Performance

Report

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| Name: | Juniper Chrystal Halliday |
| Commission ID: | 7884 |
| Address: | 27 Prisk Street, KARRINYUP, Western Australia, 6018 |
| Activity type: | Site Audit |
| Activity date: | 11 September 2023 to 13 September 2023 |
| Performance report date: | 23 October 2023 |
| Service included in this assessment: | Service: 4890 Juniper Chrystal Halliday |

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 Chrystal Halliday (**the service**) has been prepared by Denise McDonald, 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 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 and representatives said consumers were treated with dignity, respect and felt valued. Staff were knowledgeable of consumers’ personal circumstances and backgrounds and were observed interacting with consumers in a respectful manner aligned to consumers’ preferences. Care documentation reflected consumers’ circumstances and life experiences.

Consumers and representatives provided positive feedback regarding support of consumers’ culture, values and diversity. Staff were familiar with consumers’ cultural practices and provided responsive support. Policies and procedures regarding cultural and religious care were available to guide staff.

Consumers and representatives said they were supported to make choices about consumers’ care delivery, including maintaining relationships. Staff were knowledgeable of consumers’ choices and assisted consumers to maintain important relationships. Care documentation evidenced consumer choice, needs and preferences which informed care delivery.

Consumers and representatives said consumers were supported to take risks to live their best lives. Staff confirmed undertaking risk assessments for consumers wishing to engage in risk related activities, including discussion with the consumer and flexible resolutions. Care documentation reflected risk assessments and acknowledgements signed by consumers.

Consumers and representatives provided positive feedback regarding provision of timely and accurate information. Staff described regularly informing consumers about their care in person. Care documentation reflected timely communication with consumers and activity calendars were displayed throughout the service.

Consumers said their privacy was respected and their personal information kept confidential. Staff were knowledgeable of consumers’ individual privacy needs, including knocking on doors prior to entry and ensuring consumer privacy during care delivery. Staff were observed locking computers when not in use.

# 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

Consumers and representatives gave positive feedback regarding assessment and planning of care and services. Staff were knowledgeable of the assessment processes and care documentation evidenced care planning in response to identified risks. Policies and procedures guided staff on assessment and planning.

Consumers and representatives confirmed, and care documentation evidenced, consumers’ needs, preferences and their directives for advance care were discussed and recorded. Staff said end of life care was discussed with consumers upon entry, during subsequent reviews, or as needs changed.

Consumers and representatives confirmed they provided input into assessment and planning of consumers’ care and services. Management described how they included consumers, representatives and allied health professionals in the assessment, planning and review processes, which was reflected in care documentation.

Consumers and representatives confirmed they were informed of assessment and planning outcomes and were offered copies of care plans. Staff confirmed, and care documentation evidenced regular staff communication with consumers and representatives.

Consumers and representatives said consumers’ care and services were regularly reviewed for effectiveness or when circumstances changed. Care documentation supported care was reviewed annually or in response to changes or incidents, in collaboration with allied health professionals.

# 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

Consumers and representatives provided positive feedback regarding personal and clinical care. Staff described delivery of clinical care aligned to consumers’ individual needs and preferences. Care documentation showed consumers received care that was safe, effective and individualised in relation to behaviour support, skin integrity and pain management.

Consumers and representatives said high-impact and high-prevalence risks were effectively identified and managed. Staff were knowledgeable of individual consumer risks, such as falls and diabetes, and implemented harm minimisation strategies. Care documentation reflected assessments undertaken to identify risks and responsive clinical and environmental mitigations.

Consumers and representatives said consumers’ needs, goals and preferences were recognised, including end of life wishes. Staff described how care delivery changes in response to palliating consumers to maintain comfort and preserve dignity. Care documentation for a recently deceased consumer showed consultation with representatives and provision of care aligned to the consumer’s palliative care plan.

Staff demonstrated, and care documentation reflected, prompt recognition of and response to deterioration in a consumer’s condition, including consultation with allied health professionals to implement new care strategies. Staff were observed providing care and support responsive to consumer deterioration.

Consumers and representatives provided positive feedback regarding staff effectively communicating information regarding consumers’ condition, needs and preferences. Staff described exchanging consumer information during shift handovers and through the electronic care management system. Care documentation evidenced staff sharing relevant care information with allied health professionals and representatives.

Management confirmed processes were in place to refer consumers to a wide range of allied health professionals, including on-site physiotherapists and occupational therapists. Staff were knowledgeable of referral pathways and obtaining consumer or representative consent prior to referral. Care documentation evidenced referrals and treatments outcomes.

Staff were knowledgeable of antimicrobial stewardship, strategies to minimise infection, had participated in associated training and were led by 2 infection prevention control leads. Management described procedures aligned to an infection outbreak plan and confirmed regularly reviewing the use of antibiotics in consultation with medical officers. Observations confirmed viral screening at entry and staff practising hand hygiene.

# 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 and representatives said consumers received safe and effective supports for daily living. Staff developed activities based on consumer interests and feedback during consumer and representative meetings. Care documentation reflected needs and preferences and consumers were observed engaging in various activities.

Consumers said the service supported their emotional, spiritual and psychological well-being. Staff described supporting consumers through one-to-one engagement, facilitating visits by religious representatives and volunteers. Care documentation reflected consumers’ unique preferences and consumers were observed undertaking activities supportive of their well-being.

Consumers said they were supported to maintain important relationships and participate in events, including men’s groups, bingo and exercise classes. Staff described supporting consumers to participate in their preferred activities and consumers were observed interacting with each other. Care documentation evidenced consumers’ interests and those of importance to them.

Consumers said the service effectively shared their information with those involved in their care. Staff were knowledgeable of consumers’ individual care needs and confirmed referencing consumer information through the electronic care management system and communicating changes during handovers. Care documentation evidenced up to date information regarding consumers’ needs and preferences.

Staff described collaborating with other care and service providers to supplement consumers’ care and interests, including those aligned with consumers’ specific preferences. Documentation evidenced referrals were made to a range of services including religious organisations, volunteers and dementia support services.

Most consumers gave positive feedback regarding the variety, quality and quantity of meals, with management confirming a new chef had been employed in response to negative feedback on the dining experience. Management described a rotational 4-week seasonal menu and staff were knowledgeable of consumers’ dietary requirements, with the kitchen observed to be clean and were staff following food safety protocols.

Consumers said equipment was safe, suitable, clean and well-maintained. Staff knew about the processes for servicing equipment, lodging requests for maintenance and cleaning shared equipment after each use. Records evidenced registration and completion of equipment maintenance requests.

# 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 said the service environment was welcoming and they were supported to personalise their rooms. There were indoor and outdoor spaces, large balconies, an outdoor courtyard and a garden. Staff described supporting consumers to make the service feel like home and consumers’ rooms were observed to be personalised with their furniture and photographs.

Consumers said the service environment was clean and well-maintained and they could move freely indoors and outdoors. Staff described the preventative and reactive cleaning and maintenance processes, and the service environment was observed to be clean, well maintained and consumers mobilised independently.

Consumers and representatives said, and observations confirmed, furniture, fittings, and equipment were safe, clean, and well-maintained. Staff confirmed assessing furniture, fittings and equipment prior to purchase and performing regular maintenance to ensure ongoing serviceability. Maintenance records evidenced timely resolution of requests for repairs.

# 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

Consumers and representatives said they were encouraged to provide feedback or make a complaint, and staff described supporting consumers to do so. Consumers and staff were knowledgeable of feedback and complaint lodgement processes such as meetings, emails or by speaking with staff. Complaints monitoring documentation was up to date and meeting minutes evidenced ongoing consideration of consumer input.

Consumers and representatives were knowledgeable of advocacy and language support services when raising a complaint and described an advocacy support service representative providing an information session to consumers. Staff were knowledgeable of advocacy and language services and this information was contained in the consumer handbook and other available material.

Consumers and representatives provided positive feedback regarding timely staff response to feedback and complaints, including the use of open disclosure. Staff were knowledgeable of complaint processes and participated in relevant training. Complaint monitoring documentation evidenced timely management of complaints and open disclosure practices in line with service policy.

Consumers and representatives said their feedback and complaints informed improvements. Management described routinely reviewing feedback and complaints in consultation with consumers to identify areas for improvement. Records evidenced improvement to laundry processes in response to feedback from consumers.

# 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 and representatives said there were sufficient staff to meet consumers’ needs in a timely manner. Rosters showed uninterrupted registered nurse coverage and vacancies initially filled by permanent or casual staff, then by agency staff known to the service, where possible. Records reflected a high proportion of consumer calls for assistance were responded to promptly.

Consumers and representatives said staff interactions were kind, respectful and caring. Staff were observed knocking on doors prior to entry, addressing consumers by their preferred names and demonstrating knowledge of consumers’ identities. Staff were guided by policies and training regarding cultural safety, diversity and inclusion.

Consumers and representatives provided positive feedback regarding staff knowledge and skills. An onboarding program included induction, orientation procedures and training. Management described requirements for staff to hold professional registrations, undertake security vetting and competency assessments, which were reflected in personnel records.

Management confirmed various training was available for staff and records reflected completed and planned training. Staff described completing competencies for serious incidents, antimicrobial stewardship and restrictive practices, amongst other topics. Records evidenced staff were on track to complete mandatory training in the required timeframes.

Management described the annual staff performance appraisal process and ongoing assessment through observations, feedback processes and meetings. Staff were offered additional training where required and new staff were paired with experienced staff post commencement. Records evidenced appropriate actions undertaken in response to delays in completing performance appraisals.

# 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 and representatives said they were involved in the development, delivery and evaluation of care and services. Management confirmed encouraging consumer involvement through various meetings and distributing and analysing consumer satisfaction surveys. Meeting minutes evidenced consumer engagement and responsive actions taken to improve care and services.

Management described the organisational structure that supported a culture of safe and inclusive care and services, including clear reporting lines from the service to the governing body, and down to staff and consumers. Clinical and incident reporting was shared between staff and management through a series of organisational meetings to inform quality care and services.

The service had an established suite of systems and processes which supported information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan contained actions taken in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Staff knew how to identify, respond to, and report serious incidents. Records evidenced appropriate management of serious incidents and consumer acknowledgement of risk-related activities.

Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure. Records reflected staff had participated in training regarding antimicrobial stewardship and open disclosure. Care documentation evidenced compliant practices and frameworks, policies and guidelines assisted staff to maintain best practice.

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