**Performance**

**Report**

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| Name: | Juniper Community Home Care |
| Commission ID: | 500073 |
| Address: | 4-10 Hayman Road, BENTLEY, Western Australia, 6102 |
| Activity type: | Quality Audit |
| Activity date: | 18 October 2023 to 19 October 2023 |
| Performance report date: | 18 December 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 93 Uniting Church Homes  
Service: 19153 Juniper Community - CACP North  
Service: 19154 Juniper Community - CACP Northam  
Service: 19155 Juniper Community - CACP South  
Service: 19168 Juniper Community - Level 2 Kimberley  
Service: 19156 Juniper Community - Level 4 North  
Service: 19157 Juniper Community - Level 4 Northam  
Service: 19158 Juniper Community - Level 4 South  
Service: 19145 Juniper Kununurra Home Care (Level 4s)

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8423 UNITING CHURCH HOMES  
Service: 25191 UNITING CHURCH HOMES - Care Relationships and Carer Support  
Service: 25190 UNITING CHURCH HOMES - Community and Home Support

**This performance report**

This performance report for Juniper Community Home Care (**the service**) has been prepared by P. Sherin, 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 Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* the provider’s response to the assessment team’s report received 23 November 2023 providing additional information.

# Assessment summary for Home Care Packages (HCP)

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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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

Findings

Consumers said staff are kind, caring, approachable, and treat consumers with dignity and respect. Staff spoke respectfully about consumers and demonstrated knowledge of each consumer’s background and preferences. Care documentation captures detailed information to guide staff practice. The service has policies and procedures that promote a person-centred and respectful approach towards consumers.

Consumers and representatives provided examples of how the service supports consumers’ cultural needs and preferences. Care staff said they regularly provide care to the same consumers and are familiar with their cultural background, individual needs, and preferences. Care documentation in the electronic care management system includes information and alerts to guide staff in supporting consumers’ cultural needs.

Consumers and representatives said they are involved in making decisions about care and service delivery and can communicate those decisions easily. Management gave examples of supporting consumers to involve others in decisions about their care. Care documentation evidenced the involvement of consumers and representatives in decision-making, and support for consumers to make connections with others. Policies and procedures are available to guide staff in supporting consumers to exercise choice and independence.

Consumers and representatives said consumers are encouraged to do things independently and staff respect the decisions they make. Where risk has been identified the service evidenced it works with the consumer and their representative to discuss, agree, and record acceptance of risks and strategies implemented to ensure safety. The service implements a dignity, choice and decision-making policy and procedure to guide staff practice.

The service demonstrated information provided to consumers is current, accurate and timely. Consumers and representatives said they are provided with timely information and are supported to understand the information. Management described how information is tailored to the needs of each consumer, including where a consumer may have hearing or visual impairment. A range of information was observed to be available for consumers such as monthly newsletters, a consumer handbook, and an information pack.

The service has policies and procedures in place to ensure consumer information is kept confidential and only shared with consent. Management advised staff are required to complete training in privacy and confidentiality. Staff described ways they respect consumer privacy and ensure confidentiality of their information; this was confirmed by consumers and representatives.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

The service implements a comprehensive assessment and care planning process, which includes information gathered from a variety of sources such as external services and allied health professionals. This information is used to develop a care plan in partnership with the consumer and/or their representative. Review of care documentation identified individualised care plans including consideration of risks to the consumer.

The service has processes in place to support consumers to identify their specific goals and preferences which are captured under care plans. Consumers are provided an opportunity to identify their end-of-life preferences in an advanced care directive on admission and as part of ongoing reviews. Staff were aware of consumers’ individual needs, goals, and preferences; this aligned with information captured under care planning documentation.

Consumers and representatives confirmed they felt supported to make decisions and engage in ongoing communication with staff regarding care and service delivery. The service has processes in place to support consumers to access external service providers and to protect privacy when sharing consumer information. Review of care planning documentation and progress notes under the electronic care management system identified involvement of consumers, representatives, and various health professionals in the assessment and care planning process.

The service demonstrated outcomes of assessment and planning are effectively communicated to consumers and/or representatives and documented in care plans. Consumers and representatives confirmed they have access to a copy of the consumer’s care plan. Staff confirmed they have access to consumers’ care plans available in the consumer’s home which includes detailed information to guide staff practice in care and service delivery.

Consumers and representatives confirmed the service involves them in regular review of service delivery. The service demonstrated processes in place to ensure care plans are regularly reviewed including when there is a change in the consumer’s health or condition, or if an incident occurs. Care planning documentation evidenced regular review and update of care plans. Policies and procedures are in place specifying timeframes for review and guiding staff in the review process.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Consumers reported satisfaction with the care they receive. Staff said they make referrals to nursing and allied heath staff for assessment of clinical needs and recommendations. Care plans include instructions to guide staff in the provision of personal and clinical care. The service has a comprehensive suite of policies and procedures specific to the provision of best practice personal and clinical care.

The service demonstrated effective management of high-impact and high-prevalence risk associated with the provision of care and services to each consumer. Systems and processes are in place to assist staff in managing risk. Review of documentation identified risks are documented and strategies implemented to minimise risks and ensure safety of consumers.

Advanced care planning and end-of-life planning is discussed with consumers and their needs, goals, and preferences documented. An end-of-life care planning policy is available to guide staff and the service works collaboratively with external agencies to provide palliative care services.

The service implements systems and processes to support staff in recognising and responding to deterioration in a consumer’s health, function, and capacity. Staff demonstrated knowledge of identifying and reporting signs of deterioration as relevant to their roles. Review of documentation identified timely and appropriate response to deterioration.

Consumers and representatives said they have access to the consumer’s care plan. The service demonstrated communication systems are accessible to the workforce to document and communicate information related to care and services for each consumer. Staff advised any changes to the consumer’s needs and preferences is communicated prior to scheduled visits, with alerts available in the electronic system to further support this.

Consumers and representatives confirmed the service makes timely and appropriate referrals such as to allied health staff or the registered nurse, as required. Staff and management described processes to refer consumers for allied health services and additional health professionals and providers where a need is identified. Review of assessment and care planning documentation evidenced timely and appropriate referrals.

The service has an infection prevention and control policy, and its clinical governance framework includes antimicrobial stewardship. Staff and management advised personal protective equipment is available to all staff. Training is completed by staff on topics such as hand hygiene, donning and doffing of personal protective equipment, infection prevention measures, antimicrobial stewardship, and COVID-19. The service has implemented improvement actions to disseminate information to consumers and representatives regarding antimicrobial stewardship to enable informed decision making.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives said the service provides a range of services to support consumers to optimise their independence, health, wellbeing, and quality of life. Staff were knowledgeable about consumers’ needs, goals and preferences for daily living and gave practical examples of how they support this; this information aligned with care planning documentation.

Consumers and representatives confirmed the service supports consumers’ emotional, spiritual, and psychological wellbeing. Care plans capture information to guide staff practice in this regard. Staff described how they support consumers’ emotional and spiritual needs such as by taking the time to have a chat with consumers who are lonely or supporting indigenous consumers with maintaining their cultural practices.

Consumers said they are supported to do things of interest to them, participate in the community, and have social and personal relationships. Care plans identified information regarding consumers’ individual interests, hobbies, relationships, and activities they like to participate in. Staff demonstrated knowledge of individual consumers’ interests and relationships of importance to them. Management described how the service discusses interests and preferences with the consumer or representative and records this information.

Consumers and representatives advised information is shared effectively and they are kept informed of any changes to services. The service evidenced sound information sharing methods to ensure information is effectively communicated to consumers, staff, and external providers.

Consumers expressed their confidence in the service referring them to other individuals, organisations, or providers to meet their changing needs. Policies and processes are in place to guide staff in making referrals. Review of documentation identified timely and appropriate referrals are made.

The service demonstrated meals provided at day centres are varied and of a suitable quality and quantity. Management said consumers are offered variety in meals, including catering to cultural requirements. The service engages with consumers to seek their feedback and meal preferences. Care plans include information on dietary requirements and allergies to guide staff practice. Management advised food safety audits and internal audits are conducted to ensure suitability of meal services, and staff are required to complete food safety training.

Consumers and representatives said they are satisfied with the equipment provided. Management described how the service ensures equipment provided for consumers is fit for purpose and tailored to their specific needs. Staff demonstrated knowledge of processes to identify, report and repair faulty equipment.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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 | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

Consumers said they feel welcome at the day centres and enjoy being there. Staff and management described how they know consumers feel welcome at the day centres, processes used to seek consumer feedback on the environment, and how consumers are supported to utilise various areas of the service.

A virtual tour of the Kununurra day centre identified the service was observed to be safe, clean, and well maintained. Consumers confirmed they feel safe and comfortable when using the service environment. Consumers were observed using various areas of the service, both indoors and outdoors. Management and staff explained the cleaning and maintenance processes implemented at the day centres.

Staff and management explained how the service ensures maintenance occurs regularly and when required. The service has arrangements with approved contractors for maintenance issues. Staff demonstrated knowledge of processes to identify, report and address any risks and hazards. Observation through the virtual tour identified furniture and equipment is safe, clean, and well maintained.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers and representatives said they were aware of how to provide feedback or make a complaint and felt comfortable to do so. Management described various methods for feedback and complaint submission. This includes but is not limited to feedback forms, focus group meetings, and contacting staff or management directly via email or phone. Policies, procedures, and systems are in place to encourage feedback.

Consumers said they are aware of advocacy and external complaints services available. Management discussed processes to ensure consumers have access to advocates, language services, and other methods for raising and resolving complaints. Staff described how they assist consumers in raising complaints and accessing advocacy services and other methods for resolving complaints. Documentation such as the service’s consumer welcome book and client home agreement contain information on feedback and complaints mechanisms, accessing advocates, and making an external complaint.

Most consumers and representatives expressed their satisfaction with the way the service responds to complaints. Staff described how they work to resolve concerns and demonstrated an understanding of open disclosure practices. The service has policies and procedures to guide staff and management on complaints handling and open disclosure.

Consumers and representatives said they are happy with the changes made to improve the quality of care and services in response to feedback. Management provided examples of improvements to care and services following consumer feedback and complaints. A review of the service’s continuous improvement plan identifies various improvements implemented. Information is provided to the Board on feedback and complaints received and actions taken to resolve and prevent recurrence.

# Standard 7

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

Findings

Most consumers and representatives confirmed staff arrive on time, are not rushed, and deliver care and services to meet their needs and preferences. Staff confirmed they have sufficient time to complete their allocated duties. Management described the workforce planning processes implemented to ensure the number and skill mix of staff ensures the delivery of quality care and services.

Consumers and representatives confirmed staff are kind, caring, and respectful. Staff and management spoke about consumers in a kind and respectful way and demonstrated knowledge of individual consumers’ needs and preferences. During a virtual tour of the service’s Kununurra day centre, staff were observed interacting with consumers in a kind, caring and respectful manner. Management advised the service uses feedback and complaints to ensure workforce interactions with consumers are appropriate and respectful.

Most consumers said staff are competent and know what they are doing. Management described recruitment processes which ensure staff have adequate skills and qualifications. There are processes in place to monitor staff competencies and, where identified, to implement further education and training. Job descriptions are available for various roles outlining key duties and responsibilities. New staff undertake an induction program and receive buddy shifts.

Staff confirmed they receive induction and ongoing training via an online training system and are routinely assessed to ensure their competency in the role. Management described mandatory training provided to staff as relevant to their role, and ongoing support and training. A simulation training room is utilised where staff are trained on completion of various tasks during a shift. Review of training records identified training is completed on a range of topics. The service uses feedback and complaints, incidents, and performance appraisals to identify further training needs.

Management described the process for regular assessment and monitoring of workforce performance, including performance management where required. New staff are placed on probation, with regular assessment and monitoring through the 3-month probation period. All staff complete a performance appraisal process every 2 years. Staff confirmed they take part in performance review processes. Review of documentation identified the monitoring and review of workforce performance.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

The service demonstrated it engages consumers in the development, delivery and evaluation of care and services and supports consumers in that engagement. Feedback and suggestions are sought from consumers via surveys, consumer focus groups, and ‘yarning’ sessions and used to inform continuous improvement to care and service delivery. The service will be implementing a consumer advisory group.

The service demonstrated the governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The service management reports to a Board who hold broad sector knowledge and appropriate experience and qualifications. Management advised the Board is supportive and conducts visits to the service’s day centres. The service management provide regular reporting to the care and clinical governance committee and the audit and risk committee of the Board for review. The Board uses this information to monitor the service’s performance and ensure compliance with the Aged Care Quality Standards.

The service demonstrated there are effective organisation-wide governance systems in place for information management, continuous improvement, financial management, workforce governance, regulatory compliance, and feedback and complaints.

The service implements systems to identify and manage high impact or high prevalence risks associated with the care of consumers. Staff receive training on elder abuse and incident management and reporting. Policies and procedures guide staff practice in relation to abuse and neglect, dignity of risk, and incident management and reporting. Assessment and care planning processes identify strategies to support consumers to live their best life. A review of incidents identified these were appropriately identified, reported, and investigated with actions taken to prevent recurrence.

A clinical governance framework is in place which sets out roles and responsibilities of the governing body, management, and staff and includes information on how risk management. The clinical governance framework is supported by various policies and procedures including on minimising restrictive practices and open disclosure. The service monitors long-term antimicrobial usage and has implemented a new medication support program managed by the clinical team. Clinical indicator data is collated and analysed, and this information is communicated to the care and clinical governance committee and the Board.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)