Performance

Report

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| Name: | Juniper Annesley |
| Commission ID: | 7838 |
| Address: | 4-10 Hayman Road, BENTLEY, Western Australia, 6102 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 31 July 2024 to 1 August 2024 |
| Performance report date: | 27 August 2024 |
| Service included in this assessment: | Provider: 93 Uniting Church Homes  Service: 4851 Juniper Annesley |

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 Juniper Annesley (**the service**) has been prepared by A. Kasyan, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* the provider’s response to the assessment team’s report received 22 August 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not fully assessed** |

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 3 Requirement (3)(a)**

* Ensure systems and processes for monitoring the delivery of personal and clinical care are effectively implemented, and staff provide care that is line with consumer needs and preferences.

**Standard 7 Requirement (3)(c)**

* Ensure all staff consistently refer to care documentation and follow care directives to provide personal care and food and fluids in line with each consumer’s needs and preferences.

# 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. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied that requirement (3)(a) is non-compliant.

**Requirement (3)(a)**

The assessment team found consumers did not receive personal care tailored to their needs and preferences to optimise their health and well-being. The assessment team’s report included evidence for 3 named consumers where personal care had not been delivered in line with their needs and preferences in relation to showering, continence and oral health.

Two consumers and one representative provided examples of instances where personal care was not provided in line with their needs, preferences or in a timely manner resulting in discomfort, which was confirmed through care documentation. The service’s feedback log included 9 formal complaints over the past 3 months relating to the delivery of personal care, including complaints relating to consumers not receiving personal care in line with their needs, or waiting extended periods of time before being assisted. Management indicated they identified a concern with personal care delivery in April 2024, and have identified improvement actions; however, these have not been implemented.

The provider acknowledged the information in the assessment team’s report, and included in their response actions taken since the assessment contact, which included a plan for continuous improvement (PCI) with actions recorded to address the deficits identified. Examples of actions included:

* care plan reviews, including reassessment of the consumer’s needs and preferences is being completed for the named consumers
* providing continual reminders to staff at key communication points, including daily huddles and staff meetings
* all care staff have undertaken a toolbox session in relation to reportable incidents and neglect
* the development and trial of a dedicated handover sheet for care staff.

I acknowledge the information included in the provider’s response. However, I find the service did not demonstrate consumers receive personal care tailored to their needs or optimising their health and well-being. In coming to my finding, I have considered information in the assessment team’s report and the provider’s response, and place weight on information where consumers and representatives provided specific examples of how personal care had not been provided in line with their needs and preferences, which was confirmed through care and service documentation. While the provider had self-identified deficits within personal care in April 2024, the provider had not commenced actions to remedy the deficits at the time of the assessment contact.

I acknowledge the provider’s response and the actions taken, including those outline in the PCI, which focus on enhancing staff communication, updating care plans, improving training and improving handover processes. However, the effectiveness of these measures, as well as their impact on care delivery has not been confirmed.

For the reasons above, I find Requirement (3)(a) in Standard 3 Personal and clinical care non-compliant.

**Requirement (3)(b)**

Requirement (3)(b) was found non-compliant following an assessment contact undertaken in April 2024 as high-impact and high-prevalence risks in relation to weight loss and risk of choking were not effectively managed. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including education and training to all staff, additional systems implemented for monitoring consumer weights, and the implementation of a new handover document.

At the assessment contact undertaken in July 2024, the assessment team found high-impact and high-prevalence risks associated with the care of consumers are effectively managed. Consumers and representatives expressed satisfaction with how the service manages risks associated with consumer care and confirmed improvements in the administration of time- sensitive medications and pressure area prevention strategies.

Staff described, and care documentation confirmed, consumers with documented unplanned weight loss are promptly referred to allied health professionals promptly for review and ongoing weight monitoring. Medication charting demonstrated time-sensitive medications are administered in line with medical directives. While staff were observed assisting consumers with morning and afternoon tea without referring to care documentation, no consumers were identified as having been provided with incorrect food and fluids. I have considered this in Requirement (3)(c) in Standard 7.

For the reasons above, I find Requirement (3)(b) in Standard 3 Personal and clinical care compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Not Compliant |

Findings

Requirement (3)(c) was found non-compliant following an assessment contact undertaken in April 2024 as the workforce did not demonstrate the competence or knowledge to effectively perform their roles, in relation to medication and incident management. The assessment team’s report provided evidence of actions taken to address identified deficiencies, including medication refresher training for all clinical staff, process changes for time-sensitive medication administration, and education and training for all staff on incident management.

At the assessment contact undertaken in July 2024, the assessment team found the workforce does not have the knowledge to effectively perform their roles in relation to delivering personal care and providing food and fluids in line with consumer needs.

The assessment team’s report included evidence for 3 named consumers where personal care was not provided in line with their needs and preferences. Additionally, service documentation confirmed ongoing complaints and incidents reported relating to the provision of personal care. Care documentation showed staff were not following service policies, procedures or care plans resulting in a failure to ensure the safe provision of personal care which meets the consumers’ needs.

Service training records demonstrated staff received training and education on care delivery, and had access to the electronic care system, which was confirmed by staff. However, observations showed staff attending to consumers’ food and fluids without referring to the relevant documentation. Representatives were observed guiding staff on consumer needs during fluid provision. Interviewed staff confirmed they did not check the documentation, stating they already knew the consumers’ dietary needs. Additionally, staff incorrectly indicated no consumers required thickened fluids in their area, however, care documentation showed 3 consumers did require thickened fluids.

In its response, the provider acknowledged the assessment team’s findings, and outlined actions taken since the assessment contact, including a PCI to address the identified deficits:

* implementation of a 4-month training plan for clinical and care staff to address identified deficits in relation to personal care
* monitoring of staff competence through relevant spot checks and reviews
* toolbox training for care staff on referring to documentation when providing food and fluids
* communication of the deficits identified and related PCI to staff at clinical and staff meetings.

I acknowledge the information included in the provider’s response. However, I find the service did not demonstrate the workforce has the necessary knowledge and follows the required practices to provide safe and effective care. In coming to my finding, I have considered information in the assessment team’s report and the provider’s response. I have placed weight on observations made by the assessment team where staff were observed to undertake morning and afternoon tea rounds without referring to consumer documentation, and described not referring to documentation as they know the consumer. Additionally, staff indicated no consumers required thickened fluids in the area they were working, while care documentation showed 3 consumers required thickened fluids.

I have also considered information provided by consumers and representatives where personal care was not provided in line with their needs and preferences, with care documentation showing staff did not complete required charting in line with service policies and procedures. I acknowledge the additional training plan, and information recorded on the PCI included in the providers response, however, it is important for improvements to be fully implemented and their effectiveness evaluated to ensure the changes address the issues identified and result in sustained improvements.

For the reasons above, I find Requirement (3)(c) in Standard 7 Human resources non-compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

Requirement (3)(d) was found non-compliant following an assessment contact undertaken in April 2024 as effective risks management systems were not demonstrated, specifically in relation to incidents and supporting consumers to live their best lives. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including improvement to handover documentation, implementation of daily huddle meetings, weekly multidisciplinary meeting and staff training on incident management systems and procedures.

At the assessment contact undertaken in July 2024, the assessment team found the service has effective risk management systems that includes systems and processes to guide staff practice in management of high impact and high prevalence risks, responding to abuse and neglect, supporting consumers to live their best lives and management of incidents.

Service documentation showed effective processes for identifying and escalating incidents appropriately, with investigation processes undertaken to prevent recurrence. Management described processes to ensure incidents are trended and analysed to identify potential improvements, which are documented on the service PCI. Staff are provided with education and training in relation to Serious Incidents Response Scheme (SIRS) and abuse and neglect with processes in place to guide staff in supporting consumers to take risks and support consumers to live their best lives.

For the reasons above, I find Requirement (3)(d) in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)