Juniper Numbala Nunga

Performance Report

37 Sutherland Street   
DERBY WA 6728  
Phone number: 08 9161 5500

**Commission ID:** 7426

**Provider name:** Uniting Church Homes

**Assessment Contact - Site date:** 7 April 2021 to 8 April 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** |  |
| Requirement 1(3)(a) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | 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 24-26 March 2021; the Assessment Contact - Desk report was informed by review of documents and interviews with staff.
* the provider’s response to the Assessment Contact - Desk report received 12 April 2021.
* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Site report received 15 April 2021
* other intelligence and information held by the Commission in relation to the service

# STANDARD 1 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 and therefore an overall summary for the Quality Standard is not provided.

## 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.*

Consumers felt respected and valued and were complimentary to the kindness shown by staff. Consumers said they were supported to participate in cultural activities if they chose and staff regularly sought feedback in relation to their daily preferences.

Staff had a shared understanding of thing that were important to consumers and spoke about them in a respectful manner. An Aboriginal cultural navigator works two days per week and advocates and liaises with consumers to ensure they were provided with support and consultation regarding their cultural preferences. This initiative was implemented in response to deficiencies identified in the previous Assessment Contact 24 to 26 March 2021.

Management said they could simplify their language when explaining medical terminology to consumers to support them with informed decision making regarding their care and services.

Staff were provided with cultural awareness training which is part of the service’s mandatory competencies to increase their understanding of how care and service delivery can be different.

Care information reflected the individual diversity of consumers and included information about their life history, people of importance to them and specific aspects of care and services important in maintaining their quality of life.

It is my decision this Requirement is Compliant.

# STANDARD 2 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 Assessment Team did not assess all requirements of this Standard and therefore an overall summary for the Quality Standard is not provided.

## 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.*

Consumers confirmed they were involved in assessment and planning processes and that their needs were met. Some consumers said staff checked in with them regarding their personal care preferences and their pain was assessed regularly.

Care documentation included comprehensive assessment and planning and considerations of risks to consumers’ health and well-being associated with pain diabetes, falls, skin and urinary tract infections, fluid retention and restrictive practices.

Most care information was consistent with consumers’ assessed needs however, for two named consumers care planning information did not have their preferences for female carers recorded. Care planning documentation for one named consumer was not consistent with their oral health care needs.

Staff had a shared understanding of assessment processes which included the completion of the service’s assessments and tools by a registered nurse and allied health staff when a consumer enters the service and on an ongoing basis.

It is my decision this Requirement is Compliant.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team did not assess all requirements of this Standard and therefore an overall summary for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements*.*

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Consumers provided positive feedback in relation to the service managing their individual risks including, but not limited to, falls, pain, pressure injuries and infections. They confirmed staff discussed risks with them and that they were supported to make their own choices about how risks associated with their care should be managed safely and in line with their preferences.

Care information reflected the effective management of high impact or high prevalence risks associated with the care of each consumer. Care documentation confirmed the service effectively managed the risks associated with consumers with pressure injuries, pain management, infections, fluid retention and unplanned weight loss.

Staff had a shared understanding of the risks associated with consumer’s care needs, relevant preventative strategies and management and monitoring processes.

Clinical incident data was collated and analysed each month to identify trends and implement strategies to prevent reoccurrence.

It is my decision this Requirement is Compliant.

# STANDARD 7 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 Assessment Team did not assess all requirements of this Standard and therefore an overall summary for the Quality Standard is not provided.

## 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.*

Most consumers confirmed they were satisfied with the number and mix of staff who deliver their care and services. One named consumer expressed concerns with delays experienced for their requests for assistance.

Some care staff raised concerns with staffing levels for the morning shift due to an increase in the number of consumers requiring the assistance of two staff members. In response to this feedback management advised during the Assessment Contact, that the assistance needs of the named consumer would be reviewed in consultation with care and clinical staff to ensure the safe delivery of personal care. The service planned to monitor the consumer’s call bell use over a one-month period and commence sleep and pain assessments to ensure their requests for assistance were responded to and their care needs were met.

Registered nurses were available each shift seven days per week. A lifestyle support officer works at the service Monday to Friday to develop and deliver lifestyle activities. Unplanned leave was replaced, and contracted agency staff were accessed to backfill roles until permanent role vacancies could be filled. Female care staff were always available to assist with consumer’s personal care needs when a female specific carer was requested.

Several roles were occupied by staff who had similar cultural backgrounds to consumers and a cultural navigator role has commenced at the service two days per week to work with staff, consumers and their representatives.

Allied health services were accessible and the service utilised video conferencing for occupational therapy consultations to support urgent assessment requests.

It is my decision this Requirement is Compliant

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

Most consumers said staff were kind and caring and demonstrated an understanding of their identity and culture.

Staff were provided with training in relation to being respectful and delivering culturally appropriate care. The cultural navigator role ensured regular engagement with consumers and representatives occurred, additional support and opportunities for consumers and representatives to give feedback was provided. The cultural navigator ensures consumers’ preferences and choices were acknowledged and actioned appropriately. In response to deficiencies identified in the previous Assessment Contact 24 to 26 March 2021, the service has directed the cultural navigator to engage with a named consumer and provide one on one support twice a week.

The approved provider in its response to the previous Assessment Contact received 12 April 2021, states the service had developed a staff handbook with relevant information about working in the Kimberley region and with consumers of Aboriginal descent. This handbook will be available when staff commence their roles at the service and during cultural awareness training.

It is my decision this Requirement is 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.*

During the service’s previous Assessment Contact, deficiencies were identified in relation to the service’s management of high impact or high prevalence risks associated with the care of consumers.

While the service demonstrated it had risk management and clinical governance system in place to manage high impact and high prevalence risks, for one named consumer staff practices did not demonstrate systems in place were effective for the management and safe delivery of care or supported consumers to live the best life they could. The named consumers’ preference for female staff was not effectively communicated or documented and resulted in an incident which caused significant impact to their emotional well-being.

While the service had initiated actions of improvement to address this deficiency following the previous Assessment Contact 24 to 26 March 2021, and staff had a shared understanding of consumers’ preferences for culturally safe care, care documentation for a second named consumer did not reflect their preference for female staff.

The approved provider in its response has commenced actions to address the deficiencies identified during the Assessment contact. Improvement actions focused on staff education including mandatory elder abuse training, observation of staff practice, documentation and communication processes including handover, ongoing discussions with representatives and the monitoring of the completion of resident well-being reviews.

While I acknowledge the approved provider’s undertaking of improvements are ongoing, I find that at the time of the Assessment Contact the approved provider did not have processes to demonstrate compliance with this Requirement in relation to the management of high impact or high prevalence risks associated with the care of consumers and the sustainability and effectiveness of improvement activities are yet to be fully evaluated as 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.

Standard 8 Requirement 3(3)(d) - *Effective risk management systems and practices, including but not limited to the following:*

* *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 the best life they can.*

**Other relevant matters**

I note that the Assessment Team did not assess Standard 1(3)(b) which was assessed as Non-Compliant during the Assessment Contact 24-26 March 2021.