Juniper Riverslea

Performance Report

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

**Commission ID:** 7099

**Provider name:** Uniting Church Homes

**Site Audit date:** 29 March 2021 to 31 March 2021

**Date of Performance Report:** 26 May 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

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

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers said they were treated with respect, their choices were listened to and actioned including their gender preferences for staff for the delivery of personal care. Consumers confirmed staff were aware of what was most important to them and they were supported to do things they enjoyed including, but not limited to, going out with family to spend time shopping or having a coffee on a regular basis. Most consumers said staff spoke to them about their day-to-day decisions which were carried out. Consumers said their personal privacy was respected and some consumers advised their preference to have their doors closed was respected.

Staff had a shared understanding of consumers’ cultural identity and life history to provide appropriate cultural services. Staff had received training regarding respect, cultural needs and diversity of consumers. Staff were aware of specific details regarding consumers’ history which impacts on their independence and support services. Consumers were provided information about complaints, lifestyle activities and meals through face to face discussions, the service’s noticeboards and consumer meetings.

Therapy staff detailed information regarding consumers’ cultural diversity in care documentation and developed care plans and profiles to ensure the dignity and diversity of consumers was respected. Staff supported consumers to maintain their relationships of choice and were aware of external support services accessed by consumers for decision making.

Assessment information was completed and included how consumers were supported to take risks to live the best live they could. Case conferences were completed with representatives and those involved in decision making processes.

Organisational policies and procedures provided staff with guidance in relation to risk, consumer privacy and protection of personal information. The service’s electronic clinical care system was password protected and all nurse’s stations were keypad locked.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

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

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

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

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

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers and representatives said that they are involved in care planning of the consumer’s care and services. Consumers and representatives confirmed the consumers goals, needs and preferences are included in consumer assessments including when the consumer’s circumstances changed or when an incident impacted on the needs, goals or preferences of the consumer. Consumers and representatives said they had expressed their end of life wishes, and some consumers and representatives said they had completed an advanced health directive.

Consumers and representatives said the service involved other health professionals and specialist services in the assessment process as needed. They confirmed staff provided information about the consumers’ assessed care needs, including a copy of the consumer’s care plan.

Registered staff had a shared understanding of the service’s assessment processes which occurred on entry to the service and on an ongoing basis. Management said they approach end of life conversations with consumers on entry to the service, and if there is a change in consumers condition. Staff confirmed the outcomes of assessments are documented in consumer care plans and these are discussed with consumers and representatives as part of care planning.

Care planning documentation reflected individualised needs, goals and preferences and included specific risks to each consumers’ health and well-being such as risk for falling, pain and diabetes management. Care plans were readily available to all staff, including visiting health professionals.

The service had policies and procedures to guide staff in their practice. Clinical assessment tools and consumer care plans were available on the service’s computerised system and on portable electronic tablets.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers and representatives confirmed that consumers receive personal and clinical care that is right for them and meets their individual needs and preferences. Consumers and representatives said that the consumers were referred to their Medical officer or other health professional to meet their changing personal and clinical care needs and said referrals occurred promptly.

Staff had a shared understanding of consumers’ personal and clinical needs and provided examples of individualised strategies for managing high-impact and high-prevalence risk, such as skin integrity, falls and behaviours. Staff could access an external palliative care team to provide additional support 24 hours per day when required. Staff said they had access to registered staff when changes in consumers’ conditions were identified.

### No consumers at the service required physical or chemical restraint. Consumers’ pain management and skin integrity needs were managed effectively. Care planning documentation reflected referrals to other health professionals and the identification of, and response to consumer deterioration or a change in consumer’s condition and/or health status. Care documentation reflected the involvement of other providers of care including, but not limited to, speech pathologist, dietician, podiatrist, palliative care services, mental health and behaviour management specialists.

The service has policies, procedures and guidelines to support the delivery of care provided including end of life care, advanced care planning, recognising and responding to consumer deterioration, restraint, skin integrity and pain. The service monitored care delivery through the analysis of clinical incident data including incidents of high impact and high prevalence risks for consumers such as falls, medication incidents, infections and pressure injuries. The service’s Infection Prevention Control lead said the service had access to an organisational infection control consultant for support who leads all infection control management including the minimisation of antibiotic therapy.

### The service has implemented policies and procedures to guide staff in minimisation of infection related risks. Staff confirmed they have received training in COVID-19, infection control principles and anti-microbial stewardship. Practices were in place that demonstrated that the service has planned and is prepared for a potential outbreak.

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

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

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

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

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers confirmed they were well supported to maintain/optimise their independence and health, and things they wanted to do. They said consumers’ emotional, spiritual and psychological well-being was supported by the service. Consumers and representatives advised they were encouraged and supported to maintain an independent lifestyle and to participate in community and social activities of interest to them. They said the service encouraged social and personal relationships.

Care information included strategies for the delivery of services and supports for daily living that reflected the diverse needs and characteristics of consumers. Care plans included information regarding consumers’ emotional, spiritual or psychological well-being. Care plans included information about how consumers were supported to participate in the community, maintain their interests and relationships of choice. Care information evidenced the involvement of others in the provision of lifestyle supports. Care planning documentation reflected consumer’s dietary needs and preferences.

The occupational therapist and physiotherapist developed monthly activity programs from assessment information, consumer feedback and review of consumer’s participation rates in activities. Staff advised they provided additional wellness activities to consumers during COVID-19. Therapy staff had a shared understanding of strategies that were effective in addressing barriers that prevented consumers from being active in their community, maintaining personal relationships and doing things of interest to them. Staff confirmed other organisations and other providers of care were involved in the provision of lifestyle services including, but not limited to, an external disability provider, allied health and religious services.

The lifestyle program was reviewed and evaluated regularly and communicated to consumers through calendars displayed throughout the service, newsletters, meetings and noticeboards. A therapy/lifestyle program is held seven days per week and is developed in alignment with consumer’s care plan information.

Consumers were supported to attend regular church services and pastoral care staff visited the service regularly and when required. Equipment was clean, suitable and readily available to support consumer’s activities of daily living. All consumers were assessed by the physiotherapist and occupational therapist prior to the introduction to new equipment or when consumers chose to use their own. Policies and procedures were available to guide staff in relation to referring consumers to external organisations for non-clinical service providers.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers and representatives said the service had spaces to interact with others, for quiet reflection, encourages a sense of belonging and was welcoming to their friends, family and other visitors. Consumers found the environment safe, clean and well maintained. Consumers could move freely around the service and could access the community. Consumers and representatives said the design of the furniture and fittings helped consumers maintain their independence and added to the comfort of the service environment.

Staff confirmed surveys were used to identify if consumers feel at home. Management advised the service environment is designed to support consumers with a cognitive impairment. Staff had a shared understanding of the service’s cleaning and maintenance programs. Cleaning staff confirmed cleaning services were available seven days per week.

The service environment is kept safe, clean and comfortable through the service’s maintenance programs, security systems, reporting/feedback mechanisms and environmental audits.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives said they felt supported to make complaints and felt supported and safe to do so. Most consumers said that appropriate action is taken in response to their concerns. Consumers and representatives said they feel comfortable raising concerns and described how feedback is provided at the service.

Staff were aware of how to access advocacy services and could access multilingual services when required. Staff said they had access to multilingual services they can refer consumers to when required. Staff described how they would assist the consumer to make a complaint and demonstrated an understanding of open disclosure including acknowledging when something went wrong and offering an apology.

Complaints and feedback were captured through various ways, including feedback forms, food focus groups and consumer meetings. Policies and procedures were available in relation to the service’s feedback processes including open disclosure. Audits were scheduled to monitor the service’s feedback processes. Advocacy and complaints information was accessible by consumers in more than one language if required. Complaints data was reviewed and analysed each month and contributed to the service’s plan for continuous improvement.

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

## Assessment of Standard 6 Requirements*.*

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The service’s workforce was planned to enable, and the number and mix of members of the workforce deployed enabled, the delivery and management of safe quality care and services.

Consumers and representatives confirmed there were generally enough staff at the service and staff were responsive requests for assistance. They said staff were kind, caring and gentle when delivering care and services. Consumers and representatives felt confident that staff were skilled enough to meet consumers’ care needs.

Staff confirmed shifts were filled and a casual pool and agency staff were used to replace unplanned leave. Management advised a registered nurse was available each morning and a Clinical nurse manager was available Monday to Friday to oversea clinical care and provide additional clinical support when required. The service had discretion to allocate extra staff when consumers were receiving end of life care. Management advised staff competency was determined through staff recruitment processes, essential and competency training, quality indicators, observation of staff practice and feedback from consumers.

Staff confirmed they had undertaken performance appraisals to further support their performance and development. Management advised consumer feedback contributes with the assessment, monitoring and review of staff performance.

The service’s expectations were explained to staff during the service’s orientation process that is free from unacceptable behaviour and is in line with the service’s values and person-centred philosophy. Job descriptions were available for staffs’ specific roles and regular professional development days were scheduled in addition to mandatory training requirements. The service monitored the certification and registrations of all staff and staff performance appraisal processes in place to review staff performance. The service’s policies and procedures provided staff with guidance in relation to the performance framework.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

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

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

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers considered that the organisation was well run and felt they could partner in improving the delivery of care and services.

The governing body promoted a culture of safety and quality and included this in the organisation’s governance systems. The organisation was committed to delivering quality care and services. Clinical care was overseen by the organisation’s Care and Clinical Governance Committee of the Board. Changes to care and services occurred in response to consumer feedback and were initiated by the Board.

The organisation had effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints. Monitoring systems included a range of reports for incident management, compulsory reporting, feedback and complaints, audits and surveys.

The organisation had implemented effective organisation wide governance systems, effective risk management systems and processes and a clinical governance framework. Organisational policies guide staff practice including in relation to antimicrobial stewardship, restraint minimisation, dignity of risk and open disclosure. Staff were familiar with these policies and could describe how they applied to the work that they do.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

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