Performance

Report

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| Name of service: | Juninga Centre |
| Service address: | 113 Dick Ward Drive COCONUT GROVE NT 0810 |
| Commission ID: | 6987 |
| Approved provider: | Australian Regional and Remote Community Services Limited |
| Activity type: | Site Audit |
| Activity date: | 13 September 2022 to 15 September 2022 |
| Performance report date: | 26 October 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Juninga Centre (**the service**) has been prepared by T Wilson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

The following information has been considered in preparing the 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.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers confirmed they are treated with dignity and respect and their culture and diversity is valued. Care and services are culturally safe for consumers, as they all identity as Aboriginal the ties to Country and land are recognised through large outdoor areas with tall trees and a campfire for traditional cooking. Staff confirmed the campfire is used to cook damper and bush tucker in the dry season when it isn’t too hot. The service has policies and procedures to guide staff in their approach to consumer diversity. The Assessment Team observed staff treating consumers with respect.

Consumers confirmed they are able to exercise choice and independence. Staff stated they speak with consumers regularly to ensure they have a choice about their care on the day. Information is provided in way to allow consumers to make informed choices, including through gestures and body language for those who have difficulty communicating in English. Care plans include cultural preferences and how to communicate with each consumer.

The service supports consumers to take risks by enabling them to live their life as they choose. Consumers confirmed they were able to make decisions about how they wished to live their life. Risk assessment forms identified the risk, discussion with the consumer and/or representative, contributing factors of risk and actions to mitigate the risk. Risk acknowledgments were signed by the service and the consumer/representative. Consumer care plans identified consumers’ preferences where risks were identified.

The service has policies and procedures regarding privacy of consumer information which staff confirmed they are aware of. Staff said they understand privacy of consumers information and they have training on privacy and confidentiality when they commence working at the service. The Assessment Team observed staff maintaining consumer privacy and ensuring records are confidential.

It is for these reasons I find Standard 1 Consumer dignity and choice Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

The service undertakes assessment and planning to deliver safe and effective care and services. The service has processes to follow when risk is identified, including discussion with the consumer and interventions to minimise or mitigate risk. Clinical assessment is undertaken by registered nurses who follow organisational guidelines of assessment, including three-monthly assessment, and assessment following changes such as a fall, weight loss, pressure injury or behavioural changes.

Consumers and/or representatives are supported to record consumers’ end of life wishes on an advanced health directive when they wish to do so. Clinical staff spend time with the consumer and/or representative to discuss end of life choices and treatment, which is recorded in an advanced health directive for directives when the consumer is nearing the end of life.

Consumers’ care and service files show ongoing partnership with the consumer and significant others in assessment, planning and review of consumers’ care needs. Files showed consumer representatives or other services are involved in consumers’ ongoing care. Referral to other services is undertaken for assessment and clinical support, including hospital specialist clinics, a geriatrician, and dermatologist. Allied health services provide care on a regular basis including a dietician, physiotherapist and podiatrist.

Consumers and representatives confirmed they are involved in care planning and the outcomes are shared with them after the care plan is developed. A care plan is available to staff via the electronic system with additional information available through other areas such as the kitchen for dietary requirements and handovers.

Care and services are reviewed regularly, including when incidents impact consumers clinical needs and circumstances change. Clinical and allied health confirmed staff review consumers care according to service guidelines. Consumers’ files showed referral is made to other services for review of consumers including when changes are identified in weight, skin, behaviour and pain or following a fall.

It is for these reasons I find Standard 2 Ongoing assessment and planning with consumers Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

The service has processes to provide each consumer with safe and effective personal and clinical care, tailored to their needs and based on best practice guidelines. Staff confirmed they are aware of the processes and follow them to ensure consumers receive optimal care. Consumers confirmed they receive care that is effective and keeps them comfortable.

High prevalence and high impact risk is monitored by the service, with mitigating strategies to manage risks. Care plans contain this information to guide staff on the management of individual risk including to reduce injury following a fall, pressure relief mattress and regular pressure area care to reduce skin injury, and behaviour management strategies for consumers with changed behaviour. All incidents are trended and monitored to ensure strategies remain effective.

Care planning details consumers palliative care needs and staff have training in the provision of palliative care to consumers. The service is supported by a Palliative Care team when consumers are nearing the end stages of life. Staff confirmed they were aware of consumers care needs when nearing the end of life and clinical staff are trained in the use of palliative care equipment for pain relief.

Staff confirmed they report any changes in consumers to clinical staff including when consumers seem to have trouble walking, appear to be in pain, or they refuse care. Clinical staff monitor consumers’ health status daily, and the Aboriginal health service general practitioner is available at all times for consumer review. The service has procedures to guide staff when consumers demonstrate deterioration of their physical function or condition. Documentation confirmed clinical changes or deterioration are discussed, reviewed and monitored, and appropriate action is taken such as a hospital transfer when necessary.

Consumers’ information is documented on a care plan that can be accessed by staff. Information is communicated to staff at a handover meeting held at the commencement of each shift. Staff follow the organisation’s assessment, charting and care planning process and progress notes track consumers’ daily care. Recommendations from allied health staff and other services are included in consumers progress notes for staff and other health providers access.

Referral to other organisations made by registered staff and the general practitioner include speech pathologist, occupational therapist, geriatrician, wound care nurse and allied health staff. Recommendations by the services are followed up and added to consumers’ care management plans. Registered staff communicate consumers’ clinical information when consumers are being transferred to hospital or attending hospital clinics.

Staff confirmed they understand the risk of resistance to antibiotic therapy and infections are reported, monitored, analysed and trended each month. Staff confirmed they are provided infection control training which is repeated periodically. Staff said they are aware of the way infection is spread and regular hand washing is very important. The service has an antimicrobial stewardship policy and uses standard and transmission-based precautions to manage infection.

It is for these reason I find Standard 3 Personal Care and clinical care Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers confirmed they are provided with support to maintain their independence and quality of life. Each consumer undergoes assessment to ensure what is important to them for daily living including their emotional and spiritual needs and preferences. This is captured in a care plan which staff use to guide them. Staff confirmed they spend time with consumers, assisting them to undertake needs of daily living and they support consumers emotional needs with the assistance of volunteers.

Each consumer has assessments conducted that include information regarding their social and leisure preferences and what is important to them in their daily lives. Consumers are supported through bus trips to attend the community and are assisted to return to their homelands if possible. Social activities are planned, including cultural activities consumers enjoy. The Assessment Team observed a barbeque activity, where consumers were observed to be laughing and singing and appear to be enjoying themselves.

Consumers’ information is held in assessments, care plans, progress notes and charts that other services can access according to their requirements. Information regarding consumers in relation to day to day lifestyle is provided to staff at handover, or verbally as required. Appropriate referrals are made to other organisation and providers of services for therapeutic and spiritual needs.

Consumers confirmed they enjoy the meals and are provided and they are varied and of suitable quality. Information about consumer food choices and allergies is collected on entry and reviewed when consumer preferences change. Information about consumers’ food choices and allergies are kept in the kitchen for ease of staff access.

Equipment is cleaned and maintained by the service and there is sufficient equipment available for use. Staff described how they removed equipment that is not suitable for consumer use and would not use it again until it was repaired or replaced.

It is for these reasons I find Standard 4 Services and supports for daily living Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers confirmed they feel at home and they can decorate their rooms with pictures of family and personal items to make it homely. Staff could describe how they take the time when consumers first enter the service to ensure they feel welcome. Observations confirmed there was appropriate signage to assist consumers to navigate the service environment. There was a separate area outside for consumers to enjoy the fire pit in the dry season, enjoy activities, barbecues and for resident meetings to be conducted. Appropriate cultural art and painting decorate the service environment to help consumers feel at home.

Consumers were observed to move around the service environment freely including to the outdoor areas that have tables and chairs that looked safe clean and suitable for consumer use. Consumers confirmed they are happy with the cleanliness of the environment and safe and comfortable using the equipment. Audits are conducted and feedback is collected to ensure the environment is meeting expectations.

Maintenance is conducted regularly and equipment is services on a scheduled basis. Contractors perform any work that can’t be completed by the service. There is a planned refurbishment of the service environment, which will include the gardens being re-designed, new floorings, painting and replacement of electrical equipment which is due to occur in the 2022 – 2023 financial year.

It is for these reason I find Standard 5 Organisations service environment Compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The service demonstrated how they encourage consumers and other parties to provide feedback through a variety of avenues. Staff confirmed they were aware of the feedback process and how to report information received from all parties. Consumers confirmed that they could speak with management with any issues or concerns.

Staff described that consumers who speak languages other than English have the availability for an interpreter to be arranged to have the process explained to them. Consumers were aware they could raise complaints through other services if required. The service demonstrated how they make consumers aware of advocates, language services and other methods for raising and resolving complaints.

The service demonstrated that action is taken to respond to complaints both verbally and in writing. Open disclosure was not always used to inform family or guardians of incidents that occurred, however, it was noted that there were difficulties in contacting family in those circumstances. Staff described the appropriate actions taken to respond to complaints and could describe the follow up actions undertaken.

Consumers confirmed that when feedback was provided, the service acted appropriately and it is used to improve care and services for them. Staff could describe how the feedback from consumers is acted on appropriately. There is a continuous improvement plan which documents improvements when an area has been idenfied as requiring improvement.

It is for these reasons I find Standard 6 Feedback and complaints Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers confirmed there were enough staff to provide them with the care they needed and care is not rushed or missed. Staff were happy with the staffing numbers, which allows them to provide personalised care for each consumer. There is system to work out the workforce numbers of staff with a range of skills to meet the care and services of consumers. This is regularly reviewed to ensure that appropriate levels of staffing are available to meet the changing needs of consumers. Observations confirmed that staff were not rushed and were able to tend to consumers and their needs in a timely manner.

Consumers confirmed that staff are very kind and provide them with all their care needs and look after them well. Staff could confirm the individual care needs of consumers and how they support them to feel at home in the service. Observations throughout the site audit verified that staff were kind, engaging and respectful of consumers.

Consumers confirmed they feel safe with the care staff are providing and they trained to do their jobs well. Staff confirmed that they receive regular training in key areas to keep their knowledge up to date with the use of equipment and procedures at the service. There are job description statements confirming staff understand their roles and responsibilities when delivering care to consumers ensuring that it is within their scope of practice. All qualifications and competencies are are checked to ensure they are current. Staff confirmed that they had been through the induction process with the organisation, giving them the skills needed to perform their roles.

Staff confirmed that performance appraisals are conducted every year, allowing them to address areas where they feel they would benefit from more training.

It is for these reasons I find Standard 7 Human Resources Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

Consumers confirmed through the information provided in Standard 6 Feedback and complaints, they are engaged in the development of care and services they receive. Consumers are visited by the service manager every six months to conduct an audit on the care and services they receive, so improvements can be obtained from this information.

Monthly reporting to the board is completed to ensure the board can act on any incidents and trend to ensure consumers are being provided with safe and inclusive quality care and services. The board ensures staff are supported to deliver care and that is culturally safe for First Nation consumers. It was confirmed through Standard 5 Organisations service environment, that consumers feel safe living in the service environment, which indicates they are receiving quality care and services.

The service has a suite of policies and procedures to guide and support staff in their governance systems including information management, continuous improvements, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff confirmed they are provided with sufficient information though information systems to complete their roles. Continuous improvement is overseen by management to ensure all continuous improvement is completed and effective. Workforce governance ensures staff are aware of their roles and scope of practice. Complaints are monitored to ensure they are resolved with the required timeframes.

The organisation has risk management systems and practices in place to ensure that high impact and high prevalence risks are identified, the service and the staff are identifying and responding to abuse and neglect appropriately, supporting consumers to live their best life and manage preventable incidents through their incident management system. Staff confirmed they are aware of the polies an procedures and use them to manage risk.

The clinical governance framework that provide the scope of practice for staff at the various levels from administering medications, hospital transfers, education to staff, ensuring the quality and safe care of consumers. This provides specific guidance for staff to ensure that antimicrobial stewardship, minimising the use of restraints and open disclosure are adhered to.

It is for these reasons I find Standard 8 Organisational governace Compliant.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)