Juniper John Bryant

Performance Report

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**Commission ID:** 7189

**Provider name:** Uniting Church Homes

**Site Audit date:** 21 September 2021 to 22 September 2021

**Date of Performance Report:** 4 November 2021

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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** | **Non-compliant** |
| Requirement 7(3)(a) | Non-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** | **Non-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) | Non-compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality 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 consumers, representatives, staff and others
* the provider’s response to the Site Audit report received 22 October 2021.

# 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

The Quality Standard is assessed as Compliant as six of the six specific Requirements have been assessed as Compliant.

The Assessment Team found overall, sampled consumers considered that they 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 by consumers and representatives during interviews with the Assessment Team:

* consumers feel safe and respected and their individual care needs are provided in line with their individual wishes;
* care and services consumers receive are culturally appropriate;
* feel they are provided information that is current and communicated in a way which is clear and easy to understand; and
* felt consumers’ personal privacy is respected by staff and management.

Consumer files sampled included specific information relating to consumers’ ethnicity, likes and dislikes, religious beliefs and cultural days they celebrate and would like to be included in. Consumers indicated staff know them well and understand their individual needs, and deliver care in a manner that is respectful and celebrates diversity. Staff were familiar with consumers’ backgrounds and provided examples of how they deliver care in line with consumers’ personal preferences.

Documentation viewed by the Assessment Team demonstrated information provided to consumers is current, accurate and timely. Information is made available to consumers through newsletters, activity calendars and noticeboards. Staff stated email correspondence is sent to representatives on a monthly basis to advise of consumer engagement in the activity program. Staff described how they support consumers to make informed choices regarding the care and services they receive and consumers described how they are supported to maintain their independence and relationships both within and outside of the service.

There are processes to ensure consumers’ privacy is respected and personal information is kept confidential. Staff were observed to deliver care in a way which promoted and respected consumers’ privacy and consumers’ personal information was observed to be securely stored.

There are processes to support consumers to take risks to enable them to live the best life they can. Staff were observed supporting consumers to take risks while undertaking activities and events arranged by the service and staff provided examples of how they assist consumers to maintain independence in their daily lives.

Based on the evidence documented above, I find Uniting Church Homes, in relation to Juniper John Bryant, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that 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:

* were involved and consulted when the consumer first entered the service and on an ongoing basis;
* were involved in care planning on entry, including discussions relating to end of life wishes;
* are satisfied with consultation processes in developing and reviewing consumers’ care and services;
* have viewed and discussed consumers’ care plans with staff and one consumer stated they have a copy of the plan in their room; and
* are notified of consumers’ incidents and outcomes promptly.

A range of clinical and lifestyle assessments are completed on entry and on an ongoing basis, including when a change in consumers’ health and well-being is identified. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop detailed care plans based on consumers’ preferences and assessed needs. Additionally, a range of clinical risk assessment tools are utilised, including for skin, falls, malnutrition and pain. Management strategies are developed to minimise impact of risks and are included in care plans. Staff described assessment and planning process and confirmed they have ready access to assessment and care planning documentation to assist with delivery of care and services to consumers.

Consumer files sampled demonstrated consumers’ needs, goals and preferences are identified through assessment and planning processes. This included advance care planning and end of life planning. Consumer files included a palliative care assessment identifying consumers’ end of life preferences and advance health directives. Discussions relating to consumers’ end of life and advance care planning are undertaken on entry, during care plan evaluation processes and as required.

Consumers and representatives indicated they are involved in assessment and care planning processes and are aware of care planning documents. Care files sampled included involvement of consumers and/or representatives in assessment and planning processes and other providers of care, such as Medical officers and allied health specialists.

Care plans are reviewed on an annual basis and in response to incidents and changes in consumers’ condition, health and well-being. Where changes to consumers’ health and/or well-being had been identified, reassessments had been undertaken, care plans updated and referrals to Medical officers and/or allied health specialists initiated. Care staff described how they are informed of any changes to consumer care.

Based on the evidence documented above, I find Uniting Church Homes, in relation to Juniper John Bryant, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## 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 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 Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

### The Assessment Team have recommended Requirement (3)(e) not met. The Assessment Team were not satisfied the service demonstrated information is communicated effectively within the service and with others where responsibility is shared. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Compliant with Requirement (3)(e). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements within this Standard, the Assessment Team found overall, consumers sampled considered that they receive personal care and clinical care that is safe and right for them. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* are satisfied consumers are receiving the care they need that is safe and right for them, including in relation to pain, wounds and catheter care;
* are notified of consumer incidents, such as skin tears, falls and behaviours and actions taken in response;
* are confident staff providing care and services would identify changes to consumers’ health and well-being and refer to allied health services as necessary; and
* consumers have access to Medical officers and allied health specialists. Representatives are consulted prior to referrals being made and notified of recommendations made in response to referrals.

Consumer files sampled reflected individualised care that is safe, effective and tailored to the individual needs of consumers. Staff described care for individual consumers in line with consumers’ preferences and assessed needs. A range of policies and procedures are available to guide staff practice and ensure best practice is achieved, and care and services provided optimise consumers’ health and well-being. Care files demonstrated a range of validated risk assessments are used by the service with information gathered used to develop strategies and care plans.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes, and individualised management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Areas of risk viewed by the Assessment Team in consumer files included diabetes, wounds, skin, pain and specialised nursing care needs. Management and staff described processes for identifying and managing high impact or high prevalence risks, including involvement of Medical officers and allied health specialists.

The service has processes to identify each consumer’s needs, goals and preferences in relation to end of life. Staff described processes implemented when a consumer is at end of life, including care provided to maintain consumer comfort. For a consumer who was receiving comfort care, a case conference has been held with representatives, an end of life care plan completed and palliative care wishes updated. Additionally, the Medical officer and specialist palliative care services are involved in the consumer’s care.

Where changes to consumers’ health are identified, the condition is recognised and responded to in a timely manner. Additionally, charting is commenced, assessments and monitoring processes implemented and referrals to Medical officers and/or allied health specialists initiated. Care staff sampled stated they report changes to consumers’ health and well-being to clinical staff.

The service has an effective infection control system to prevent and control infection. Clinical and care staff demonstrated knowledge and understanding of antimicrobial stewardship principles and described practical strategies initiated to minimise spread of infection. Additionally, staff described how they are working with Medical officers to promote appropriate antibiotic prescribing, minimise use of antibiotics and trial alternative therapies.

Based on the evidence documented above, I find Uniting Church Homes, in relation to Juniper John Bryant, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

### 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.*

The Assessment Team were not satisfied the service demonstrated information is communicated effectively within the service and with others where responsibility is shared. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer A

* Clinical staff said Consumer A has episodes of blood loss every three to four months and has as required medications prescribed by a specialist to manage bleeding.
* The care plan did not include information in relation episodes of blood loss or actions to be taken by care staff in response to identification of blood loss.
* A progress note entry in September 2021 indicated the consumer experienced blood loss and was provided medication which was noted as effective. The progress note entry did not include:
* if the consumer was assessed by the Registered nurse to determine where the blood loss originated from;
* how much blood was lost, colour or description;
* if the Medical officer and representative were notified;
* what action was to be taken, if any, in response to the blood loss; or
* when the bleeding ceased.
  + Clinical staff stated staff on duty at the time had omitted to document the relevant information in relation to the blood loss episode.
* Clinical staff stated they did not have clear instructions from the Medical officer as to what actions to take following episodes of blood loss except to administer as required medication to stop the bleeding.
* Clinical staff acknowledged the care plan did not provide relevant information for the consumer’s needs which impact on their care in relation to blood loss.

Consumer B

* Progress notes dated September 2021 indicate the consumer had an ingrown toenail. While wound charting was commenced and referral to the Podiatrist initiated, there was no indication the Medical officer or representative were notified.
* There is no information in the consumer’s care plan relating to the ingrown toenail or related care needs to ensure care staff provided appropriate care.
* The care plan states the consumer has a sacral wound. However, clinical staff said the sacral wound had resolved and the information on the care plan was no longer current.

The provider did not accept the Assessment Team’s recommendation of not met. The provider’s response outlined reasons for their stance and included supporting documentation/evidence. An Action plan for continuous improvement was also included as part of the response. The response included, but not limited to:

In relation to Consumer A

* Staff know their consumers well. We respect Juniper’s Clinician’s decision making and judgement and an escalation would have occurred if the spot bleed would have been different to the previous events.
* General practitioner notes provided demonstrate they were advised each time a spot bleed occurred.
* Progress notes provided in the response include a Medical officer entry for October 2021, and do not demonstrate the Medical officer was notified of the bleeding on the date indicated in the Assessment Team’s report.
* Have commenced immediate action to ensure staff are documenting the amount, colour and consideration for escalation.

In relation to Consumer B

* Assessment by the Podiatrist and General practitioner confirmed an ‘inflammation which was clean but some tenderness’. The Podiatrist documented in the progress notes and advised the Registered nurse.
* A wound care chart was initiated to ensure care was provided as prescribed by the Podiatrist and monitoring and evaluation occurred.
* The Skin integrity assessment and Feet assessment included in the response were noted to be dated five days post the Podiatry review.
* In relation to the sacral wound, the Wound care plan has been updated to reflect the consumer’s current skin status.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement. In coming to my finding, I have considered that the evidence presented does not indicate systemic issues relating to documentation and communication of consumers’ condition, needs and preferences.

In relation to Consumer A, I acknowledge information relating to actions to be taken by care staff in response to identification of blood loss were not documented in the care plan and progress notes following an episode of blood loss in September 2021 did not provide sufficient information relating to the episode. However, clinical staff were aware of the potential for blood loss to occur and of prescribed medications to manage the episodes of blood loss. In relation to Consumer B, I have considered that appropriate actions were taken in line with the issue identified, including communication between the Podiatrist and Registered nurse and commencement of a Wound chart. Additionally, while I acknowledge information in the care plan relating to skin integrity was not in line with the consumer’s current status, clinical staff were aware of the consumer’s skin status and the care plan has since been updated accordingly. In relation to both Consumer A and Consumer B, I consider the evidence presented does not suggest systemic issues relating to documentation and communication of consumers’ condition, needs and preferences.

In coming to my finding for this Requirement, I have considered information presented by the Assessment Team in other Standards and Requirements which demonstrate information about consumers’ condition, needs and preferences is documented and communicated. Specifically, Standard 2 Ongoing assessment and planning with consumers Requirements (3)(a), (3)(d) and (3)(e) and Standard 3 Personal care and clinical care Requirements (3)(b) and (3)(d). Evidence presented in these Requirements, specifically relating to consumer files, demonstrates care strategies are discussed with consumers and representatives and are documented in care plans; where issues relating to consumers’ health and well-being are identified, staff are notified of changed support strategies; referrals to Medical officers and/or allied health specialists occur and recommendations are incorporated into care plans and care staff stated they have access to consumer care plans and are notified of changes to care.

For the reasons detailed above, I find Uniting Church Homes, in relation to Juniper John Bryant, to be Compliant with Requirement (3)(e) in Standard 3 Personal care and clinical care.

### 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 supports 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

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found some consumers sampled considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* consumers receive all the support required for their day-to-day living from staff; and
* representatives confirmed they receive communication regarding the care of consumers when referrals are required or in response to changes in consumers’ condition.

However, as noted by the Assessment Team in Requirement (3)(a) of this Standard, some consumers and representatives said there were insufficient activities for consumers during the day resulting in boredom. The provider’s response indicates a review of the activities provided has been undertaken by the Occupational therapist resulting in an extra Occupational therapy day a week to observe and monitor activities provision and review of activity assessments for consumers who required these. I would encourage the provider to consider the feedback from consumers and representatives highlighted in the Assessment Team’s report, in the context of the intent of Requirement (3)(a) of this Standard, to identify further opportunities for improvement with the service’s activity program. I have also considered consumer and representative feedback in Requirement (3)(a) of this Standard which indicate impacts to consumer care and services in my finding to Standard 7 Human resources Requirement (3)(a).

Initial and ongoing assessment processes assist to identify each consumer’s current needs, goals and preferences, including social history and emotional and psychological well-being supports. Individualised care plans are developed from information gathered and include support strategies to assist staff to deliver care and services in line with consumers’ needs and preferences. For sampled consumers, staff provided examples of how they provide required supports for daily living, and spiritual, emotional and psychological well-being.

The lifestyle program is designed to meet consumer needs, which includes identification of consumers’ interests and capabilities through consultation with consumers and/or representatives. There are several programmed activities each month and the activities calendar is reviewed and updated to include multicultural events. Consumers were observed to make choices in relation to attending and participating in activities during the Site Audit.

Consumers are supported to participate in the community and maintain friendships and relationships. Additionally, consumer files sampled demonstrated information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared. Referral processes are in place and care plans are updated in response to referral outcomes.

The service has processes to identify each consumer’s nutrition and hydration needs and preferences. Consumers and representatives provided positive feedback relating to food quality, variety and quality. A four week rotating menu is in place and there are processes for consumers to provide feedback in relation to the meals provided.

Equipment provided was observed to be safe, suitable, clean and well maintained. There are processes to monitor equipment, including checks prior to use and maintenance processes.

Based on the evidence documented above, I find Uniting Church Homes, in relation to Juniper John Bryant, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

The Assessment Team found all consumers sampled considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* the service is clean and well maintained and enables consumers to move freely throughout the service; and
* consumers feel safe when staff use equipment for their care.

The Assessment Team observed the service environment was welcoming and easy to understand and navigate. Signage was observed above each of the three houses to assist with navigation and consumer rooms were identifiable by names and pictures of the consumers’ choosing on their bedroom doors. Consumers are involved in making choices relating to the décor of their room and the addition of personal belongings.

The environment was noted to be safe, clean, well maintained and comfortable and consumers are able to move freely both indoors and outdoors. Staff were observed assisting consumers to navigate around the service and to access outdoor areas.

Furniture, fittings and equipment were observed to be in good condition and suitable for consumer use. Staff described processes they implement in response to furniture which is unsuitable and how maintenance issues are reported. An audit process is in place to ensure equipment and the environment, including consumer rooms, are safe, clean and well maintained.

Based on the evidence documented above, I find Uniting Church Homes, in relation to Juniper John Bryant, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## 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 Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

The Assessment Team found that overall, sampled consumers and representatives consider that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* felt comfortable to raise any concerns or provide feedback with most indicating they would do this verbally;
* aware of where to find feedback forms, however, are happy to email or discuss concerns with management;
* are aware of how to access interpreter and advocacy services;
* satisfied with how concerns or issues are handled; they are dealt with quickly and in a professional manner; and
* confident in the service’s feedback processes and happy to raise anything with staff without concern of repercussion.

Consumers and representatives are provided with information in relation to internal and external feedback and complaints avenues and advocacy services on entry. Information in relation to feedback mechanisms, language support and advocacy was also noted to be displayed throughout the service. Consumers are encouraged and supported to provide feedback through a range of avenues, including meeting forums, one-on-one discussions and directly to staff and management.

Staff described how they support consumers to address minor concerns and will escalate more complex issues raised to senior management. Management and clinical staff demonstrated an awareness of open disclosure principles and described an incident where open disclosure processes had been applied.

A feedback folder and register are maintained and management and staff described how they aim to address issues immediately. Management described how feedback and complaints are used to improve the quality of care and services, and provided examples of where consumer, representative and staff ideas and suggestions had been used to change the way care and services are delivered.

Based on the evidence documented above, I find Uniting Church Homes, in relation to Juniper John Bryant, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## 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 NON-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

### The Quality Standard is assessed as Non-compliant as one of the five Requirements has been assessed as Non-compliant.

### The Assessment Team have recommended Requirement (3)(a) not met. The Assessment Team were not satisfied the service demonstrated that the workforce is effectively planned to enable, and the number of the workforce deployed consistently enables the delivery and management of safe and quality care and services. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

### In relation to all other Requirements in this Standard, the Assessment Team found overall, consumers sampled considered that they get quality care and services from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* confirmed staff were kind, treated consumers with respect and were gentle when providing care;
* representatives stated they held staff in very high regard;
* were confident in staffs’ ability to provide quality and contemporary care; and
* staff appear to be appropriately trained and did not identify any skill or knowledge deficits relating to care and service delivery.

The Assessment Team observed staff interactions with consumers to be respectful, gentle and calm. During interviews, staff spoke empathetically of individual consumer needs and described how they recognise and acknowledge consumer diversity. Consumers and representatives confirmed staff treat consumers with respect and show genuine care and concern for their ongoing health and well-being.

Recruitment and initial onboarding processes, in addition to a scheduled training program ensure staff have the relevant knowledge and qualifications to perform their roles. Competencies are undertaken by staff in line with their scope of practice. Documentation viewed confirmed staff training is monitored and there are processes to follow-up where training has not been completed within the required time frame. Staff felt supported by management regarding maintaining contemporary knowledge and ongoing upskilling. A new staff member felt the induction process was comprehensive and described the support provided by fellow staff members through the initial buddy shift process.

A staff performance appraisal and development process is in place. While management acknowledged some delays in completing the formal performance review process, informal discussions regarding performance with staff individually and in a team setting were common. Staff performance is monitored informally through observations, clinical incident data/trends and feedback processes.

Based on the evidence documented above, I find Uniting Church Homes, in relation to Juniper John Bryant, to be Compliant with Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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.*

The Assessment Team were not satisfied the service demonstrated that the workforce is effectively planned to enable, and the number of the workforce deployed consistently enables the delivery and management of safe and quality care and services. The Assessment Team’s report provided the following evidence relevant to my finding:

* Nine of 13 representatives raised concerns regarding inadequate staff numbers, citing issues, including a lack of consumer stimulation and risk of isolation, inadequate supervision, increased time spent in soiled continence aids and increased risk of harm from unwitnessed falls and other incidents.
* Four consumers sampled stated there was minimal interaction with staff and they were left bored with no stimulation due to the lack of contact. They said insufficient staffing meant a lack of activities and they had no choice in what they could do.
* The Assessment Team observed:
* Feedback/complaints regarding increased staff to assist with toileting due to consumers being left in soiled continence aids had been provided twice in March 2021 and were noted as ‘ongoing’ on the Feedback register.
* Meeting minutes indicated a representative had raised staffing concerns and lack of physical activities at Resident family meeting in August 2021. A response from the service in relation to the concern was not documented in the minutes.
* Throughout the Site Audit, consumers left in communal lounge areas for extended periods without staff supervision.
* Two of four care staff stated there are insufficient staff numbers to provide consistent, high quality care to consumers and meet other non-contact aspects of their role, including completing care documentation and mandatory training. Two other staff said shifts are extremely busy; they are constantly working under intense pressure and that did not allow the delivery of quality care and services.
* Care and clinical staff feedback included:
* There is minimal supervision of consumers in the afternoons, and a lack of activities taking place means many consumers are left unstimulated in communal areas.
* Insufficient numbers of care staff are resulting in inadequate time to assist consumers with meals – particularly those who require additional time or encouragement.
* One care staff said it upset them that consumers may not receive the level of care they should because of understaffing.

I have also considered comments made by consumers and representatives in the context of this Requirement highlighted in Standard 4 Services and supports for daily living Requirement (3)(a).

The provider did not accept the Assessment Team’s recommendation of not met. The provider’s response outlined reasons for their stance and included supporting documentation/evidence. An Action plan for continuous improvement was also included as part of the response. The response included, but not limited to:

* Juniper uses the Stuart Brown benchmark tool to determine staffing levels, which at present are well above the national benchmark level.
* The service currently has three empty beds, however, staffing numbers are the same as for full occupancy.
* The report details an event where a representative reported finding their relative in a soiled continence aid. Management is aware of the event which occurred in March 2021 and was resolved to the representative’s satisfaction.
* Use of comfort chairs, while providing comfort and pressure relief, also enhances consumers’ socialisation which occurs regularly.
* A review of the activities provided has resulted in an extra Occupational therapy day a week to observe and monitor activities provision and review of activity assessments for consumers who required these.

I acknowledge the provider’s response and the supporting documentation provided. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, workforce numbers were not consistently sufficient to meet consumers’ needs and deliver safe and quality care and services at all times.

I acknowledge that based on a benchmarking tool, the service asserts staffing numbers are well above the national benchmark level and that despite not being at full occupancy, staffing numbers have not changed. However, I have placed weight on feedback provided to the Assessment Team by consumers and representatives which indicates impacts to consumer care and services, including lack of consumer stimulation and risk of isolation, inadequate supervision, continence care issues and insufficient activities for consumers resulting in boredom with minimal stimulation. I have also considered feedback provided by care and clinical staff indicating insufficient staffing numbers to provide consistent, high quality care to consumers, impacting on supervision, meals and stimulation due to lack of activities. As such, I find the service has not ensured the workforce is effectively planned to enable the consistent delivery of quality care and services.

For the reasons detailed above, I find Uniting Church Homes, in relation to Juniper John Bryant, to be Non-compliant with Requirement (3)(a) in Standard 7 Human resources.

### 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 NON-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

The Quality Standard is assessed as Non-compliant as one of the five specific Requirements has been assessed as Non-compliant.

### The Assessment Team have recommended Requirement (3)(e) not met. The Assessment Team were not satisfied the service demonstrated it had identified, understood and complied with legislative changes relating to restrictive practices. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(e). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found that most consumers sampled considered that the organisation is well run and that they can partner in improving the delivery of care and services.

Management and staff provided examples of how consumers are engaged in the development, delivery and evaluation of care and services, including how consumers and people important to them are supported in that engagement. Representatives felt informed of what was happening at the service and how they can provide input. Documentation viewed demonstrated consumers and representatives are engaged through feedback mechanisms, care plan review processes, meeting forums and surveys.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. There are a range of reporting systems and processes to ensure the governing body and its committees have awareness and are accountable for the delivery of care and services.

The organisation demonstrated organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance and feedback and complaints. There are processes to ensure these areas are monitored and reported, including to the Board. There are processes to identify, monitor and implement changes to legislation. However, the Assessment Team found that while recent legislative changes to restrictive practices were reflected in organisational policy and procedure documents, these had not been implemented at a service level.

The organisation has a documented risk management framework which includes managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live their best life and managing and preventing incidents, including use of an incident management system. Staff sampled demonstrated an awareness of policies relating to these areas, including in relation to the Serious Incident Response Scheme, and described how they implement these within the scope of their roles.

The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship and open disclosure. Staff interviewed demonstrated an awareness of these policies and described how they implement these within the scope of their roles.

Based on the evidence documented above, I find Uniting Church Homes, in relation to Juniper John Bryant, to be Compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 8 Organisational governance.

## 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*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Non-compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

The Assessment Team were not satisfied the service demonstrated it had identified, understood and complied with legislative changes identified in organisational materials regarding restrictive practices. The Assessment Team’s report provided the following evidence relevant to my finding:

* Care files for seven consumers subject to restrictive practices, including five subjected to chemical restraint, one under mechanical restraint, and one under both, did not contain adequate information to guide delivery of appropriate care and were not were not aligned with legislative changes which commenced on 1 July 2021.
  + Consumer A wears a dignity suit at night and is prescribed regular and as required psychotropic medication. Consent for use of the suit has been obtained, however, discussion of risks associated with use of the suit, whether alternate options were considered, or how and when its ongoing use would be reviewed in consultation with the consumer or representative is not documented.
  + Consumer B has a bed support rail at the request of the family, however, discussion of potential risks associated with its use, or details of whether alternate, less restrictive options were explored, or how, and when it’s ongoing use would be reviewed in consultation with Consumer B or their representative is not documented.
  + The Physiotherapist acknowledged they had not considered potential risks associated with the bed support rail use.
  + Five consumers are prescribed psychotropic medications for which consent has been obtained, however, not discussed, obtained and signed by a Medical officer or Nurse practitioner. Additionally, specific behaviour support plans were not in place outlining:
  + behaviours relevant to the need for the prescription;
  + reasons the use of medication may be necessary;
  + alternatives to be considered and/or trialled prior to administering medication;
  + evidence that monitoring for effectiveness occurs when administered; or
  + details of consultation with the consumer or representative, including when, and how scheduled review of the restrictive practice will take place.
  + Three representatives confirmed that a specific behaviour support plan for their relatives had not been discussed with them.
* Clinical management did not differentiate between existing care planning and new requirements relating to Behaviour support plans which came into effect on 1 September 2021 and specifically, documenting consent for use of restrictive practices (chemical restraint) by a Medical officer or Nurse practitioner.
* Management provided a copy of a letter sent to a Medical officer regarding legislative changes relating to use of psychotropic medications. Management said Medical officers had not yet responded or taken actions to address the changes in relation to restrictive practices and the implications for care planning.

The provider did not accept the Assessment Team’s recommendation of not met. The provider’s response outlined reasons for their stance and included supporting documentation/evidence. An Action plan for continuous improvement was also included as part of the response. The response included, but not limited to:

* For Consumer A, the substitute decision maker signed an authority and was provided fact sheets, and clear instructions are documented in the care plan in relation to the suit.
  + The service is in the process to implement the Behaviour support plan to support the behaviour management plan for Consumer A.
* The grab rail is to provide and aid Consumer B to move around the bed. It does not restrict or subdue movement for the primary purpose of influencing behaviour.
* The Assessment Team documented information of their expectations that should be included in the Behaviour support plan. However, we have adopted the information as outlined in the Regulatory Bulletin and provided by Dementia Services Australia to ensure all regulatory requirements are met.
* Information on the process of discussion, obtaining authority and explanation of side effects of psychotropic medications was provided to the Assessment Team.
  + Medication profiles include reasons for need of the prescription and Behaviour management plans state reasons for the medication and alternatives to be trialled prior to administration.
* The organisation has taken immediate action and is reviewing/preparing a Behaviour support plan to form part of the Behaviour management plan.

I acknowledge the provider’s response and the supporting documentation provided. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the organisation’s clinical governance framework, specifically practices and processes relating to restrictive practices, was not in accordance with legislative requirements.

In coming to my finding, I have considered that the organisation’s clinical governance framework has not been effective to support staff to ensure use of restrictive practices is in accordance with the *Quality of Care Principles 2014*. Additionally, I have considered that care files for consumers highlighted did not include sufficient information relating to restrictive practices used to guide delivery of appropriate care.

While recent changes to restrictive practices were noted in organisational policy and procedure documents, these changes had not been implemented at a service level. For five consumers prescribed psychotropic medications, Behaviour support plans had not been implemented or required information documented in line with legislative requirements.

In relation to Consumer A, while the provider asserts fact sheets relating to restrictive practices were provided to the substitute decision maker and clear instructions documented in the care plan, the provider also stated a Behaviour support plan is in the process of being implemented.

In relation to Consumer B, while the provider asserts the grab rail is not classified as a mechanical restraint, however, I would consider that the use of a grab rail includes an element of risk. I would encourage the service to consider risks associated with the grab rail and risk minimisation strategies in consultation with the consumer and/or representative.

For the reasons detailed above, I find Uniting Church Homes, in relation to Juniper John Bryant, to be Non-compliant with Requirement (3)(e) in Standard 8 Organisational governance.

# 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.

An Action plan for continuous improvement addressing deficits identified in the Assessment Team’s report was included as part of the provider’s response. The provider should also seek to ensure:

**Standard 7 Requirement (3)(a)**

* Ensure workforce numbers are sufficient to meet consumers’ needs and deliver safe and quality care and services, including lifestyle aspects of care, at all times.

**Standard 8 Requirement (3)(e)**

* Ensure staff are supported to understand changes to legislation relating to restrictive practices and Behaviour support plans.
* Ensure practices and processes in relation to restrictive practices are in accordance with legislative requirements.
* For consumers subject to use of restrictive practices, ensure use is in line with legislative requirements, including development of Behaviour support plans.