Juniper Korumup

Performance Report

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ALBANY WA 6330
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**Commission ID:** 7227

**Provider name:** Uniting Church Homes

**Site Audit date:** 13 October 2020 to 15 October 2020

**Date of Performance Report:** 10 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 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# 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

Consumers interviewed confirmed they are generally treated with dignity and respect and are provided with care and services that are culturally appropriate for them. However, one consumer said a staff member had spoken to them in a condescending tone. This was reported to management and the consumer said the staff member had now changed their attitude towards them. Consumers confirmed they are supported to make informed decisions about the care services they receive and they can maintain their identity and are supported to do the things they like. Consumers said staff respect their privacy.

The culture, diversity and background of each consumer is considered during admission and is used to create a care plan based on each consumer’s preference needs, choices and religious and cultural beliefs. The information communicated to staff and others who provide care and services is updated as needs and preferences change.

The service provides information to consumers that is current, accurate, timely and communicated in a way that is easy for each consumer to understand. The service supports consumers to make choices which includes other people the consumer wishes to be involved in the decision making process. The service has policies and procedures which guides staff how to complete a dignity of risk assessment for each consumer wishing to take a risk. The outcomes are recorded in care planning documentation and include mitigating strategies to reduce risks and support consumer centred care.

Staff said they support and encourage consumers to make choices about their care and preferences through engagement and consultation during the assessment process which helps to develop their care plans. Staff interviewed could provide examples of how they provide care and services in line with consumer preferences as recorded in care planning documentation. Staff were observed to treat consumers with dignity and respect and were observed to respect consumers’ privacy including keeping consumer information confidential.

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

## 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

Consumers and their representatives interviewed confirmed they are involved in assessment and planning of consumers’ care and feel involved in the care planning process. Consumers and their representatives stated they are consulted regularly about their care through discussions and case conferences with staff, and feel they are free to change their preferences at any time. Advance care planning is part of the assessment process or any other time the consumer and/or their representative chooses to discuss it. Consumers and their representatives said they have access to their care plan whenever they choose.

Care planning documentation reviewed was comprehensive and reflected individualised goals, preferences and goals for care and service delivery. When consumers wished, advance care and end of life planning was completed. Care plans sampled showed consultation is regular and care and services are updated according to consumers’ wishes or a change in circumstances that impacts on the needs, goals and preferences of the consumer. Input from other medical and allied health professionals is reflected in the care plan with instructions for staff to follow on providing them with safe and effective care. Overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

Staff interviewed were able to describe needs, goals and preferences for individual consumers and how they are included in consumer care plans. Staff also described the assessment and planning process including completing incident reports and charting to assist in identifying consumer needs or when consumer needs change. Staff confirmed they have access to care plans through the electronic care system and changes or information about consumers are shared through the handover process.

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

## Assessment choose 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

Consumers interviewed said their care was delivered in a safe manner that meets their care needs and optimises their health and well-being. Representatives interviewed said staff responded in a timely manner to any changes in a consumer’s condition and they kept them informed of what is occurring. Consumers confirmed they have access to other health professionals as needed and they do not have to repeat information multiple times when care is provided by different health providers.

The service has policies and procedures to guide staff practice that reference best practice and care planning documentation reflects individual consumer needs, goals and preferences. Care planning documentation reflects that the service has systems in place to guide staff in the identification and management of risks associated with consumer care. Clinical and adverse incidents are documented by staff and the service regularly reviews and analyses clinical incident information to identify any trends. The service has implemented tools to recognise and respond to decline in consumer condition in a timely manner. Information about a consumer’s condition, needs and preferences are documented and communicated within the service, and to others where care is shared. Documentation reviewed showed the service actions referrals to other service providers where consumers require them.

Staff interviewed stated they deliver care and services as described in the consumer’s care plan but will also check to ensure that consumers’ preferences have not changed each day. Staff were able to describe the high impact and high prevalence risks for consumers at the service and how these are managed using strategies detailed in care plans. Staff were able to describe the ways in which they preserve consumers’ dignity and maximise comfort when consumers are nearing end of life and how the consumer wishes are reflected in their care plans.

The Quality Standard is assessed as Compliant as seven 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) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 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

Consumers and representatives interviewed provided feedback consumers are well supported by staff, family and volunteers that attend the service. They confirmed the service supports consumers to be as independent as possible and promotes their health and well-being. Consumers and representatives said they are able to do the things they like and they are supported to do that. They said they have access to pastoral care whenever they felt low or needed extra support. However, representatives reported that whilst self-directed activities have been introduced in the secure area as they had said previously, consumers had nothing to do, they are unable to use these resources as there are not enough staff to assist them to engage in the activities.

There are assessment processes to assist to identify consumers’ likes and dislikes in relation to things they like to do along with social, emotional, spiritual and psychological well-being. The service develops plans to engage consumers in activities of interest and promote social and spiritual well-being. Church services and pastoral care along with volunteers and therapy staff are engaged to assist consumers to ensure they are able to access the support and social engagement they like. Care files reviewed showed each consumer has a social history that includes their preferences of things they like to do and enjoy and an occupational therapy and physiotherapy care plan that includes strategies and supports to help consumers maintain their independence.

Consumers interviewed confirmed they receive meals that are of suitable quality and quantity and they enjoyed the dining experience in the service. The service has processes to ensure consumers’ food preferences, dietary requirements and food allergies are recorded and made available to all staff. Kitchen staff confirmed they have a file recording each consumer’s name with photo and information including their dietary requirements, allergies and their meal preferences. Consumers are provided appropriate equipment to promote their independence and which is appropriate for their assessed needs. Equipment observed was well maintained and suitable for its purpose.

Staff interviewed were able to describe the interests of individual consumers and what they liked to do. They said volunteers provide emotional and social support to a number of consumers. Staff said there was not enough staff to deliver the lifestyle program across both wings of the service which mostly affected the secure area in the afternoons as consumers wander with nothing to do.

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

## 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

Consumers and representatives interviewed confirmed they felt safe and felt at home living in the service and have access to both indoors and outdoors. Consumers confirmed families and friends are supported to visit and are welcomed by staff and they can personalise their rooms. Consumers confirmed the service is clean and any maintenance issues are resolved quickly.

Observations of the service environment show the service is clean, tidy and welcoming. Seating areas are provided both indoors and outdoors and consumers were observed to move freely between them.

There are both preventative and reactive maintenance systems in place to ensure the environment and equipment are clean and maintained. Contractors are employed to test the fire systems to ensure safety for consumers.

Staff confirmed they report any hazards or maintenance issues which are responded to in a timely manner. Maintenance staff confirmed that maintenance is prioritised and actioned in order of that priority.

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

## 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

Consumers and representatives confirmed they are aware of how to make a complaint or provide feedback and they felt comfortable in doing that. Consumers confirmed they felt supported and encouraged by staff to make a complaint or provide feedback and management were responsive and complaints are dealt with promptly, efficiently and to their satisfaction. Consumers confirmed if they needed assistance to lodge a complaint staff would assist and issues could be raised through surveys and resident/relative meetings.

The service maintains a complaint and feedback system that monitors complaints to ensure they are investigated and appropriate action is taken. Feedback and complaints are reviewed regularly to identify any trends and improvements to the quality of care and services. The system ensures any improvements identified are added to the plan for continuous improvement for actioning.

Staff confirmed they are aware of the complaints and feedback system and will act as advocates for consumers, including assisting them to lodge complaints and feedback if they require assistance. Observations showed that consumers and representatives have access to advocate and complaints information.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## 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

Consumers confirmed they receive quality of care and services and staff are kind and caring and treat them with respect. Representatives confirmed they are happy with the care provided by staff. However, consumers and representatives raised issues with staffing levels specifically in the secure area and whilst most staff were described as effectively performing their roles some were described as being inexperienced and not able to initiate strategies to manage consumers with challenging behaviour.

The service reviewed staffing levels based on consumer, representatives and staff feedback. Additional staff hours have been scheduled to accommodate for identified gaps and enhance to quality of care and services provided to consumers.

The service has a process to monitor staff performance and when concerns are identified management will implement additional training and appropriate performance management and actions. Performance appraisals are conducted annually and they assist to identify additional training needs and development for staff. The service has a process to monitor mandatory training requirements which are initially completed on orientation and then on an annual basis. Staff professional registrations and police clearance certificates are recorded and monitored for currency.

Staff interviewed stated at times there were not enough staff to ensure quality care and services are consistently delivered to consumers and staff have informed management of the deficits. Staff confirmed they felt competent in being able to complete their role and could request additional training when they need it. However, two staff interviewed were unsure on the delivery of some medications but were educated on the policy to ensure they understood it. Staff confirmed they have undergone regular performance appraisals and have received additional training as a result of the process.

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

## 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

Consumers interviewed confirmed the service and staff encourage their participation in projects that involve the improvement and evaluation of delivery of care and services such as the dining program.

The service has organisational policies and procedures which direct staff in the provision of quality care and services. Governance systems are in place to ensure that information management, feedback and complaints systems, continuous improvement processes, financial governance are effective and the service understands and meets its regulatory requirements. However, it was identified that a clinical staff member failed to recognise and meet the reporting requirements for regulatory compliance and elder abuse. Management met the requirements once they became aware of the issue. The service regularly meets with the organisation and reports to the clinical and governance committees to monitor and review the information and ensure the systems are effective.

The service has a risk management system that assists staff to identify and report any risks found which includes clinical risks and risks with the care of consumers. Incidents of risk are reported and investigated and the outcomes are discussed at meetings to ensure appropriate action is taken to mitigate any risks identified and identify trends. Risks identified are placed on the electronic system as an alert to ensure that all staff are aware of the risk. The recognition and reporting of elder abuse is also part of the risk management system. Whilst for the most the reporting of elder abuse is effective, a clinical staff member failed to recognise and report potential elder abuse which triggered management into retraining all staff on elder abuse to ensure their understanding of recognition and reporting requirements.

The service has a clinical governance framework which guides staff in minimisation of restraint, antimicrobial stewardship and open disclosure. Clinical incident data is reviewed at clinical governance meetings and is analysed for trends and improvement opportunities are discussed and actioned.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

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

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

### Requirement 8(3)(e) Compliant

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

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.