Performance

Report

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| Name of service: | Juniper Bethavon |
| Service address: | 107 Duke Street NORTHAM WA 6401 |
| Commission ID: | 7131 |
| Approved provider: | Uniting Church Homes |
| Activity type: | Assessment Contact - Site |
| Activity date: | 22 November 2022 |
| Performance report date: | 16 January 2023 |

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 Bethavon (**the service**) has been prepared by R Beaman, 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* the provider’s response to the Assessment Team’s report received 06 December 2022.

# Assessment summary

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| 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 | **Non-compliant** |

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 4**

* Requirement 4(3)(a) – ensure each consumer gets safe and effective supports for daily living that meets their needs, goals and preferences and optimises their independence, health, well-being and quality of life.

# 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 |

Findings

The service was found Non-compliant in Requirement (3)(a) in this Standard following a site audit undertaken from 14 September 2021 to 16 September 2021. The service was unable to demonstrate that assessments were conducted that led to care planning to inform the delivery of care and services that were current, effective and considered ongoing risk to consumers’ safety, health and well-being.

The service has implemented a range of improvement actions to address the deficits identified, including improved monitoring of documentation, involvement of consumers and representatives in care planning meetings, reassessments by medical officers and allied health professionals and updating assessment and planning policies and procedures to guide staff practice.

The Assessment Team have recommended Requirement 2(3)(a) as met. Consumers and representatives confirmed they are involved in the assessment and planning process and expressed satisfaction that care and services were planned to meet consumers’ needs, goals and preferences.

Documentation confirmed risks to consumer health and well-being is considered as part of the assessment and planning process, including changed behaviours, skin integrity, falls management and weight loss. Where risks are identified, assessments are undertaken and strategies to inform the care plan are recorded to guide staff practice.

Staff demonstrated understanding of the assessment and planning process and showed knowledge of consumers and the risks associated with their care and how they deliver care to mitigate those.

Accordingly, I find Requirement (3)(a) in 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 |

Findings

The service was found Non-compliant with Requirement (3)(a) in this Standard following a site audit undertaken from 14 September 2021 to 16 September 2021. The service was unable to demonstrate they delivered safe and effective clinical care in relation to wound management or that care was delivered in line with best practice in relation to the administration of psychotropic medications.

The service has implemented a range of improvement actions to address the deficits identified, including regular review of medications with the medical officer, implementation of person centred strategies, implementing a review process for psychotropic medications and antibiotics and education to all staff.

The Assessment Team have recommended Requirement 3(3)(a) is met. Representatives confirmed satisfaction with the services and care provided. Staff demonstrated knowledge of consumers’ personal and clinical care needs and described ways in which they tailor care to meet those needs.

Documentation showed care is tailored to consumers’ individual needs and delivered in line with best practice. Sampled care files demonstrated wound care was delivered in line with directives, strategies to manage falls are identified and implemented and restrictive practices, specifically medications, are recorded appropriately and administered as a last resort.

Accordingly, I find Requirement (3)(a) in 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. | Non-compliant |

Findings

The service was found Non-compliant with Requirement (3)(a) in this Standard following a site audit undertaken from 14 September 2021 to 16 September 2021. The service was unable to demonstrate each consumer received safe and effective services and supports for daily living which optimised their well-being and quality of life. Consumers living with cognitive impairments and sensory loss were not supported to participate or engage in activities that met their needs to optimise their well-being and quality of life.

The service has implemented a range of improvement actions to address the deficits identified, including undertaking person centred assessments for consumers with cognitive and sensory impairments, review of the activity program by a specialist occupational therapist and education for staff on delivery of the revised lifestyle program.

While the service implemented the above improvement actions, the Assessment Team have recommended Requirement 4(3)(a) is not met. For two consumers (Consumers A and B), the Assessment Team found the service was unable to demonstrate they were supported to do things of preference that enhances their well-being and quality of life. The Assessment Team provided the following information and evidence to support their recommendation.

In relation to Consumer A

* Consumer A confirmed they are not getting support to do the things they wish for their quality of life, including participation in the lifestyle group and individual program. Consumer A confirmed they are unable to participate in the activities they like to do, such as Bingo because of changes in their health, including vision impairment. Consumer A’s representative confirmed religion was important to Consumer A and they had observed when visiting, Consumer A does not have their religious beads of importance on.
* Documentation showed Consumers A’s hearing deficit was not included on the staff handover sheet. Lifestyle participation documentation recorded Consumer A as attending 8 lifestyle engagements, including group and individual, across a 5 week period. Documentation did not include strategies and options to deliver services in line with Consumer A’s sensory needs.
* Staff confirmed they encourage Consumer A to join groups they like, such as Bingo, however, stated Consumer A does not join in because of the vision impairment. Staff were not able to describe ways in which they could support Consumer A to participate in the groups she likes but confirmed they try to spend time individually with Consumer A but are not always able to.
* Consumer B’s representative advised Consumer B is not supported to do things that will improve their quality of life and their preferences were not documented. Documentation confirmed Consumer B’s preferences for lifestyle but did not record their preference to stay up-to-date with news and current affairs. Lifestyle participation records confirmed over a 6 week period between October 2022 to November 2022, Consumer B received lifestyle services on only 4 occasions.
* Staff confirmed they ask Consumer B to join groups, but they generally decline and prefer to spend time with people and talk. Allied health professionals confirmed they did not have information about Consumer B’s interest in news and current affairs.

The provider’s response acknowledges the deficits identified in the Assessment Team’s report and included additional information to show immediate actions taken to rectify those deficits for Consumer A and B. This included reassessments for Consumer A and B by the occupational therapist to reflect current sensory needs and tailor lifestyle to their preferences and needs. For Consumer A, more appropriate equipment has been obtained to enable participation in the lifestyle groups they enjoy and wish to join, and education to all staff around supporting consumers to participate in the lifestyle program. The provider’s response includes evidence to show the above actions have taken place post the Assessment Contact visit.

In their response, the provider acknowledges for Consumer A and B staff have not consistently recorded their participation in the lifestyle program. Whilst they have acknowledged this, the provider asserts the activities, one-on-one sessions and interactions with both consumers did and are occurring. However, the provider did not include evidence to corroborate this information.

In coming to my finding, I have considered information presented in the Assessment Team’s report and the provider’s response, including additional documentation. I acknowledge the provider has put in place immediate actions to address the deficits, including sourcing equipment to enable participation and independence within the lifestyle program, however, at the time of the visit this was not in place and the services and supports for daily living did not support each consumer’s needs, goals and preferences.

Accordingly, I find Requirement (3)(a) in Standard 4 Services and supports for daily living Non-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)