Juniper Numbala Nunga

Performance Report

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**Commission ID:** 7426

**Provider name:** Uniting Church Homes

**Assessment Contact - Desk date:** 24 March 2021 to 26 March 2021

**Date of Performance Report:** 4 June 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** | **Non-compliant** |
| Requirement 1(3)(b) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-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 - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Desk report received 12 April 2021.
* other intelligence and information held by the Commission about the service.

# STANDARD 1 NON-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 Assessment Team did not assess all requirements of this Standard. However, a recommendation of Not Met in one or more requirements results in a compliance rating of Not Met for the Quality Standard.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(b) Non-compliant

*Care and services are culturally safe.*

The service was unable to demonstrate that care and services were culturally safe.

Management did not have a shared understanding of one named consumer’s personal history and lived experiences to guide staff in the delivery of culturally safe personal and clinical care. While staff were advised verbally of specific cultural directives, this information had not been recorded in the named consumer’s care information and was not followed by staff during care provision.

Staff did not have a shared understanding of the named consumer’s emotional and cultural needs and preferences which resulted in an incident that impacted on the named consumer’s emotional well-being. The service did not identify the named consumer’s emotional or cultural needs or provide additional support or opportunities to discuss the incident when staff first became aware.

Care information did not evidence if additional counselling or emotional support services had been accessed for the named consumer following the incident which involved the delivery of clinical care by a male staff member which was not in line with the named consumers’ cultural preferences.

Following feedback from the Assessment Team, management advised specific actions were taken to minimise the risk of reoccurrence which included updating the named consumer’s care plan information, the creation of alerts in the service’s medication management system and improving communication processes with new staff and male staff during orientation and handover processes.

The approved provider in its response received 12 April 2021, acknowledged the deficiencies identified by the Assessment Team and has implemented actions of improvement. These actions include meeting with the named consumer and their representative to discuss how the service can provide support and care that is culturally safe and meets their emotional needs and preferences and possible referral to Dementia Australia or the local Aboriginal medical service.

The approved provider states in its response, the service will deploy a Clinical nurse specialist to provide the Clinical nurse manager with additional support and training regarding consumer’s choice, dignity and cultural safety and a review of the service’s current training schedule are planned.

While the approved provider has committed to addressing the deficiencies identified by the Assessment Team, at the time of the Assessment Contact care and services were not culturally safe.

Therefore, it is my decision this Requirement is Non-Compliant.

# 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 Assessment Team did not assess all requirements of this Standard. However, a recommendation of Not Met in one or more requirements results in a compliance rating of Not Met for the Quality Standard.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-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.*

The organisation had a risk management and clinical governance system in place to support the delivery of care and manage clinical risks however, these systems and processes were not effective in the identification of risk to the well-being of one named consumer.

Clinical and risk management systems did not identify and find ways to remove risks to the named consumer’s emotional well-being. Risk management systems and processes were not effectively utilised to underpin the delivery of care in relation to Standard 1 Requirement 3(b).

The service’s risk management system and corporate clinical support team did not identify risks for a named consumer who received care not in line with their cultural needs. The service’s clinical oversight processes did not identify that an incident had occurred for the named consumer which had significant impact on their well-being. Staff did not have a shared understanding of the specific directives in place for the named consumer regarding their cultural care needs. Management acknowledged the system deficiencies identified by the Assessment Team during the Assessment Contact.

Training records confirmed not all staff had completed mandatory training regarding elder abuse. While management said staff had received cultural awareness training, evidence to substantiate this was not provided to the Assessment Team.

The approved provider in its response acknowledged the deficiencies in this Requirement. Planned improvements initiated by the approved provider include ensuring consumer assessments regarding choice, risks and preferences are completed, additional training for staff and regular review of the named consumers’ needs and preferences, additional monitoring of staff practices including care delivery and the completion of care documentation, review of care and clinical handover processes, ongoing discussions with the named consumers’ needs, review of the service’s processing of confidential information and ensuring all staff are compliant with mandatory compulsory reporting training.

While the approved provider has committed to addressing the deficiencies identified by the Assessment Team, at the time of the Assessment Contact the organisation’s risk management systems and practices were not effective.

Therefore, it is my decision this Requirement is Non-Compliant.

# 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.

* Care and services delivered are culturally safe.
* Effective risk management systems are in place that include the management of high-impact and high-prevalence risks and supporting consumers to live the best life they can.