to attend care conferences.

During this Site Audit the Assessment Team have recommended all Requirements within Standard 2 are met. The Approved Provider submitted a response to the Assessment Team’s report. This response did not refer to Standard 2.

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 consumers consider they are partners in the ongoing assessment and planning that helps them get the care and services they need.

During interviews with the Assessment Team consumers and representatives provided the following information relevant to this Standard:

* Three consumers said they are involved in regular discussion with staff about their care and any associated risks.
* A consumer with a terminal illness confirmed staff communicate with them daily in relation to their needs, goals and preferences and advance care planning was discussed with them on admission.
* Consumers confirmed they were asked who else they want involved in care planning discussions and who staff should contact about their care, condition and services should these change.
* Consumers confirmed staff regularly talk with them about their care and services and that they know they can ask for their care plan if they want it.

The Assessment Team reviewed documents detailing the organisation’s policies and procedures that serve to guide staff in relation to this Standard. These are readily available to staff in hard copy and electronically.

Documentation reviewed by the Assessment Team includes assessments and care plans. Assessments were completed using validated assessment tools. Care plans consistently included consideration of risk, and input from allied healthcare professionals and external services such as Dementia Support Australia and the Metropolitan Palliative Care Consultancy Service when appropriate. Care plans of all sampled consumers reviewed showed evidence of regular review (at least 6 monthly) and when circumstances change, or incidents occur.

During interviews with the Assessment Team clinical and allied health staff described the consumer assessment process and how assessments inform the development of care plans. Care and clinical staff demonstrated an awareness of individual consumer’s needs and preferences, including those who choose to take risks, and how these risks are minimised. Clinical and allied health staff described how consumers’ needs, goals and preferences are reviewed on a regular basis, and when incidents occur, or their care needs change, to ensure the documents guiding care remain relevant and appropriate. Clinical staff reported that the outcome of assessments, and the resulting care plans, are discussed with consumers, and they are invited to contribute. Care and clinical staff described how they respectfully discuss end of life care and support consumers to express their specific wishes.

The Assessment Team observed nursing staff speaking with a consumer’s representative, discussing the outcome of assessments and care plan development.

The Assessment Team reviewed evidence of processes in place to monitor compliance with the Requirements within this Standard.

For the reasons detailed above I find Juniper Ella Williams Compliant with all Requirements in 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 NON-COMPLIANT Personal 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

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

* Consumers and representatives confirmed they get the care they need, including assistance with showering, dressing, managing medications, and treatment of pain and infections.
* Consumers and representatives expressed satisfaction with action taken to assess and minimise infection-related risks related to a potential coronavirus (COVID-19) outbreak. Consumers said they were regularly updated on changes in the organisation’s processes in relation to this, including compulsory vaccination for staff and visitors.
* Consumers and representatives said they have access to a doctor and other health professionals when they need it.
* A representative raised concern around how promptly a consumer’s deteriorating condition was detected and responded to.

The Assessment Team reviewed policies and procedures to guide staff in their approach to this Standard and confirmed staff have access to resources to guide them in providing best practice care.

Documentation reviewed by the Assessment Team included progress notes, referrals and incident reports. Records showed the sampled consumers were receiving best practice care in preventing and treating constipation, treating pressure injuries and wounds, preventing hypo and hyper glycemia, preventing falls and managing the consumer post fall, minimising use of restraint, and managing weight loss, pain and dysphagia.

While the Assessment Team found the service has systems and processes to guide staff in responding to changes or deterioration in the health or function of a consumer, they also found the service was not able to demonstrate the workforce consistently followed the required process in relation to early detection of deterioration using an early warning scoring system (EWS), resulting in insufficient monitoring and delayed referral for medical assessment. The Assessment Team found Requirement (3)(d) in this Standard not met based on the service’s response to a consumer’s deteriorating condition. I find the service Non-compliant with this Requirement at the time of the Site Audit. The reasons for my decision are detailed under the specific Requirement below.

This Quality Standard is assessed as Non-compliant as six of the seven specific Requirements have been assessed as Compliant.

### 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) Non-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.*

The Assessment Team found the service was unable to demonstrate they recognised and responded to a consumer’s deteriorating condition in a timely manner. A consumer was transferred to hospital on 19 July 2020 following a gradual deterioration in their condition from early June. The Assessment Team found the consumer’s signs and symptoms were not appropriately responded to as required by the service’s Deteriorating Resident/Client standard care procedure (procedure). The Assessment Team’s report included records indicating the following:

* Service policy and medical practitioner instructions to monitor the consumer were not followed on a number of occasions when their vital signs were abnormal from 9 June 2020.
* Records of care do not clearly show the medical practitioner was given detailed information about the consumer’s abnormal vital signs during a phone conversation in mid-June.
* Urine output was not monitored despite the consumer having had a recent history of urinary retention.

The Approved Provider’s response to the Assessment Team’s report does not dispute the Assessment Team’s findings. The Approved Provider has submitted evidence of remedial action taken prior to the Site Audit commencing, and evidence of ongoing action to ensure improvements are sustained, to demonstrate they are pro-active in investigating and responding to deficits in care provision. Evidence of the following action taken has been reviewed:

* On 25 July 2020 the service received feedback from a consumer’s daughter expressing concern that the consumer was not transferred to hospital sooner.
* On 27 July 2020 an audit was completed to assess the consumer’s care to determine if improvements could be made. On the same day the consumer’s family were contacted and offered an open disclosure meeting to receive feedback about the outcome of the audit.
* On 29 July 2020 the service’s plan for continuous improvement was updated to include an action plan to address the identified gaps in care. All shift handovers and ‘huddles’ include discussion about consumers who have a deteriorating health status.
* On 29 July and 7 August 2020 clinical and allied health staff attended training on the early detection of deterioration, including reading of the deteriorating resident and client policy and signing as having read this.
* On 31 July 2020 the outcome of the audit was discussed at a clinical meeting.

Since the Site Audit additional education sessions and staff meetings have occurred to reinforce expectations in relation to care of the deteriorating consumer, and following the requirements of policy and procedure, including:

* Clinical staff have completed a reflective practice exercise to review the care provided to the consumer.
* All personal care workers have been provided with further training on the early warning score. All clinical staff have completed the early warning score toolbox training.
* The stop and watch assessment was introduced to the electronic record management system (iCare) on 19 August to strengthen communication about consumer deterioration to all relevant staff.
* The clinical nurse manager is now more actively involved in supporting clinical staff in providing care to deteriorating consumers. Ongoing monitoring of clinical care and consumer decline is being conducted by the clinical nurse manager, with oversight from the clinical governance team.
* Formal audits of consumer records will be conducted regularly, specifically in relation to clinical deterioration, to monitor compliance with policy and medical directives. Additional training will be provided as required.
* Future clinical staff meetings include an agenda item relating to the deteriorating consumer to continue to reinforce what is expected.

While the Approved Provider acknowledges there were gaps in a consumer’s clinical care, they have also demonstrated a willingness to act to make improvements. The Approved Provider was prompt in investigating this episode of care after receiving feedback from a consumer’s family member, including offering an open disclosure meeting, and prompt in initiating remedial action to increase the skills and knowledge of staff to minimise the risk of recurrence prior to the Site Audit commencing, including establishing a monitoring process to ensure the additional staff training results in sustained improvements in clinical care.

I acknowledge the efforts of the approved provider in acting promptly to address the identified deficits in care. Despite the action taken the evidence shows the service did not detect deficits in care prior to the consumer’s daughter providing feedback, and as the Site Audit occurred before the remedial action was complete, I have not reviewed evidence of the remedial action resulting in improved practice.

For the reasons detailed above I find Juniper Ella Williams Non-compliant with Requirement (3)(d) in Standard 3.

### 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 COMPLIANT Services 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

Following a Review Audit from 9 to 11 March 2020 Requirement 4(3)(a) within this Standard was found to be Non-compliant. The service was unable to demonstrate each consumer got effective supports to meet their needs, specifically in relation to identification of goals, needs and preferences, and facilitating access to meaningful activities to meet these.

The service has since acted to address the identified deficits in this Requirement by reviewing all consumers to ensure their needs and preferences are known and communicated to staff in care plans to ensure appropriate activities can be made available, developing and completing a survey to collect feedback from consumers and representatives about the lifestyle program, making amendments to the lifestyle program based on feedback, and developing databases to record cultural needs and social networks to ensure these needs are also met.

Following this Site Audit the Assessment Team have recommended all Requirements within Standard 4 are met. The Approved Provider submitted a response to the Assessment Team’s report. This response did not refer to Standard 4.

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 they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers provided the following feedback relevant to this Standard:

* They are encouraged to have an input into the activity program. There is always something on the activity planner they enjoy and if they do not like it, their feedback is considered.
* They are assisted to engage in activities they enjoy, spend time with their families, and stay healthy by exercising and keeping mentally active.
* They are satisfied with the meals and can make suggestions for improvements if they do not like specific things, or if they want something else added to the menu.
* A consumer enjoys visiting a friend they met during group activities. The consumer said they share similar interests and enhance each other’s well-being by providing daily emotional support including during times of ill health.

The Assessment Team found the service has policies and procedures to guide staff practice in areas relevant to this Requirements, such as reviewing care needs and developing care plans, sharing information, and maintaining privacy.

Documentation reviewed by the Assessment Team included lifestyle assessments (inclusive of activity, communication and occupational therapy assessments) and care plans. These reflected consumer needs, goals and preferences, and the supports being provided to meet and achieve these, including those from external services such as volunteers and a community library.

During interviews with the Assessment Team all staff spoke of how they support consumers to engage in activities that are meaningful to them. Therapy staff spoke about how they supported consumers to maintain contact with significant people outside the service when access was restricted in April and May due to COVID-19. Communication strategies included ‘window visits’ and using tablets and phones. Therapy hours were increased on weekends to provide additional emotional support.

Staff reported that information sharing has improved with the introduction of weekly multidisciplinary meetings where clinical and non-clinical information is shared. Staff said they have enough computers and tablets to ensure they have prompt access to consumer information. Care staff said they have access to the equipment they need when they need it, and when there are issues with equipment it is promptly addressed by the relevant personnel such as maintenance or allied health staff. Management advised the service has equipment serviced regularly by a third party.

The Assessment Team observed respectful, caring and kind interactions between staff and consumers throughout the service, and as individual and group activities were in progress. Catering staff were seen using appropriate hygiene practices when preparing and serving food. Lifting equipment and wheelchairs were seen stored in a designated area.

The Assessment Team found the service has processes in place to monitor compliance with the Requirements within this Standard.

For the reasons detailed above I find Juniper Ella Williams Compliant with all Requirements in 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 COMPLIANT Organisation’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

Following an Assessment Contact on 5 March 2020 and a Review Audit from 9 to 11 March 2020 Requirement 5(3)(b) within this Standard was found to be Non-compliant. The service was unable to demonstrate consumers in the dementia support unit were able to freely access outdoor areas.

In response to the non-compliance the service has:

* Consulted with families and consumers about leaving doors open for consumers between Thorpe and Brown Houses. All agreed to keep the doors open allowing freedom of movement in the secure dementia unit.
* Reminded staff during meetings and in memos to ensure consumers can access the outdoors.
* Monitored consumer access to the outdoors daily.
* Reviewed and standardised the opening and closing of the Thorpe and Brown courtyard doors to bring them in line with daylight hours.

Following this Site Audit the Assessment Team have recommended all Requirements within Standard 5 are met. The Approved Provider submitted a response to the Assessment Team’s report. This response did not refer to Standard 5.

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 feel they belong in the service and feel safe and comfortable. Consumers and representatives provided the following feedback relevant to this Standard:

* They feel at home as they can personalise their rooms any way they like, and communal areas are inviting for when their families come to visit.
* The service is cleaned regularly, and maintenance is undertaken when needed.
* They always find the service environment clean and well maintained and said consumers can move freely, both indoors and outdoors.

Documentation reviewed by the Assessment Team included audits and maintenance logs. These records show the service is pro-active in monitoring the environment to ensure it remains safe, comfortable and accessible.

During interviews with the Assessment Team staff spoke of consumers with diagnoses of dementia who get agitated when over stimulated by excessive noise, and how they are taken into quiet lounges to listen to music of their choice and supported by staff in one-on-one interactions. All staff said the doors to the outdoor areas for consumers in Thorpe and Brown houses are unlocked during the day, and they have time to help consumers access the outdoor areas between two houses safely. Staff said they report a safety issue when they identify it and it is acted on by maintenance staff in a timely manner.

The Assessment Team observed signage directing consumers and visitors to the various wings. Consumers were seen using shared lounge and dining areas. Quiet lounge areas were available for those needing a low stimulus environment or those wanting to have small gatherings with visitors. The outdoor area has walkways through landscaped gardens, areas for dining, and comfortable places to sit and watch activities.

The Assessment Team found the service has processes in place to monitor compliance with the Requirements within this Standard.

For the reasons detailed above I find Juniper Ella Williams Compliant with all Requirements in 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 COMPLIANT Feedback 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

The Assessment Team found that overall consumers considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken when they do so. The following feedback was provided by consumers and representatives in relation to this Standard:

* Consumers stated they are encouraged and supported by staff and the service to provide feedback verbally to staff or management, by completing feedback forms, and during resident and relative meetings.
* Consumers and their representatives stated the service responds to their feedback and complaints appropriately and actions them to their satisfaction.
* Consumers were able to provide examples of when they have made suggestions and the service has included their suggestions for example; by adding suggested activities to the lifestyle program.
* Consumers and representatives confirmed awareness of information available to them about advocacy services.

The Assessment Team reviewed policies and procedures to guide staff in supporting consumers to lodge complaints, to access advocacy services, and to practice open disclosure.

Documentation reviewed by the Assessment Team shows the service records all feedback on a register. The residential or clinical manager reviews all feedback and takes action as appropriate. The service uses feedback to improve care and service delivery for consumers via the plan for continuous improvement. Minutes from resident/relative and staff meetings show feedback and complaints are discussed.

During interviews with the Assessment Team clinical, care and therapy staff described how they complete feedback forms on behalf of consumers if they are unable to do it themselves, and how they will advise the nurse in charge if something is urgent. Care and clinical staff who speak different languages talked about how they assist consumers who speak little English to provide their feedback.

The Assessment Team observed feedback forms, in multiple languages, in various locations across the service, including in communal living areas. Information about advocacy services was also available.

The Assessment Team reviewed evidence of processes in place to monitor compliance with this Requirement.

For the reasons detailed above I find Juniper Ella Williams Compliant with all Requirements in 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 COMPLIANT Human 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

Following a Review Audit from 9 to 11 March 2020 Requirement 7(3)(a) within this Standard was found to be Non-compliant. The service was unable to demonstrate the number of staff enabled the delivery and management of quality care and services. Consumers and their representatives were not satisfied there are adequate numbers of staff to attend to consumers’ needs. Staff interviewed provided examples of inadequate staff numbers in relation to attending to consumers’ needs.

The service has since acted to address the identified deficits in this Requirement by adding care, kitchen and cleaning shifts to the roster; completing monthly call bell audits to identify where improvement can be made; and recruiting staff for a casual pool to minimise the use of agency staff – there has been no agency staff used since March 2020.

Following this Site Audit the Assessment Team have recommended all Requirements within Standard 7 are met. The Approved Provider submitted a response to the Assessment Team’s report. This response did not refer to Standard 7.

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 said there were enough staff at the service to provide their care and services, staff were competent and skilled to perform their duties, and did so in a kind, caring and respectful manner. They reported staff respond to their requests for assistance in a timely manner and they generally do not have to wait extended periods of time.

Consumers and representatives provided the following specific information relevant to this Standard:

* Consumers stated staff are gentle with them especially during personal care.
* A consumer said staff were very patient with them as they required assistance with meals and were a bit ‘slower to eat’ and staff were always ‘patient and did not rush’ them to finish.
* A consumer said staff can sometimes take half an hour to provide assistance. Management were advised and reviewed the consumer’s call bell records for June and July 2020 which showed all were answered in less than ten minutes.
* All representatives interviewed advised they had seen improvements in staffing levels over the past few months, including on evening and weekend shifts. They had noticed the service had not used agency staff since March 2020 and this had resulted in improved care and service delivery.
* All representatives interviewed stated they were happy with the way in which staff treated consumers, one stating staff were ‘exceptionally kind and gentle’. All representatives interviewed were confident staff were competent, had the right skills, and were trained to deliver quality care.

Documentation reviewed by the Assessment Team included rosters, staff allocation sheets, call bell data for July 2020, minutes of resident and relative meetings, training records and personnel files. The roster confirmed the inclusion of the additional shifts referred to above and the allocation sheets included staff from the casual pool to fill vacant shifts. Call bell data for July 2020 confirmed 98% of call bells were answered within ten minutes. Meeting minutes confirmed staffing levels had been discussed with consumers and representatives. Training records confirmed staff are provided with mandatory annual training, and all staff were up-to-date with these training sessions. Toolbox training records showed frequent targeted training to address gaps identified from feedback received. Personnel files confirmed performance management processes are commenced when staff practice is identified as inadequate.

During interviews with the Assessment Team staff reported clinical staff said they had noticed an improvement in consumer and family satisfaction with the reduction in agency staff since March 2020. Management confirmed the monthly call bell analysis occurs and directs relevant continuous improvement activities. Staff reported recently completing various refresher courses including privacy and dignity and cultural care, facilitated by either the residential manager, clinical nurse manager or the organisation’s clinical nurse specialist. Staff advised they have performance reviews annually with the residential manager and if there are any issues between the formal assessments they have a discussion with the manager or the clinical care manager.

The Assessment Team observed staff being respectful and kind to all consumers, and they were not rushed answering call bells or when providing care and services. Observations of meal service showed consumers being assisted in a calm manner and were not trying to assist more than one consumer at a time. Staff were seen communicating with consumers (who are not English speaking) in their preferred language when providing care.

The Assessment Team reviewed processes in place, as referred to above, to monitor compliance with this Standard.

For the reasons detailed above I find Juniper Ella Williams Compliant with all Requirements in 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 COMPLIANT Organisational 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 Review Audit from 9 to 11 March 2020 Requirement 8(3)(c) within this Standard was found to be Non-compliant. The Assessment Team identified through consumer and staff feedback the service had insufficient staff to meet consumer care and service needs, poor practice by agency staff, staff practices were not following best practice guidelines with the use of as required ‘PRN’ medications and staff were returning consumers to bed during the day even though it was not their preference, due to insufficient staff numbers.

The service has since acted to address the identified deficits in this Requirement by reviewing their rostering system and carer and kitchenhand roles; increasing monitoring of care staff administering medication; introducing a daily review of all progress notes by the clinical nurse manager; providing education on elder abuse and completion of appropriate reports following behaviour incidents; and adding compulsory reporting and behaviour management as standing items on the staff meeting agenda.

Following this Site Audit the Assessment Team have recommended all Requirements within Standard 8 are met. The Approved Provider submitted a response to the Assessment Team’s report. This response did not refer to Standard 8.

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:

* Consumers advised they felt the service is run well and staff are trained to undertake their roles.
* Consumers and their representatives provided examples of how the service develops their care and services in consultation with them and of how they have input into that process, through participation in focus groups and meetings, and by providing feedback verbally or through surveys.

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 Assessment Team found the organisation’s governance committee meets monthly as part of the sub-board meetings. Issues identified during monthly analysis at the service level, including critical analysis of adverse events, are discussed with board members at these meetings.

The Assessment Team found the organisation has a clinical governance framework based on four pillars, risk management, clinical effectiveness, effective workforce and consumer engagement. A clinical governance committee reports to the board. A clinical nurse specialist has recently joined the organisation and supports this committee which in turn oversees clinical care provided at the service.

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 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 Ella Williams 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

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 3 Requirement (3)(d)**

* Ensure processes are in place to monitor staff compliance with policies and procedures associated with effectively managing the care of the deteriorating consumer.
* Ensure ongoing education and training in relation to effectively managing the care of the deteriorating consumer is provided as determined necessary by monitoring, to ensure improvements in care are sustained.