Performance

Report

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| Name: | Juniper Bethshan |
| Commission ID: | 7097 |
| Address: | 7 Piesse Street, KATANNING, Western Australia, 6317 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 21 May 2024 |
| Performance report date: | 20 June 2024 |
| Service included in this assessment: | Provider: 93 Uniting Church Homes  Service: 4625 Juniper Bethshan |

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 Bethshan (**the service**) has been prepared by M Glenn, 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.

# 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, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, staff, management and others;
* an email from the provider received 6 June 2024 acknowledging the assessment team’s report and recommendations; and
* a performance report dated 28 August 2023 for an assessment contact undertaken 11 July 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed. |

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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Requirement (3)(b) was found non-compliant following an assessment contact undertaken in July 2023 as high impact risks associated with as required schedule 8 medications were not effectively managed. In response to the non-compliance, the provider implemented a range of improvements, including, but not limited to, reviewing policy and procedures and the roles and responsibilities of who can administer as required schedule 8 medications; establishing an afterhours support process for care staff; and providing toolbox training for care and clinical staff relating to management of pain, medications and incidents. Medical competent carers no longer administer schedule 8 medications, with all as required medications now administered by the registered nurse only.

At the assessment contact in May 2024, effective processes to identify, assess, plan for, manage and review high impact or high prevalence risks relating to consumers’ care were demonstrated. Key risks to consumers are identified using appropriate risk assessment tools and in consultation with consumers and/or their representatives. Care files show effective management of risks relating to pain, including administration of as required schedule 8 medications, unplanned weight loss, pressure injuries, falls, sensory impairments and restrictive practices. Care files also evidence involvement of general practitioners and allied health professionals in the assessment and management of consumers’ identified risks. All consumers interviewed are satisfied the service manages risks effectively, and staff are aware of consumers at risk and strategies used to minimise these risks.

Based on the assessment team’s report, I find requirement (3)(b) in Standard 3 Personal care and clinical care compliant.

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