Performance

Report

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| Name of service: | Juniper Cygnet |
| Service address: | 4-10 Hayman Road BENTLEY WA 6102 |
| Commission ID: | 7145 |
| Approved provider: | Uniting Church Homes |
| Activity type: | Site Audit |
| Activity date: | 13 February 2023 to 15 February 2023 |
| Performance report date: | 30 March 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 Cygnet (**the service**) has been prepared by K. Spurrell, 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; 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
* the provider’s response to the assessment team’s report received 14 March 2023

# 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 felt respected and were treated with dignity. Staff explained how they supported consumers to maintain their identity and culture and staff were observed treating consumers with respect.

Consumers and representatives said the service respected each consumer and their culture. Staff provided multiple examples of interventions, strategies and support of how the services ensure they deliver culturally appropriate services to many of their consumers. Pastoral care staff explained the different cultures and spiritual needs of the consumers at the service and how they delivered care and services appropriate to each consumer and their backgrounds. Care planning documents described consumers’ cultural heritage and religious denominations.

Consumers and representatives advised they were supported to exercise choice and independence regarding their care and services. Staff said that they know what each consumers choice and preferences are and explained how they communicate this, either self-directed, through a representative and preferences are documented on care plans. Care documentation reflected personal preference concerning care delivery.

Consumers and representatives said the service supported consumers to take risks. Staff demonstrated an understanding of consumers who take risks. The Assessment Team observed risk assessments were in care planning documents.

Consumers and representatives said information provided was easy to understand, accurate, and timely. Staff explained how they supported consumers to make informed choices, including those with communication barriers. Applications were observed on point of care electronic devices that could be used as a translator for consumers with linguistically diverse backgrounds.

Consumers and representatives said the service protects their privacy and confidentiality. Staff could describe the practical ways they respect the personal privacy of consumers, such as knocking on consumers’ doors before entering and keeping doors closed when providing personal care. The service demonstrated that electronic equipment has security systems in place which are reinforced with policies that guide the management and protection of confidential data.

# 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

Staff described the assessment and planning process and explained how it was initiated at the time of entry and informed safe and effective care for consumers. Care documentation detailed care and services tailored to each consumer’s needs and provided support reflective of each consumer's needs and identified risks through assessments.

Staff explained assessments began when a consumer entered the service and reflected the consumer's preferences, if needs changed further assessments were undertaken and care plans were updated. Consumers stated they received the care they wanted, and end of life planning was discussed when they were comfortable and they were confident the service would support their wishes.

Representatives advised they were consulted throughout the assessment and care review process. Staff described the involvement of external services to support consumer's health needs including, but not limited to, a dietician, speech pathologist, podiatry, and specialist support services. Care documentation evidenced referrals to external services for support of consumer needs.

Care documentation indicated the outcomes of assessment and planning were communicated to the consumers and representatives. Consumers and representatives advised, and staff confirmed, they were advised about the outcomes of assessment and planning and should they request a copy of a care plan it would be provided.

Care documentation confirmed care plans were reviewed regularly or if care changed, such as hospitalisation, change in cognition, and following incidents such as fall The service had a Care Plan Review and Case Conference Schedule which identified each consumer and when they were due for their reviews.

# 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 stated consumers were receiving both personal care and clinical care that was safe, effective, tailored to individual needs, and contributed to them feeling the best they could. Care documentation evidenced appropriate and individualised interventions, tailored to each consumer’s needs and preferences. Staff described different interventions provided to meet the needs of consumers.

Care documentation reflected effective management of high impact or high prevalence risks, including falls, restrictive practices, behaviour, and weight. Representatives stated environmental restraint was explained before entry to the service. Staff demonstrated how the electronic system monitored weights with alerts for staff if changes were detected, which resulted in a referral to the dietician.

The Juniper End Of Life Palliative Procedure outlined the recognition and assessment of signs and symptoms of end of life process and detailed the interventions including communication with the families, referring to specialist palliative care services, pastoral care, pharmacists, and religious personnel. Staff detailed how the end of life care provided was tailored to the individual's needs of consumers.

Consumers and representatives advised they were contacted when there were changes in consumer conditions. Staff described how they recognised an alteration to the normal health patterns of the individual consumer. Policy and procedures outlined the steps involved with observation, escalation, documentation, and response when deterioration occurred.

Staff said information about consumers’ referrals to external services and communication from those services was readily accessed through the electronic care management system. Care documentation was specific to each consumer’s needs, including dietary requirements, behaviour management, mobility, and personal care preferences.

Care documentation evidenced input from various specialties of care and services such as medical officers, physiotherapists, occupational therapists, and podiatry. The Juniper Cygnet Information Booklet for Residents, Relatives, and Friends outlined and described the external providers and organisations the service engaged with.

Representatives, visitors, staff, and management were observed to practice hand hygiene and sanitiser gel was available throughout the service. The service has an Antimicrobial Stewardship Policy and Procedure which outlined the implementation of practices to promote appropriate antibiotic prescribing and reduce the risk of increasing reliance.

# 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

Representatives said consumers' independence and quality of life were optimised. Staff were able to demonstrate a clear understanding of what is important to consumers and what they like to do. Care documentation provided information about the support consumers required to do the things they wanted to do and was consistent with consumer and representative feedback.

Care documentation recorded the supports important for each consumer's emotional, spiritual, and psychological well-being. Staff described providing practical support, such as talking one on one with consumers who were feeling down. Staff were observed approaching each consumer and checking in with them daily to see how they are going, describing activities available and asking if they would like to participate.

Consumers said they were supported by the service to participate in their community within and outside the service as they choose. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care documentation identified activities of interest to consumers and how they are supported to participate in these activities and the wider community.

Consumers said the staff knew them and their preferences and said they do not have to repeat themselves. The service used an electronic documentation system and handover processes to ensure consumer information was shared where care was provided. Staff detailed the process for communicating internally and externally to others where responsibility for care was shared.

Staff described how consumers were referred to other providers of care and services and gave examples such as specialist support services. Care documentation showed the service collaborated with external providers. Consumers said the service offered to refer them to external providers to support their care and service needs.

Consumers and representatives said the meals provided were varied, of suitable quality and quantity. Consumers' input on catering was sought during consumer meetings and feedback gathered on the dishes, the quality of meals, morning and afternoon tea, staff assistance at mealtimes, and what changes they would like introduced. Staff described how they met individual dietary needs and preferences and how any changes were communicated.

Consumers and representatives said they felt furniture, fittings, and equipment were safe, clean, well maintained, and suitable for them. Staff were aware of how to report any maintenance issues and said requests would be responded to by the maintenance team. Equipment including walkers and activity equipment was observed to be suitable, clean, and in good condition.

# 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 and representatives said they felt at home at the service, and it was a nice place to live. Staff described supporting consumers to customise their rooms to promote a sense of belonging and independence. Consumers were observed moving around freely within the service and, where appropriate, being taken outside by family members for community outings.

Consumers said they can move freely both indoors and outdoors and the service is clean and well maintained. The service has a maintenance team responsible for reactive maintenance, preventative maintenance, and maintaining the garden. Staff explained the service’s cleaning system including processes and systems in place for identifying and recording hazards.

Consumers and representatives said their equipment was suitable for their needs. The furniture, fittings, and equipment were observed to be clean, well maintained, and used safely. Staff explained maintenance issues were entered into the electronic maintenance log and issues were attended to quickly and if there is a delay, they were kept informed.

# 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 stated the service was open and responsive to feedback. Staff advised they often received consumer or representative feedback and complaints, and if within their scope, they would attempt to resolve the concern immediately. Policies and procedures outlined how complaints were addressed to ensure access and equity, fairness, accountability, and transparency.

Consumers and representatives stated they were not aware of additional avenues for complaint management, however, they stated they were happy with the service’s management of complaints. The Assessment Team observed information provided for consumers about advocates, language services, and external services for complaints, including brochures and information accessible to consumers in languages other than English.

Consumers and representatives advised the service responded appropriately to their concerns. Management described the open disclosure process used when an incident occurred and provided examples of when the procedure was used.

Staff said they provide feedback and would see changes in response to their feedback. Management described how they responded to complaints and changed the process going forward from incidents. Policies and procedures ensured all complaints were reviewed and trends analysed and reported to the executive leadership team for investigation and management.

# 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

The Assessment Team recommended Requirement 7(3)(a) was not met, I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report, and the provider’s response and have come to a different view.

Consumers stated they were satisfied with the staff levels, however the Site Audit report brought forward mixed feedback from staff about the sufficiency and skill mix of care staff and raised concerns about the expansion of their roles to include meal preparation and cleaning. Some staff said this resulted in a reduction of time to address consumers’ needs Consumer and representative feedback and observations identified the environment to be clean and tidy, and consumers did not raise concerns about meals not being served on time. During the Site Audit management advised the service was actively recruiting for additional staff and the service was currently able to fill any the gaps in the roster with existing staff.

The Approved Provider’s response of 14 March provided further evidence and context to the findings of the Assessment Team. The Approved Provider advised that the service was actively recruiting for an additional lifestyle staff member and provided evidence to demonstrate sufficient care and clinical staff are rostered to meet the needs of consumers and ensure that consumers were receiving care in line with their preferences. The Approved Provider undertook to review the practices and feedback from staff in relation to the expected duties and ensure workloads and role expectations were communicated and any additional training or support provided.

I have considered the evidence brought forward by the Assessment Team and the Approved Provider in its response, I have considered the multiple examples brought forward throughout the report that demonstrate how the service ensure sufficient care is provided to consumers and the processes in place to support staff rostering. I have also placed weight on the feedback from consumers who expressed satisfaction with the sufficiency of staff at the service and the proposed and commenced actions of the Approved Provider to further support staff through training and additional communication.

On the balance of evidence available to me, I am satisfied that the Approved Provider is compliant with Requirement 7(3)(a).

I am satisfied that the remaining four requirements of Quality Standard 7 are compliant.

Consumers and representatives provided feedback stating staff engaged with them in a respectful, kind, and caring manner. Management and staff were observed to treat consumers in a kind and caring manner. Care documentation evidenced consumers’ specific cultural and diverse needs were important.

Consumers stated staff were sufficiently skilled to meet their care needs. Management described how they determine whether staff were competent in their role, including new staff buddied with experienced staff. Position descriptions set out the responsibilities and necessary qualifications and skills for each role.

Documentation evidenced the service had an orientation program for new staff, and a process for monitoring the completion of annual mandatory training and competencies. Staff confirmed they completed skills competency assessments including, but not limited to, manual handling, hand hygiene, and the use of personal protective equipment. Records evidenced credential checks were undertaken before staff commenced in their roles.

Management advised they monitored staff practices through observation and feedback from, consumers, representatives, and other staff. The organisation had a staff performance framework including annual performance appraisals and mandatory education. Documentation reviewed identified performance appraisals, mandatory training, and competency assessments were conducted annually and were up to date.

# 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 described how they were engaged in the development, delivery, and evaluation of care and services. Management advised feedback or suggestions made by the consumers and representatives were included in the service’s improvement register for investigation and action. Minutes of consumer meetings evidenced consumer input and evaluation of services, such as maintenance, food quality, and, the social activities program.

Consumers and representatives expressed feeling safe at the service and living in an inclusive environment with access to quality care and services. The organisation had a strategic plan and monitored the direction and improvements of the service. Management stated that information is communicated to consumers, representatives, and staff, via meetings, emails, newsletters, and training.

The service had organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaint management. Staff confirmed they had access to the information they needed to deliver safe and quality care and services.

The organisation had a documented risk management framework to manage high impact or high prevalence risks associated with the care of consumers. Continual monitoring supported the identification and response to consumer abuse and neglect, support for consumers to live their best life, and management and prevention of incidents. Staff confirmed they had received education on these topics and were able to provide examples of their relevance to their work.

The service demonstrated the Clinical Governance Framework ensured the quality and safety of clinical care and promoted antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. Staff advised have received adequate education about these policies and staff were able to demonstrate their application in a practical setting.

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)