Juniper Riverslea

Performance Report

100 Guildford Road
MOUNT LAWLEY WA 6050
Phone number: 08 9272 5979

**Commission ID:** 7099

**Provider name:** Uniting Church Homes

**Assessment Contact - Site date:** 6 July 2020 to 7 July 2020

**Date of Performance Report:** 24 August 2020

# 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 |
| **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)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **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 |

# Detailed assessment

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

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

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

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

The Approved Provider did not submit a response to the Assessment Team’s report.

# STANDARD 1 COMPLIANTConsumer 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 assessed Requirements (3)(a), (b), (c), (d) and (e) as part of this assessment contact. Requirement (3)(f) in this Standard was not assessed.

The Assessment Team found all assessed Requirements in this Standard compliant. Based on the Assessment Team’s report I find the service compliant with these Requirements. I have presented the reasons for my decisions under the specific Requirements.

## 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.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement. The service was unable to demonstrate consumers were treated with dignity and respect, and their identity, culture and diversity was not valued.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

During interviews with the Assessment Team consumers described various ways staff treat them with dignity and respect, and value their identity, culture and diversity, for example:

* All consumers interviewed reported improvements in the way staff treat them.
* Some consumers said they now have female staff showering them as requested. One consumer said she has her own regular staff to complete her personal care.
* Consumers reported they can wear clothes of their choice including wearing trousers if they wish and are consulted about where they sit during the day.
* Consumers reported there has been consultation with them and their families regarding specific cultural requirements and they are support by staff to attend culturally specific activities on the monthly calendar.

The Assessment Team observed consumers engaging with staff, being provided with choice particularly around meal services, and moving freely through the facility engaging positively with other consumers, staff and management.

In interviews with the Assessment Team management advised their current model of care is under review. A person-centred approach is being introduced as the new model of care and staff have received training. Staff demonstrated they are familiar with this model of care, discussing the ‘About Me’ process during interviews. A review of documentation confirms records relating to the ‘About Me’ process.

The service has conducted a survey and audit as part of their review and monitoring process which showed a high rating of satisfaction with this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 1 Requirement (3)(a).

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement. The service was unable to demonstrate it provides a culture of inclusion, delivering culturally safe care and services.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

During interviews with the Assessment Team consumers described how their care and services are culturally safe, for example:

* Consumers reported there has been consultation with them and their families about any specific culture requirements.
* Consumers reported they are supported by staff to attend culturally specific celebrations on the monthly calendar.
* One consumer said ‘the home is renewed, and I now feel renewed’.

Documentation reviewed by the Assessment Team shows all consumers have been reassessed. All lifestyle care plans are current, and six-monthly care plan reviews and annual reassessments have been scheduled. Records also show consumers’ seating preferences, in relation to who they feel comfortable sitting with, are reflected in their care plans.

During interviews with the Assessment Team staff reported they had received training on cultural safety, cultural care and the Standards.

Surveys and audit schedules show a process is in place for the ongoing monitoring of this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 1 Requirement (3)(b).

### 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.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement. The service was unable to demonstrate it supported each consumer to exercise choice and independence.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

Consumers and representatives described various ways the service now supports them to exercise choice and independence over the way services are delivered, who should be involved in their care, and maintaining relationships. For example:

* Consumers and representatives interviewed reported improvements in consumers being consulted about their care and services and the way in which they are delivered. Consumers said staff ask what they want all the time, and they are supporting with their decision making.
* One consumer reported they and their family were involved in goal setting with the physiotherapist around mobility, transferring and re-gaining independence following a cerebrovascular accident (CVA).
* Two consumers reported they had been provided with red plates, so they can now see the food they are eating and are not reliant on staff to assist with their meals.
* Consumers who choose to smoke reported they are supported to do this independently and they feel safe. They confirmed staff had explained the risks.
* Another consumer has a list of family visitors and the day they visit (as a prompt for staff and themselves) to show who they wish to have involved in their care.
* One representative reported staff or a volunteer assist his dad with walks outside in a wheelchair to support his choice for passive exercise outdoors.
* Another consumer reported they now have access to the activity calendar in their room, so they can see what is on for the day. If they feel like participating they wander down to the activity room independently.

Documentation reviewed demonstrates comprehensive assessments have been completed by the allied health team to ensure all opportunities to maximise consumer independence are acted on.

Surveys and audit schedules show a process is in place for the ongoing monitoring of this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 1 Requirement (3)(c).

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement. The service was unable to demonstrate it supported each consumer to take risks to enable them to live the best life they can.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

During interviews with the Assessment Team consumers described various ways they are now supported to take risks, enabling them to live the best life they can, for example:

* Consumers reported they can now access the outside balcony depending on the weather and can enjoy the river view if they wish.
* A consumer reported they now access the smoking courtyard and do not have to rely on staff to let them back into the building.
* A consumer reported a hospital speech therapist said they could not use a straw, which they like to use to prevent embarrassment if they spill drinks on their clothes. Staff support them to use a straw after having completed the acknowledgement of risk assessment and care plan.
* A consumer was falling out of bed. Following consultation with the consumer and their family double bed rails are put in place at night. A risk assessment and restraint authorisation form were completed, and details recorded in the care plan.

The Assessment Team reviewed documentation confirming those consumers who wish to participate in activities that involve risk have had appropriate risk assessments and authorisation forms completed, in addition to having strategies in place to minimise risks as much as possible. A new risk management system generates reports of clinical incidents based on a risk rating. The data is analysed by clinical nurse specialists to identify clinical trends which helps to determine where additional clinical support is required. Documentation shows all incidents are investigated, acted upon and the action evaluated through care plan review or reassessment. Identified ongoing risk is discussed with the consumer and their nominated representative and the risk assessment and authorisation process commenced as required.

A range of audits and more frequent meetings, both formal (multidisciplinary team meetings) and informal (handover and ‘huddles’) occur at regular intervals showing a process is in place for the ongoing monitoring of care relating to this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 1 Requirement (3)(d).

### 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.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement. The service was unable to demonstrate it communicated information to consumers in a way they could understand which helped them exercise choice.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

Consumers and representatives described various ways the service now communicates with them and supports them to exercise choice, for example:

* Consumers and representatives reported through the reassessment and care plan review process, consultation has occurred through case conferences, or if there had been an incident.
* A representative reported staff kept them well informed about the consumer being sent to hospital. When the consumer returned they were informed and consulted in a way that enables them to make choices for the consumer, such as arranging for them to be taken for walks outside with staff or volunteers.
* Another representative reported a consumer had lost weight and was depressed. They reported staff kept them well informed about their condition and the consumer has now ‘bounced back’ and is walking around and eating again.
* Another representative reported they used to shower their family member each day. The representative reported there has been ‘vast improvement’, the family are now consulted about care, and feel comfortable not to visit every day. They also reported improvements in communication and responding to complaints and other feedback.

In interviews with the Assessment Team staff reported the new policy on information sharing and decision-making guides them in providing support to consumers who have the ability to make choices and decisions.

The Assessment Team reviewed new policies, procedures, audits and surveys which provide guidance and enables ongoing monitoring of this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 1 Requirement (3)(e).

# STANDARD 2 COMPLIANTOngoing 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 assessed all Requirements in this Standard as part of this assessment contact.

The Assessment Team found all assessed Requirements in this Standard compliant. Based on the Assessment Team’s report I find the service compliant with these Requirements. I have presented the reasons for my decisions under the specific Requirements.

## 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.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement. The service could not demonstrate assessment and planning, including consideration of risk to the consumer’s health and well-being, informed the delivery of safe and effective care and services.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

During interviews with the Assessment Team consumers and representatives provided the following information about the delivery of safe and effective care and services:

* A consumer reported although they had been assessed as not being safe to drink using a straw staff had completed a risk assessment and a referral was sent to the speech pathologist requesting reassessment.
* Another consumer requested to take their own medication and had been assessed as capable to do so. This was documented in their care plan.
* A representative reported through the case conferencing program they no longer feel the need to assist with their father’s daily shower as the care plan now guides staff in relation to the consumer’s needs and wishes.

The Assessment Team observed a consumer who is assessed as a falls risk, resting on their bed. They wore red falls socks, the sensor mat was in place, the Zimmer frame was close by for easy access, and their shoes were within easy reach.

During interviews with the Assessment Team management reported the electronic client management system includes assessments and care plans which guide staff to identify consumers’ needs, choices and preferences. Staff confirmed they use the task function in the electronic client management system to prompt them to complete tasks as required, such as six weekly urinary catheter changes. Management also spoke of the introduction of new clinical audits used to guide staff to assess, monitor and review clinical outcomes against the new Standards, including best practice principles. Staff reported they had recently commenced using the new clinical audits.

Documentation reviewed confirms weekly and monthly clinical meetings are held to discuss the assessment and care planning process, including identifying risks consumers wish to take.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 2 Requirement (3)(a).

### 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.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement. The service was unable to demonstrate assessment and planning identifies and addresses consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

During interviews with the Assessment Team consumers and representatives provided the following information relevant to this Requirement:

* A representative reported through the case conferencing program they no longer feel the need to assist with their father’s daily shower as the care plan now guides staff in relation to the consumer’s needs and wishes.
* A consumer reported they were given the opportunity to provide information on their end of life wishes during the assessment and care planning process. Documentation reviewed by the Assessment Team confirms an advanced care directive and end of life wishes care plan are in place for this consumer.

During interviews with the Assessment Team management reported the electronic client management system prompts staff to complete assessments and audits when due, resources are available to support staff in discussing end of life care, and referrals are made to external palliative care services as required. Staff reported all consumers had recently been assessed with consideration given to their needs, goals and preferences. Staff also reported some consumers do not wish to discuss their end of life wishes when first admitted, and the six-monthly care plan review and annual reassessment and case conference process provides further opportunities to discuss this aspect of care.

The Assessment Team reviewed a recent audit relating to recording of end of life wishes, showing not all had been completed. Management stated this has now been addressed.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 2 Requirement (3)(b).

### 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.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement. The service was unable to demonstrate assessment and planning was based on ongoing partnership with the consumers and others that consumers wish to involve.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

During interviews with the Assessment Team consumers and representatives described various ways the service demonstrates that assessment and planning is based on an ongoing partnership with the consumer, and includes other organisations and individuals as required or requested, for example:

* A consumer’s family engaged an external physiotherapist to support them with rehabilitation. The service’s physiotherapist arranged a case conference with the consumer and their family to discuss rehabilitation requirements and it was decided the home’s physiotherapist could support the consumer to meet their assessed needs. The physiotherapist assessment recommended a program which the family and consumer agreed to. The external physiotherapist is no longer required as the consumer’s mobility program is implemented by the service.
* A consumer reported they have been having ‘a terrible year’ with their health and stated staff are very good and consult with them about all their care and services. This included the chef meeting with them at 2.00pm daily to plan meals that meet their specific dietary requirements. The consumer said this has improved their quality of life significantly.
* A representative reported a volunteer comes and supports their father to be wheeled outside for fresh air, which he enjoys.

The Assessment Team reviewed recently introduced policies and procedures aligning with the new standards to guide staff in the provision of care and services. Documentation is in place reflecting nominated partners consumers have identified to be involved in their care.

During interviews with the Assessment Team staff reported they have multiple opportunities to review the nominated partner documents regularly such as during daily ‘huddles’, weekly meetings, six-monthly care plan reviews and the annual reassessment process and case conferences.

The Assessment Team reviewed audits and surveys available to monitor this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 2 Requirement (3)(c).

### 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.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement. The service was unable to demonstrate the outcomes of assessment and planning are effectively communicated to consumers and are documented in a plan which is readily available to them.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

During interviews with the Assessment Team consumers and representatives reported they are consulted about the outcomes they want from their care and services and are asked if they would like a copy of their care plan.

The Assessment Team observed information specific to consumers in their rooms, including current care plans for staff and consumers to access, notes about when family are visiting, and labels showing where clothes are stored.

During interviews with the Assessment Team staff reported care plans, ‘About me’ documents and handover sheets provide them with information about the needs and wishes of consumers. Staff reported they all have portable tablets meaning the information about consumers’ care needs is current and changes are communicated to them immediately.

The Assessment Team reviewed audits and surveys available to monitor this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 2 Requirement (3)(d).

### 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.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement. The service was unable to demonstrate care and services were regularly reviewed for effectiveness when circumstances change or when incidents occur, impacting on the needs, goals or preferences of the consumer, such as in relation to falls, safe medication management, and best practice for consumers who have diabetes.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

Documentation reviewed by the Assessment Team demonstrates relevant staff, including the allied health team, are reviewing needs and modifying care when consumers’ circumstances change, such as following falls, when mobility levels deteriorate, when monitoring blood sugar levels for consumers with diabetes and when providing continence care. Documentation also shows all incidents are investigated, acted upon and the action evaluated through care plan review or reassessment. Other records confirm weekly and monthly clinical meetings are used to review and discuss consumers’ changing care needs and generate multi-disciplinary solutions as required.

During interviews with the Assessment Team staff reported they had received training in best practice care relating to falls and diabetes management, and all registered staff now complete annual medication competencies.

The Assessment Team reviewed audits and surveys available to monitor this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 2 Requirement (3)(e).

# STANDARD 3 COMPLIANTPersonal 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 assessed Requirements (3)(a), (b), (d), (e) and (f) as part of this assessment contact. Requirements (3)(c) and (e) in this Standard were not assessed.

The Assessment Team found all assessed Requirements in this Standard compliant. Based on the Assessment Team’s report I find the service compliant with these Requirements. I have presented the reasons for my decisions under the specific Requirements.

### 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.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement. The service was unable to demonstrate each consumer gets safe and effective personal and clinical care.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

Consumers described various ways the service now supports them to receive effective personal care, and clinical care that is best practice, tailored to their needs and optimise their health and well-being, for example:

* A consumer returned from hospital with two pressure-related injuries. The consumer reported staff looked after her wounds very well, and provided equipment to relieve the pressure, and they have now healed.
* A representative reported their brother had been losing weight and not eating. Staff notified them about these changes and arranged a review. The consumer is now eating, putting on weight and walking around the service again.
* Consumers said they feel they are getting good clinical care as the clinical nurse manager knows them well and is constantly reviewing their care.

The Assessment Team reviewed documentation relating to the management of restraints, skin integrity and pain and found evidence of staff following the appropriate processes to provide individualised care according to consumers’ care plans.

During interviews with the Assessment Team staff reported they are now provided with information about changes to consumers’ care needs during shift handover. During an 11.00am ‘huddle’ they meet to discuss issues that require follow-up by clinical, care or allied health staff. Staff described the strategies in place for managing behaviours, falls, individual personal care requirements, pressure injury prevention and dietary requirements for consumers who are at risk. Staff reported they now have better clinical support from the clinical nurse manager.

The Assessment Team reviewed audits and surveys available to monitor this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 3 Requirement (3)(a).

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

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

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement. The service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

A consumer described various ways staff have effectively managed high impact risks associated with their care. Their clinical condition had deteriorated due to infections and weight loss. Following return from hospital the consumer’s clinical care needs were reassessed and in consultation with them nutritional supplements were ordered and daily meetings with the chef were arranged. The consumer previously did not like the texture of food assessed as safe for them to eat. Staff spoke with the consumer about the risk of eating normal textured food and arranged review by the speech pathologist. The consumer reported the two pressure injuries they developed while in hospital had healed due to staff looking after them very well and providing pressure relieving equipment (an air mattress and gel cushion).

Documentation reviewed by the Assessment Team confirms staff follow set processes in relation to how they identify and manage high impact or high prevalence risks associated with care provided to consumers.

During interviews with the Assessment Team management and staff provided consistent information about the implementation of a stop and watch process providing a framework for care staff to record changes in a consumer’s condition. Staff also described how registered nursing staff complete the early warning score (EWS) and the SBAR (situation, background, assessment and recommendation) form which assists in providing information to medical staff during doctors’ rounds and medical reviews.

The Assessment Team reviewed audits conducted and evidence of regular meetings held to monitor compliance with this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 3 Requirement (3)(b).

### 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.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

The Assessment Team reviewed documentation detailing various ways deterioration or changes in consumers’ mental health, cognitive or physical function, capacity or condition are recognised and responded to in a timely manner, for example:

* Consumers displaying behavioural symptoms of dementia were referred to an external dementia service for reassessment. Care plans were updated following reassessment to provide staff with effective management strategies and no new adverse incidents have been reported.
* A consumer who fell during the night had a falls risk assessment completed and was reassessed by the physiotherapist prior to the 11.00am ‘huddle’ to update staff of changes to their mobility and transferring care plan.

During interviews with the Assessment Team staff reported they follow the stop and watch process. Any change in a consumer’s condition is discussed during the ‘huddle’ or at handover and reassessments are completed to identify if referrals to other health professionals (doctor, external or allied health service) are required. Staff reported consumers observed to be deteriorating are also discussed at the weekly multidisciplinary meeting and referred to other services if required, care plans are reviewed six monthly and all consumers are reassessed as required or annually according to a schedule.

The Assessment Team reviewed audits and surveys available to monitor this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 3 Requirement (3)(d).

### 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.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

The Assessment Team interviewed consumers and representatives who reported confidence in how information about their condition, needs and preferences is communicated within the organisation, for example:

* All consumers and representatives reported satisfaction with communication from staff and management about changes in care needs and preferences.
* A consumer said staff are very good and know what their preferences are in relation to continence management and food service.
* A representative said staff telephone them if there are any changes in the consumer’s condition, and staff are very good at knowing what the consumer needs particularly in relation to preventing falls.
* Consumers said resident meetings provide an opportunity to give feedback, but generally the manager and nurses ‘sort things out’ at the time.

During interviews with the Assessment Team care staff said they can report and record information directly into the client management system (iCare) and clinical staff reported they receive information in a timely manner, so they are aware of any changes to consumers immediately. Staff said the provision of iPads has made a significant difference to how quickly they can review and record information. Staff also said the shift handover and the 11.00am ‘huddle’ keeps them well informed about changes to consumers’ care, needs and preferences during the day.

The Assessment Team reviewed audits used to monitor this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 3 Requirement (3)(e).

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

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

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

During interviews with the Assessment Team consumers gave examples of staff making timely and appropriate referrals to individuals, other organisations and providers of care and services, for example:

* A consumer is being re-assessed by a speech pathologist after disagreeing with the recommendations of the assessment conducted while they were in hospital.
* Two consumers were referred for review by the occupational therapist who provided them with red plates, so they can see the food they are eating.
* A consumer was referred to the residential care line for support with their indwelling catheter due to it leaking. Staff also arranged a dental appointment for this consumer as their dentures had become loose.

During interviews with the Assessment Team staff and management reported they are using the SBAR tool when making referrals to the doctor. The tool provides staff with a formal process to follow when making referrals. Members of the multidisciplinary team reported their weekly meeting includes discussion about the need for referrals to other organisations and/or providers, such as dietician, podiatrist and dentist.

The Assessment Team reviewed documentation confirming the above verbal advice and audits used to monitor this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 3 Requirement (3)(f).

# STANDARD 4 COMPLIANTServices 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

The Assessment Team assessed Requirements (3)(a), (c), (f) and (g) as part of this assessment contact. No other Requirements in this Standard were assessed.

The Assessment Team found all assessed Requirements in this Standard compliant. Based on the Assessment Team’s report I find the service compliant with these Requirements. I have presented the reasons for my decisions under the specific Requirements.

## 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.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

During interviews with the Assessment Team consumers described various ways the service supports them to get safe and effective services and supports for daily living that meet their needs, goals and preferences, optimising their independence, health, well-being and quality of life, for example:

* Consumers reported staff are very good, and they help them to meet their needs or assist them to maintain their independence if they wish.
* Two consumers spoke of being provided with different coloured plates which helps them eat independently.
* A consumer living with Parkinson’s disease has red tape on the floor in his room to help him move safely, maximising opportunities to maintain independence with his activities of daily living.

During interviews with the Assessment Team staff reported all consumer goals and preferences have been reassessed and their care plans updated. Staff confirmed care plan reviews, including review of consumer goals and preferences, occur six-monthly.

The Assessment Team reviewed care plans reflecting recent reassessment, and reviewed new policies and procedures to guide staff, and audits and surveys to monitor this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 4 Requirement (3)(a).

### 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.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

During interviews with the Assessment Team consumers and representatives provided the following examples of how services and supports assist them to participate in their communities, continue important relationships and do things of interest:

* All consumers could describe how staff support them with activities of daily living and other things that are important to them.
* Consumers reported they have input into the activity program. They all reported receiving a copy of the activity program to keep in their room, so they can participate when they want to.
* A consumer said staff always make sure they can watch the Eagles play. The Assessment Team observed this consumer’s room was decorated with Eagles’ memorabilia.
* Another consumer said they enjoy all the activities as they get bored in their room. The consumer can see what activities are on the calendar and can wander down to the River Room anytime they like to join in – they said they love to play bingo and word games.
* A representative said their father enjoys going for a walk outside and staff or a volunteer take him regularly.

The Assessment Team observed all consumers had copies of the activity calendar within easy reach in their rooms. Throughout the two-day assessment contact visit the Assessment Team observed consumers talking to each other and spending time with people of their choice and observed two therapy staff engaging in group and individual activities.

During interviews with the Assessment Team the occupational therapist and two therapy staff spoke about providing tailored activity programs for both groups and individuals. Staff identified four consumers who required additional emotional support and said the pastor had recently visited. Staff and management said the new person-centred approach had resulted in ‘About Me’ profiles being created for all consumers to help them get to know consumers and what is important to them.

The Assessment Team reviewed documents reflecting the ‘About Me’ process and reviewed new policies and procedures to guide staff, and audits and surveys to monitor this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 4 Requirement (3)(c).

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

During interviews with the Assessment Team consumers and representatives provided the following examples of how the meals are varied and of suitable quality and quantity, for example:

* All consumers interviewed reported the meals had improved since the change of chef and menu. They now have more choice and can change their minds on the day if they want to.
* A consumer with specific dietary requirements for medical reasons described the new chef as ‘wonderful, wonderful’. They said the chef visits every day to plan meals and they are relieved someone understands their requirements.

The Assessment Team observed the lunch time meal service. The meals where well-presented and little wastage was noted. Staff were assisting a consumer who had received a salad consider other choices (two hot meals or sandwiches) when they decided they did not feel like the salad. The chef was present to assist and take consumers’ feedback during the meal service.

The Assessment Team reviewed a food survey to monitor this requirement. As a result of the survey the menu was changed following consultation with all consumers about their likes and dislikes.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 4 Requirement (3)(f).

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

During interviews with the Assessment Team consumers and representatives provided the following examples of safe, suitable, clean and well-maintained equipment, for example:

* Consumers reported the occupational therapist had reassessed them and trialled different pieces of equipment to suit them.
* A consumer was provided with an air mattress following their return from hospital with two new pressure injuries. The day of the Assessment Contact the occupational therapist and maintenance staff replaced the air mattress with a ‘curocell’ mattress as the pressure injuries had healed.
* A consumer reported they received support from the physiotherapist and occupational therapist after having a stroke. Their seating and mobility was reviewed and cushions were provided for their tilt chair.

Documentation reviewed included an equipment audit which identified new equipment was required. This has resulted in the purchase of new beds, air mattresses, wheelchairs, pressure relieving devices and a standing hoist. Some consumers were identified as needing new tilt chairs. These were purchased and staff received training on how to use them.

During interviews with the Assessment Team management and staff consistently reported all consumers are reassessed by the physiotherapist and occupational therapist for seating and other required equipment. The occupational therapist reported they work with consumers and families to ensure specialised equipment is appropriate to meet assessed care needs. The occupational therapist also said they complete a weekly air mattress audit to check the correct pressures are maintained. Staff interviewed reported they now have sufficient equipment to provide safe and effective care, including new sensor mats, call bell pendants, bed cradles and lo-lo beds.

The Assessment Team reviewed processes in place to monitor this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 4 Requirement (3)(g).

# STANDARD 5 COMPLIANTOrganisation’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 Assessment Team assessed Requirements (3)(b) and (c) as part of this assessment contact. Requirement (a) in this Standard was not assessed.

The Assessment Team found both assessed Requirements in this Standard compliant. Based on the Assessment Team’s report I find the service compliant with these Requirements. I have presented the reasons for my decisions under the specific Requirements.

## Assessment of Standard 5 Requirements

### 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.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

During interviews with the Assessment Team consumers and representatives provided the following examples relating to the comfort, cleanliness and ability to move around the service:

* Consumers said they feel at home and feel safe and comfortable living at the service.
* Consumers reported they can now access the outside balcony and can enjoy the river view if they wish.
* A consumer described the River Room as ‘a beautiful place to sit and spend the day’. They said on a good day they like to sit outside and watch the planes fly past as it reminds them of when they were able to travel. They said it is clean and comfortable and they ‘could not ask for more’.
* A consumer said they now access the smoking courtyard and do not have to rely on staff to let them back into the building.
* A consumer who smokes said they like the changes to the patio area and like to spend time out there even if they were not smoking as it is so nice and clean.

During interviews with the Assessment Team staff said if they come across a safety issue they will alert someone to it straight away. If they see something that is dangerous they stay there until the danger is removed to ensure consumers do not go near it. They said other things are reported through the maintenance request form and they are usually fixed quickly. Management said consumers with limited mobility are supported to move freely around the service via the handrails which have recently been replaced by smaller less bulky handrails that can be easily gripped. A video monitoring system is visible from the reception area and nurses’ stations to observe consumers who smoke. This is in addition to smokers wearing pendant alarms and having access to other safety equipment.

The Assessment Team interviewed maintenance staff who described the process they use to manage maintenance at the service. They said with the recent renovations they had a lot of challenges to ensure issues were acted on quickly. They described how the balcony area was made safe for consumer use. They said maintenance is available 24 hours a day seven days a week with all maintenance requests being prioritised to ensure hazards are fixed quickly.

The Assessment team reviewed two maintenance logs, one for preventative maintenance and the other for reactive maintenance. Both registers were up to date with no outstanding maintenance issues, confirming the process in place is followed.

The Assessment Team observed the internal and external service environment to be safe, clean and well-maintained. Consumer rooms were clean with no visible dirt. Corridors were freshly painted with new flooring and new furniture and were free of obstacles enabling consumers to walk safely. Consumers were seen moving freely between inside and out and using the new furniture in outdoor areas. New furniture in the River Room included enough seats for all consumers who wanted to sit. Equipment not in use was being stored in two unused consumer rooms until a suitable storage area is devised.

The Assessment Team reviewed processes in place to monitor this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 5 Requirement (3)(b).

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

During interviews with the Assessment Team consumers and representatives provided the following examples relating to furniture, fittings and equipment:

* A consumer stated that staff wipe down his wheelchair each night and it is looked at regularly to make sure things are okay.
* A representative said they recently changed the consumer’s bed which is now much bigger and brand new.
* Consumers reported they had been re-assessed for their equipment needs and had trialled different equipment to see if it suited them.

Documentation reviewed by the Assessment Team indicates the service completed an audit of all equipment (including beds, wheelchairs, slings and hoists). All unsuitable equipment was replaced with new equipment. The preventative maintenance log shows equipment is maintained regularly by the company providing the equipment.

The Assessment Team observed furniture, fittings and equipment appeared safe, clean and well-maintained. The communal areas appeared to contain ample seating, including recliners, that looked new and clean. Equipment such as wheelchairs and beds were observed to be clean and suitable for use. Lifting equipment appeared to be clean, in good order and stored appropriately when not in use.

During interviews with the Assessment Team staff said they have received training in how to use the equipment. They said consumers have received new equipment recently such as beds, wheelchairs and walking equipment. They said they clean down equipment each time it is used before using it with another consumer and confirmed they wipe down seating if it gets wet with urine. Management reported the current call bell system is an older type, but it works effectively. To overcome some of the shortcomings of the call bell system the service has provided all smokers with pendant alarms. The call bell system is budgeted to be replaced this year.

The Assessment Team reviewed processes in place to monitor this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 5 Requirement (3)(c).

# STANDARD 6 COMPLIANTFeedback 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 Assessment Team assessed Requirements (3)(c) and (d) as part of this assessment contact. No other Requirements in this Standard were assessed.

The Assessment Team found both assessed Requirements in this Standard compliant. Based on the Assessment Team’s report I find the service compliant with these Requirements. I have presented the reasons for my decisions under the specific Requirements.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

During interviews with the Assessment Team consumers and representatives provided the following information about satisfaction with the complaints process available to them:

* A consumer lodged a complaint about their porridge being too lumpy and it was difficult for them to eat. They said management worked with the kitchen and now the porridge they receive is good.
* A representative said they lodged a complaint a few months back after a staff member applied cream to the consumer’s groin but did not change the wet continence aid, and management responded immediately. The staff member was counselled, the consumer’s continence care plan was updated, and all staff were made aware of the changes. They said they are satisfied with the outcome and have had no further problems.

The Assessment Team reviewed documentation relating to comments and complaints which showed action is taken when feedback is received, and analysis takes place monthly. All received complaints and feedback had been actioned. The Assessment Team sighted the open disclosure policy and evidence of all staff having received training in complaints and the open disclosure policy in May and June 2020.

During interviews with the Assessment Team three staff members said they have had recent training in complaints and the open disclosure policy. They could describe what open disclosure meant and said management encourage them to be open when talking to consumers or representatives. One staff member spoke of when they forgot to get a cup of tea for a consumer. As soon as they remembered they went back to the consumer and apologised - they remembered to do that from the training. Management provided an example of a consumer who did not receive optimal wound care. They were honest with the family and apologised.

The Assessment Team reviewed processes in place to monitor this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 6 Requirement (3)(c).

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement, as ongoing concerns had not been actioned. The service has introduced a new complaints and feedback process which ensures all feedback and complaints are addressed, analysed and monitoring, and appropriate items are fed into their continuous improvement system.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

During interviews with the Assessment Team consumers and representatives provided the following information about the effectiveness of the feedback and complaints process:

* Consumers said management are responsive to their suggestions and they feel they can go to management at any time and know they will be listened to and their issues resolved.
* A consumer said when they first installed the automatic doors the doors would open when people walked past, which made the corridor cold. In response to this complaint the service installed a button on the door so they only open if someone presses it when they want to go outside.
* A consumer said they used to regularly complain about the food but said ‘the food has improved 1000% since the new chef has come along. They do a great job now. Management really listened to what we were saying’.

Documentation reviewed by the Assessment Team confirms all complaints and feedback are recorded including the complainant’s desired outcome. Once action has been taken and an agreed outcome reached it is recorded and closed. The complaints documentation showed very few complaints from the past six months that did not relate to food, and complaints about food stopped at the beginning of June 2020 when changes were made to the catering team. The last complaint about care was lodged at the beginning of April 2020 and was appropriately resolved.

During interviews with the Assessment Team management confirmed they used to receive a lot of complaints about food, but consumers now seem happier with the food after changes were made. Management spoke of the chef’s daily meetings with one consumer who has specific dietary requirements, as has been mentioned previously in this report. Staff said management are responsive to all complaints - they can raise anything and it will be actioned.

The Assessment Team reviewed processes in place to monitor this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 6 Requirement (3)(d).

# STANDARD 7 COMPLIANTHuman 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 assessed all Requirements in this Standard as part of this assessment contact.

The Assessment Team found all Requirements in this Standard compliant. Based on the Assessment Team’s report I find the service compliant with these Requirements. I have presented the reasons for my decisions under the specific Requirements.

## 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.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement. The service could not demonstrate effective systems and processes to enable them to understand numbers and skill of staff required at the service or continuity of care due to the usage of agency staff.

The service has reviewed care needs and revised staffing levels to ensure care could be delivered in line with the quality care standards. Improvements include:

* Replacement of the care co-ordinator role with the clinical nurse manager role to oversee the clinical care of all consumers, supported by a clinical nurse specialist.
* Introduction of registered nursing care seven days per week during the day with enrolled nursing care during the evening. An evening registered nurse can be introduced if care needs change.
* Introduction of additional care hours including a floater shift in the morning, all care staff commencing afternoon shift at 3.00pm to ensure they all have a complete handover and an increase in night staff hours.
* Additional kitchen staff hours.
* Introduced the use of daily allocation sheets.
* Recruited additional casual staff to reduce agency usage.
* Call bell monitoring and analysis to ensure consumer needs are being met.

During interviews with the Assessment Team consumers and representatives provided the following information about the ability of staff to deliver safe and quality care and services:

* Consumers interviewed were satisfied with current staffing numbers and said there are not that many agency staff now which has made it much better.
* Consumers said there seems to be more staff now and they do not feel rushed with their care.
* Consumers said staff seem much happier and more willing to help now. They generally do not have to wait too long for their call bell to be answered and receive assistance.

The Assessment Team reviewed staff rosters and allocation sheets for the last fortnight. Documentation showed all shifts were filled with two enrolled nursing shifts in the evening being filled by agency staff. No other agency usage was shown.

During interviews with the Assessment Team staff said they are satisfied with the current staffing numbers, they feel supported by management now and would not hesitate to raise concerns about staffing numbers as management are approachable and listen to their concerns. The service manager completed a review of staffing numbers and introduced the staffing changes after commencing at the service in December 2019. The review focused on acuity of care not just the numbers of consumers in the service. The manager provided an example of when registered nurse staffing levels were increased to ensure a consumer nearing end of life received appropriate care. Management said they listen to staff feedback about staffing and will assess any issues raised.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 7 Requirement (3)(a).

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

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

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement. The service could not demonstrate it ensured staff interactions were kind, caring and respectful and it monitored staff performance in relation to this Requirement.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

During interviews with the Assessment Team consumers provided the following feedback relevant to this Requirement:

* One consumer likes to sit in their room and finds it difficult to breath in the mornings. They said staff are constantly coming in to make sure they are okay and ask if they need anything. In the afternoons they find it much easier to talk and staff will always sit down and have a chat with them. They appreciate this as it did not happen before.
* Another consumer said things have certainly changed for the better. Everything is cleaner and the staff are so much happier and nicer.
* A consumer who smokes said staff are really good to them. They know when they are ‘a bit down’. They like to stay in their room and staff always know to bring them a cup of tea and make sure they are okay.

During an interview with the Assessment Team management said all staff have completed training in customer service to ensure the mission, vision and core values of the organisation are followed. Staff training included dignity and choice, privacy, and reading and signing the organisation’s code of conduct policy.

The Assessment Team observed staff interactions to be kind, caring and respectful. During the lunch service on both days of the visit staff were observed to ask consumers if they wanted the food being placed in front of them. In one dining room a consumer asked for a different meal and this was provided. Consumers who required assistance with meals were not rushed and were spoken to while staff were helping them. Staff were seen knocking on doors and seeking permission before entering consumers’ rooms.

The Assessment Team reviewed processes in place to monitor this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 7 Requirement (3)(b).

### 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.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement. The service was unable to demonstrate the workforce was competent and had the knowledge to effectively perform their roles.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

During interviews with the Assessment Team consumers stated they felt the care they are receiving is satisfactory and staff are competent and qualified to perform their roles, for example:

* A consumer said they feel they get good care now. The clinical nurse manager knows everything that is going on and they are confident they are receiving quality care from staff who know what they are doing.
* A consumer said they have been in the service for about one year. They like not having to look after their own medication, they receive their medication on time, and have not had any problems with the staff who give it to them.

The Assessment Team reviewed documented competencies for each role which are provided to staff when they commence with the service and when competencies are updated. All competencies have recently been updated to ensure staff have the capabilities to meet the requirements for each shift. Staff performance appraisals are based on staff meeting these core competencies.

During an interview with the Assessment Team management said a clinical nurse manager has been employed to oversee clinical care. All clinical staff have received additional training including wound and pain management. All staff received refresher training in medications competencies in March 2020. Four medication trollies are now in use, one for each section. Clinical incidents are now monitored, and all medication incidents reviewed. Care staff are monitored by clinical staff and can approach them for assistance if required. In addition, management welcome and follow up feedback from consumers, representatives and other staff in relation to performance.

The Assessment Team reviewed processes in place to monitor this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 7 Requirement (3)(c).

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement. The service could not demonstrate staff were effectively trained and supported to deliver the outcomes required by these standards.

The service now demonstrates it understands, applies, reviews and monitors this Requirement.

During interviews with the Assessment Team consumers said they were satisfied staff were sufficiently trained to provide them with quality care and gave the following examples:

* A consumer said staff did not use to know what they were doing but they don’t have to tell them what to do anymore. They seem to know what they are doing.
* A representative said the clinical care their consumer is receiving has improved, the clinical nurse makes sure everything is in place for good care and keeps them up to date with what is happening.

Documents reviewed by the Assessment Team confirm staff have completed their mandatory training requirements, including training in the Quality Standards. The service is automatically notified by head office of any upcoming training requirements and the facility manager ensures that training is completed as scheduled and entered in the service training matrix. An annual training schedule allows staff to plan which mandatory and additional training sessions they need to attend.

During interviews with the Assessment Team staff reported they have enjoyed the additional training, and training in the Quality Standards has made it easier for them to know what to do. All staff who have requested additional training confirmed it has been provided. Management said the registered nurse provides additional training if required and always does regular toolbox training sessions on things such as continence care and pain management. Management said they identify staff training needs through staff feedback, clinical indicator analysis, consumer feedback and notification of changes to legislation and regulations. Training on wound care has recently been provided based on previous feedback.

The Assessment Team reviewed processes in place to monitor this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 7 Requirement (3)(d).

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement. The service did not demonstrate all staff had undertaken a performance appraisal in accordance with the organisation’s policy and did not demonstrate how staff performance was monitored or reviewed to ensure best practice outcomes for consumers.

The service now demonstrates it understands, applies, reviews and monitors this Requirement.

Documents reviewed by the Assessment Team confirm all outstanding performance appraisals and probations reviews are now completed. Staff have completed retraining in medication competencies and medication incidents are reviewed in line with the service’s medication policy.

During interviews with the Assessment Team management advised the organisation has a staff performance framework managed by a human resource team. Management monitors that performance appraisals are completed and action items are followed through. Additional training requests are submitted to the training area if not already included on the schedule. Clinical staff say they monitor care staff and can provide them with assistance as required. Staff said they now feel the performance assessment process is valuable and will help with their development. Staff said the performance discussion is conducted by the residential manager who they described as being easy to talk to, and who listens to what they have to say.

The Assessment Team reviewed processes in place to monitor this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 7 Requirement (3)(e).

# STANDARD 8 COMPLIANTOrganisational 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 assessed Requirements (3)(a), (b), (c) and (d) as part of this assessment contact. Requirement (e) in this Standard was not assessed.

The Assessment Team found all assessed Requirements in this Standard compliant. Based on the Assessment Team’s report I find the service compliant with these Requirements. I have presented the reasons for my decisions under the specific Requirements.

## 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.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement. The service was unable to demonstrate consumers were supported to be engaged in the development, delivery and evaluation of care and services.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

The Assessment Team spoke with consumers and representatives who confirmed they now feel like the they are a part of the development and evaluation of care and services. They provided the following examples:

* One consumer who is part of the consumer advisory group said ‘it is good to feel like you can have a say and it is listened to. It now really makes me feel like they care what I have to say. We now have a voice’.
* A representative who attends the meetings said ‘you can tell the consumers enjoy being part of the group, they really seem to enjoy being able to talk about what they want. It is good for the morale of all and management appears interested in what they say’.

During interviews with the Assessment Team management confirmed a resident advisory group has been established. Members were selected via an expression of interest process and include consumers and representatives acting on behalf of consumers. Management said they developed the group to allow consumers to have a say in what is going on and it provides an avenue for consumer representatives to raise matters on behalf of other consumers. The group has met on three occasions so far, the first to establish terms of reference and the following meetings were to discuss care and services. Consumers were involved in choosing the colours for each wing and the artworks and furniture selections for stage one of the service renovations. Future meetings will be held every two months.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 8 Requirement (3)(a).

### 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.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement. Consumers were not sure the organisation had oversight of what was happening at the service and staff were concerned about not being able to work safely.

During interviews with the Assessment Team management advised since the non-compliance was identified the organisation’s board has driven many changes to address this Requirement, for example:

* New site leadership was appointed overseen by the area manager who is responsible for ensuring service information is provided up the management line through various sub-committees to the board.
* A clinical nurse manager has been appointed to replace the care co-ordinator to oversee clinical care. They are supported by a clinical nurse specialist and report to the manager of clinical governance who reports to the clinical governance committee who reports to the board.
* Staffing levels have been reviewed to ensure safe and effective care can be provided such as registered nurse coverage seven days per week and an additional care worker shift in the mornings to assist with personal care. All changes have been approved to continue in the 2020/21 budget.
* The board has supported staff to undergo a significant training program which includes training on the Quality Standards and organisational policies and procedures.

The Assessment Team reviewed evidence of the new reporting framework, including sub-committees, enabling the board to monitor service changes to ensure safe and effective care is delivered.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 8 Requirement (3)(b).

### 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.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement.

Documents reviewed by the Assessment Team include policies and procedures which have been reviewed and updated to align with the new Quality framework. New audits and surveys have also been implemented to improve monitoring against the new Standards. All of the newly implemented guidance documents are available to staff through the intranet. The plan for continuous improvement includes action taken, planned or ongoing, with time lines to track progress. Feedback from other monitoring systems, such as comments and complaints and surveys, have been included on the plan to ensure it is actioned.

During interviews with the Assessment Team management reported the service has implemented a new handover sheet to better inform staff of consumer requirements. A daily ‘huddle’ occurs at 11.00am each day to ensure all staff are aware of any changing consumer needs. The afternoon shift start time is now aligned so all staff attend a handover before providing care. Staff have received education on the electronic client management system so they can better understand how to record and access information.

In relation to financial governance, management were able to describe the process they follow, including escalation pathways, to ensure resources are available to deliver safe, quality care and services.

In relation to workforce governance management advised a human resource team oversees management of personnel. All staff are monitored to ensure they have completed mandatory training and have current professional registrations and police checks. Revised duty statements outline the responsibilities of specific roles and staffing has been revised to ensure there are sufficient suitably qualified staff for each shift. A clinical nurse specialist and clinical nurse manager have oversight of all clinical care.

In relation to regulatory compliance the service has established links with external organisations to ensure they are informed of changes to regulatory requirements.

During interviews with the Assessment Team staff reported using portable tablets to access the client management system has helped them provide more timely care. They were satisfied they now receive enough information to effectively complete their duties. They said information at handovers is now thorough and gives them a good understanding of what consumers need. They now receive emails to inform them of changes to procedures and practice and it alerts them to what is happening within the service.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 8 Requirement (3)(c).

### 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.*

During a Review Audit conducted between 25 and 27 November 2019 the service was found to be non-complaint in this Requirement. While the service had a risk management framework in place it was not found to be effective.

During interviews with the Assessment Team management provided the following information about improvements that have been made in relation to this Requirement:

* The service’s risk management framework has been reviewed and all staff have received training on the risk management policies and procedures.
* Weekly multidisciplinary meetings occur to review high risk consumers. Monthly clinical meetings occur to review clinical indicators and plan responses to identified trends.
* A new incident recording system is being implemented to able the timely review of incidents.
* A new elder abuse policy has been developed, including a flow chart for staff to follow in the event of suspected elder abuse. All staff have received training in the new elder abuse policy and elder abuse and staff obligations are discussed regularly at toolbox sessions and staff meetings.

During interviews with the Assessment Team staff were able to describe how they minimise risks to consumers, and where to find policies and procedures should they need guidance. Staff talked of discussing risks with consumers and accepting if they choose to take risks they would support them as documented in their care plans. Staff accurately described abuse and neglect and their role should this be suspected.

The Assessment Team reviewed documentation relating to a mandatory report made in April 2020. Records show all legislative requirements were followed.

The service has taken remedial action and now demonstrates it understands, applies, reviews and monitors this Requirement.

For the reasons detailed above I find Uniting Church Homes, in relation to Juniper Riverslea, is Compliant in relation to Standard 8 Requirement (3)(d).

# Areas for improvement

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