Juniper Sarah Hardey

Performance Report

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**Commission ID:** 7254

**Provider name:** Uniting Church Homes

**Site Audit date:** 5 October 2021 to 6 October 2021

**Date of Performance Report:** 11 November 2021

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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 Commissioner’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 consumers, representatives, staff and others
* the provider’s response to the Site Audit report received 29 October 2021.

# 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 Quality Standard is assessed as Compliant as six of the six specific Requirements have been assessed as Compliant.

The Assessment Team found all sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* confirmed staff act with respect and demonstrate dignity and care when interacting with consumers;
* consumers are respected and feel their identities are valued and understood by staff;
* staff and the service provide consumers with culturally safe care and services;
* are provided with choices and documentation is provided to consumers to make a variety of choices;
* consumers are supported to take risks and do things they want to do and staff explain risks to them; and
* consumers’ privacy is respected and feel consumers’ personal information is kept confidential.

Consumer files sampled included specific information relating to consumers’ history, including cultural background, ethnicity, individual likes and dislikes, and religious beliefs. Consumers sampled were happy with the way staff treat them and indicated they were respected and felt their identities and values were understood. Staff sampled were familiar with consumers’ backgrounds and provided examples of how they treat consumers with dignity and respect, ensuring their identity, culture and diversity are valued.

Documentation sampled demonstrated information provided to consumers is current, accurate and timely. Information is made available to consumers through meeting forums, case conferences and noticeboards. Staff sampled described alternative ways in which they provide information to consumers, including for consumers who do not speak English. Staff were observed to deliver care in a way which promoted and respected consumers’ privacy and personal information is kept confidential.

Consumers stated they are supported to exercise choice and independence, maintain relationships and make decisions about their own care. Each consumer is provided with information to assist them in making informed choices about the care and services they want to receive on entry and ongoing. Initial assessment processes include discussion and identification of relationships that are important to consumers and ways consumers can maintain these relationships once they have entered the service. There are processes to identify how much involvement consumers or their family members have in the choices they make and consumers are encouraged to ask questions to seek further understanding.

Consumers are supported to take risks to enable them to live the best life they can. Where consumers choose to undertake an activity which includes an element of risk, assessments are completed and strategies to mitigate risks are implemented in consultation with the consumer and/or representative to ensure consumers are able to undertake these activities safely. Staff described risks individual consumers take and how they support them to take risks in a safe manner.

Based on the evidence documented above, I find Uniting Church Homes, in relation to Juniper Sarah Hardey, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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 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 Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* are informed of the outcomes of assessment and planning processes and met with clinical staff and others following development of the care plan to ensure consumers’ needs and preferences were captured;
* are provided an opportunity to share consumers’ goals and preferences and this information is included in care plans;
* can discuss consumers’ specific needs and preferences with staff and changes are made to reflect this information; and
* are aware of what information is included in the care plan and staff meet with them regularly to ensure consumers are happy with the care provided.

A range of clinical, personal care and lifestyle assessments are completed on entry and on an ongoing basis, including when a change in consumers’ health and well-being is identified. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop detailed care plans which incorporate each consumer’s goals, needs and preferences. A range of validated assessment tools are utilised, including for falls, depression and pain. Individualised management strategies are developed to minimise impact of risks and are included in care plans. Staff described assessment and planning processes and care staff indicated they have access to care planning documents to assist with delivery of care and services to consumers.

Consumer files sampled demonstrated consumers’ needs, goals and preferences are identified through assessment and planning processes. This included advance care planning and end of life planning. Most care files sampled included an advance care directive which included goals related to end of life and care preferences.

Care files demonstrated staff work closely with consumers and/or representatives and seek input from the multidisciplinary team to ensure care and services are in line with consumers’ needs and preferences. Consumers’ plans of care are discussed with consumers and/or their representative on entry and ongoing. Care and services were noted to be reviewed in response to changes in consumers’ condition, circumstance and incidents. There are processes to ensure staff providing care are notified of any changes to consumers’ care and service needs.

Based on the evidence documented above, I find Uniting Church Homes, in relation to Juniper Sarah Hardey, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## 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 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 Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found all consumers sampled considered that they receive personal care and clinical care that is safe and right for them. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* confirmed consumers are provided timely personal and clinical care that is safe and provided in the manner they have requested;
* consumers have access to appropriate clinical and other specialists to manage their complex health needs, including when there has been an incident affecting them; and
* representatives are satisfied with the management of clinical incidents and the way staff keep them informed of adverse events consumers are involved in or impacted by.

Care plans and assessments sampled demonstrated care provided to consumers is individualised, safe, effective and optimises consumers’ health and well-being. Care plans are developed from information gathered on entry from a range of sources, including discharge summaries, aged care assessments and information from the consumer and nominated representatives. Care files demonstrated appropriate management of skin integrity, pain and specialised nursing care needs. Staff described how the organisation supports them to deliver personal and clinical care that is best practice and meets the needs of each consumer.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes, and individualised management strategies are developed and documented in care plans to assist staff to deliver care and services in line with consumers’ assessed needs and preferences. Consumer files demonstrated identification and appropriate management of risks, including in relation to wounds, falls, behaviours, hospitalisations and diabetes. Clinical and care staff sampled were knowledgeable about high impact or high prevalence risks for consumers sampled and described strategies to minimise impact of those risks.

Care files indicated consumers and representatives are provided opportunities to discuss consumers’ preferences relating to end of life care and advance care planning documents are completed. Where consumers are nearing end of life, registered staff work with consumers and/or their representatives to review consumers’ care needs and goals. Care plans, in line with a person centred approach, are developed and include management of symptoms, withdrawal of treatments as appropriate and medications which may be beneficial or no longer appropriate. Staff described care provided to consumers at end of life and indicated they have received training in palliative care.

Where changes to consumers’ health are identified, additional charting, assessments and monitoring processes are implemented and referrals to Medical officers and/or allied health specialists initiated. Care files sampled demonstrated recommendations from Medical officers and/or allied health specialists are incorporated into consumer care plans. Care staff sampled stated they report changes to consumers’ health and well-being to clinical staff. Additionally, where changes to consumers’ care and service needs occur in response to deteriorating health, there are processes to ensure these are communicated to staff.

The service has an effective infection control system in place to prevent and control infection. Staff were observed practicing appropriate infection control processes and protocols throughout the Site Audit. Clinical care staff demonstrated knowledge and understanding of antimicrobial stewardship principles and described practical strategies initiated to minimise spread of infection. An annual influenza vaccination program is in place and consumers and staff have commenced receiving COVID-19 vaccinations; there are processes in place to monitor vaccination rates for both.

Based on the evidence documented above, I find Uniting Church Homes, in relation to Juniper Sarah Hardey, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

### 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 COMPLIANTServices and supports 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 Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found most consumers sampled considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* consumers are provided with daily living activities that are important to them and are supported to continue to do things they want to;
* consumers are supported emotionally by staff and are aware of the supports available to them;
* consumers are supported to maintain relationships with people who are important to them;
* consumers like the food and are given choices with their meals if they do not like the options included on the menu; and
* consumers have all the equipment they need to meet their needs.

Initial and ongoing assessment processes assist to identify consumers’ life history, religious and cultural needs, significant life events, celebrations they wish to participate in, past interests and things they would like to do to optimise their well-being and quality of life. Care plans are developed from information gathered and include strategies and options to deliver services and supports reflective of consumers’ diverse needs and characteristics.

The Activity plan is updated on a fortnightly basis to include different activities to suit the consumer cohort and consumers were observed participating in various activities during the Site Audit. Care plans included preferences for emotional, spiritual and psychological well-being and for consumers at risk of isolation, specific interventions and support strategies had been developed. Staff knew consumers on a personal level and described support strategies they implement where a change in a consumer’s demeanour is recognised.

Care plan documentation included information relating to how consumers are supported to participate in the community, maintain friendships and identified people who are important to them. Additionally, consumer files demonstrated information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared.

Consumers’ nutrition and hydration needs and preferences are identified through consultation and assessment processes. A four week seasonal rotating menu is in place and further options are available to consumers as required. There are processes to monitor consumer satisfaction with meals, including through meeting forums, feedback processes and surveys.

Based on the evidence documented above, I find Uniting Church Homes, in relation to Juniper Sarah Hardey, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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 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 Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

The Assessment Team found most consumers sampled considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* are happy with the service environment and confirmed staff are welcoming and friendly;
* consumers are able to move freely both indoors and outdoors; and
* consumers are provided with the equipment and support they need and feel safe when staff use the equipment to assist in their daily care.

The Assessment Team observed the service environment to be welcoming and easy to understand and navigate. Bedrooms are numbered and include a picture of the consumer and their name to enable easy location. Consumer rooms were also noted to be personalised, decorated with personal belongings. Consumers were seen moving freely throughout the service and are able to access outdoor areas as they choose.

The environment was noted to be safe and while cleaning processes are in place, the Assessment Team observed some issues with cleanliness of the dining area, including floors, furniture and fittings, and consumer equipment, such as beds, over ways and walkers. These issues have been further considered in my finding for Standard 7 Human resources Requirement (3)(e).

Furniture and equipment available to consumers was observed to be safe and maintained. Consumers have access to a range of mobility aids to support their needs and handrails to support safe movement were noted along hallways. There are preventative and reactive maintenance processes in place and staff described how maintenance tasks are reported and actioned. Contracted services are utilised to maintain and inspect aspects of the service environment and equipment. Further monitoring processes, including audits and feedback processes, assist the service to ensure the environment, furniture, fittings and equipment are safe, clean and well maintained.

Based on the evidence documented above, I find Uniting Church Homes, in relation to Juniper Sarah Hardey, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## 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 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 Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

The Assessment Team found overall, sampled consumers consider that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they know how to provide feedback and make complaints, and feel safe and comfortable to do so;
* consumers feel or would feel comfortable talking to staff and feel staff are advocates for them;
* are aware of complaint mechanisms available to them, including meetings, email and feedback forms.
* indicated feedback is responded to in a timely manner, issues are generally resolved to their satisfaction and when things have gone wrong they are reassured that it will not happen again.

Consumers and representatives are provided with information in relation to internal and external feedback and complaints avenues, language services and advocacy services on entry. Information in relation to feedback mechanisms and advocacy was also noted to be displayed throughout the service, accessible to consumers, representatives and others. Consumers are encouraged and supported to provide feedback through a range of avenues, including meeting forums, surveys, family conferences and directly to staff and management.

Staff described how they support consumers and representatives to raise concerns, including those consumers with communication difficulties. Staff demonstrated an awareness of open disclosure principles and practices and management described a recent complaint where open disclosure processes had been applied. A Feedback register is maintained and associated documentation demonstrated appropriate actions had been initiated in response to complaints, in line with the service’s process. Consumers and representatives sampled stated where issues are raised, management responds and changes are made.

Feedback and complaints are reviewed and used to improve the quality of care and services. Consumers stated feedback and complaints are discussed at meeting forums and they are encouraged to provide feedback on the changes/improvements implemented. Management provided examples of where two complex complaints had been escalated resulting in improvements to services provided to consumers at both a service and organisational level.

Based on the evidence documented above, I find Uniting Church Homes, in relation to Juniper Sarah Hardey, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## 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 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 Quality Standard is assessed as Compliant as five of the five Requirements have been assessed as Compliant.

## The Assessment Team have recommended Requirement (3)(e) not met. The Assessment Team were not satisfied the service demonstrated that agency cleaning staff had an appropriate person to regularly evaluate how they were performing and if the requirements of their role were being met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Compliant with Requirement (3)(e). I have provided reasons for my finding in the specific Requirement below.

## In relation to all other Requirements in this Standard, the Assessment Team found most consumers sampled considered that they get quality care and services from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* there are generally enough staff and when consumers ring the call bell, it is answered reasonably quickly;
* feel confident staff are skilled enough to meet consumers’ care needs; and
* staff are kind, and caring and know what they are doing.

## There are processes to ensure the workforce is planned and the number and mix of staff deployed enables delivery of quality care and services. The service has a structured approach to management of rosters and schedules, recruitment and maintaining members of the workforce. Sufficiency of the workforce is also monitored through feedback processes and call bell response times. There are processes to manage planned and unplanned leave.

## The Assessment Team observed staff interactions with consumers to be kind, caring and respectful. Staff provided examples of day-to-day practices which demonstrated care and services are provided in a respectful manner. Where workforce interactions are observed to be unkind, documentation sampled demonstrated disciplinary and performance management processes are undertaken.

## Recruitment and initial onboarding processes, in addition to scheduled training processes ensure staff have the relevant knowledge and qualifications to perform their roles. Documentation viewed by the Assessment Team confirmed completion of mandatory training components is monitored. Additional training opportunities are identified through feedback processes, audits, clinical indicators, industry changes and regulatory compliance. Staff sampled said they attend regular professional development or training to improve their knowledge so they can effectively perform their roles. Additionally, staff indicated they felt supported by management and feel comfortable asking for advice or assistance.

## Based on the evidence documented above, I find Uniting Church Homes, in relation to Juniper Sarah Hardey, to be Compliant with all Requirements in Standard 7 Human resources.

## 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.*

The Assessment Team were not satisfied the service demonstrated that agency cleaning staff have an appropriate person to regularly evaluate how they are performing and if the requirements of their role are being met. The Assessment Team’s report provided the following evidence relevant to my finding:

* Agency cleaning staff have not been monitored for the services they deliver, which has resulted in underperformance. Additionally, management indicated cleaning staff do not have a supervisor at the service level.
* Two representatives said consumers’ rooms and/or furniture/equipment are not cleaned to their level of satisfaction.
* The complaints register included separate complaints related to poor cleaning services in consumers’ rooms in May and August 2021.
* The monthly cleaning schedule for October 2021 was not completed to the time of the Site Audit and the September 2021 schedule was incomplete, therefore, the service was unable to be demonstrated that cleaning staff had completed their job/tasks, including sweeping and mopping in dining rooms.
* During the Site Audit, the Assessment Team observed several dining chairs and (overbed) tables, as well as joinery and vinyl flooring in dining areas required wiping, sweeping and mopping after lunch service.
* Care staff said the cleaners generally clean the dining rooms in the mornings. However, the cleaner duty statement noted sweeping and mopping of dining areas is to be conducted between 12noon and 1.00pm, coinciding with the lunch service.
* Management reported they have had agency/casual cleaning staff filling in for the last few months.

In coming to my finding, I have also considered evidence highlighted by the Assessment Team in Standard 5 Organisation’s service environment Requirements (3)(b) and (3)(c) in the context of this Requirement relating to cleaning processes.

The provider indicated they accept the recommendation of the Assessment Team on the days of the Site Audit. The provider’s response outlined actions taken subsequent to the Site Audit. An Action plan for continuous improvement was also included as part of the response. The response included, but not limited to:

* Acknowledge that two representatives were not satisfied with cleaning services provided.
* Accept monthly cleaning schedules were not signed off as completed for September and October 2021. A process has been implemented to review daily cleaning schedules for completion.
* The Assessment Team were advised the service had not been able to permanently fill cleaner positions due to the incumbent position holder being on unplanned leave.
* All cleaning shifts were filled with permanent cleaning staff commencing on the days of the Site Audit. Two newly appointed cleaning staff commenced in the week following the Site Audit.
* Recognise the agency cleaner was not sufficiently monitored and this may have contributed to representatives not being satisfied with cleaning services on this occasion.
* No agency cleaning staff have worked at the service since the onboarding of new cleaning staff.
* A revised cleaning schedule and duty statements are being trialled.
* Feedback is being sought from consumers in relation to cleanliness of rooms and the service.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement. In coming to my finding, I have considered that the evidence presented does not indicate systemic issues relating to assessment, monitoring and review of the performance of members of the workforce.

I acknowledge feedback provided by two representatives relating to sub-standard cleaning, two complaints received in May and August 2021 relating to poor cleaning services in consumers’ rooms and observations made by the Assessment Team during the Site Audit. However, I have also considered feedback from consumers and representatives evidenced in Standard 5 Organisation’s service environment indicating the majority of consumers provided positive feedback on the service environment, stating they were happy with the cleanliness of their rooms and three of four representatives who indicated they had raised concerns relating to the cleanliness of the service which had since been rectified.

While agency cleaning staff were utilised by the service for a period of approximately two months, formal processes for monitoring the performance of contracted staff were not in place. However, I have considered the provider’s response and immediate actions taken to address the issues identified by the Assessment Team. Since the Site Audit, two permanent cleaning staff have commenced and no further agency cleaning staff have been used. Additionally, monitoring processes have been further enhanced to support staff and ensure issues are identified and addressed in a timely manner.

In coming to my finding for this Requirement, I have considered evidence presented by the Assessment Team in other Requirements in Standard 7 Human resources which indicate there are processes to assess, monitor and review members of the workforce. Specifically, Requirements (3)(b), (3)(c) and (3)(d). Evidence presented in these Requirements indicates a performance review process is in place to support development of staff and all internal staff participate in a performance appraisal process. Managers are required to lead by example and this is outlined in position descriptions and reinforced during discussions and staff appraisal processes. Additionally, discussions with staff during the performance appraisal process assist the service to identify further staff education and training needs. Where poor staff performance is identified, such as unkind interactions with consumers, disciplinary action and performance management processes are initiated. This was evidenced through an incident report viewed by the Assessment Team.

For the reasons detailed above, I find Uniting Church Homes, in relation to Juniper Sarah Hardey, to be Compliant with Requirement (3)(e) in Standard 7 Human resources.

# 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 Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found overall, most consumers sampled considered that the organisation is well run and they can partner in improving the delivery of care and services.

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement through a range of avenues, including family conferences, meeting forums and surveys. Improvements within the service are communicated to consumers and representatives through meeting forums. The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation is committed to quality care and services and the best interests of consumers. A committee of the Board oversees clinical care to ensure it is safe and of the highest quality.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. However, while there are assignment of responsibilities and accountabilities for the workforce, issues relating to monitoring of casual/agency staff performance were identified by the Assessment Team. There are processes to ensure these areas are monitored and reported, including to the Board.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. Additionally, the organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff interviewed demonstrated an awareness of these policies and described how they implement these within the scope of their roles.

Based on the evidence documented above, I find Uniting Church Homes, in relation to Juniper Sarah Hardey, to be Compliant with all Requirements in Standard 8 Organisational governance.

## 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*
4. *managing and preventing incidents, including the use of an incident management system.*

### 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.