Juniper Ella Williams

Performance Report

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**Commission ID:** 7242

**Provider name:** Uniting Church Homes

**Assessment Contact - Site date:** 23 November 2020

**Date of Performance Report:** 1 February 2021

# 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(d) | 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 Assessment Contact - Site; the Assessment Contact - Site 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 advised they would not be submitting a response to the Assessment Contact - Site report.

# STANDARD 3 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 did not assess all Requirements and therefore an overall rating for this Quality Standard is not provided.

The Assessment Team have recommended this Requirement met. Having reviewed the Assessment Team’s report, I find this Requirement Compliant. The reasons for my decision are detailed under the specific Requirement below.

### Assessment of Standard 3 Requirements

### 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.*

This Requirement was found Non-compliant following a site audit in August 2020. During the site audit the Assessment Team found the service did not effectively manage the care of a deteriorating consumer. In response to the Non-compliance the service has provided training and guidance to staff in relation to recognising and responding to deterioration. Procedures have been developed and staff roles and responsibilities have been clearly defined.

During interviews with the Assessment Team consumers and representatives provided the following specific feedback:

* A consumer said they are well taken care of by staff and they would let staff know if they were unwell.
* A representative said staff are very good at contacting them about any change in the consumer’s condition.
* A consumer said staff responded well to a recent change in their condition.

The Assessment Team reviewed the service’s deteriorating consumer standard procedure and policy to guide staff in recognising and responding to changes in consumers’ clinical condition. The procedure includes details on the Early Warning Score (EWS), the Situation-Background-Assessment-Recommendation (SBAR) tool, the Stop and Watch tool and a deteriorating consumer flow chart inclusive of clear responsibilities and expectations for clinical and non-clinical staff to follow. Records confirm staff have been provided with training on this policy and associated procedure and assessment tools.

Documents reviewed by the Assessment Team confirm care staff are using the above-mentioned procedure and tools to assess consumers and escalate concerns to clinical staff, and clinical staff are using relevant tools and escalating for medical assessment as deemed necessary. The procedure has been followed and assessment tools used in relation to post-fall care, management of urinary retention, escalation for treatment of a chest infection and escalation of chest pain for medical review.

During interviews with the Assessment Team care and clinical staff reported situations when they have followed the deteriorating consumer procedure and used the associated tools. All staff referred to using policy and procedure to guide their practice.

The Assessment Team reviewed evidence of a process in place to monitor compliance with the deteriorating consumer procedure and to identify opportunities for further improvement.

For the reasons detailed above I find Juniper Ella Williams Compliant with Standard 3 Requirement (3)(d).

# 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.