Performance

Report

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| Name: | Juniper Elimatta |
| Commission ID: | 7098 |
| Address: | 45 Alexander Drive, MOUNT LAWLEY, Western Australia, 6050 |
| Activity type: | Site Audit |
| Activity date: | 28 May 2024 to 30 May 2024 |
| Performance report date: | 28 June 2024 |
| Service included in this assessment: | Provider: 93 Uniting Church Homes  Service: 4626 Juniper Elimatta |

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 Elimatta (**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 site audit report, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others; and
* the provider’s response to the assessment team’s report received 21 June 2024 acknowledging the assessment team’s recommendations.

# 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 staff are always respectful, provide care and services in line with consumers’ choice and preferences and which are culturally safe. The organisation considers the cultural identity of each consumer and staff deliver care and services in a way that is respectful of consumers’ ethnicity, culture, and relationship status. Staff know consumers well and provide care and services in line with their cultural needs and preferences, and were observed interacting with consumers in a way that respected their dignity.

Consumers are supported to exercise choice and independence. Care plans identify consumers’ individual choices around when care is delivered, who is involved in their care and how the service supports them to maintain relationships of importance to them. Staff are familiar with consumers’ relationships with family and friends and how this influences their involvement in care and services. Consumers and representatives said consumers are given choice about when care is provided, and their choices are respected.

Consumers are supported to take risks that enable them to live their best lives. Where consumers are identified as partaking in an activity which includes an element of risk, risk assessments, which consider risks and mitigating strategies, are completed in discussion with consumers and/or their representative. Staff are aware of the risks taken by consumers, and said they support consumers’ wishes to take risks to live the way they choose.

Consumers interviewed said information is available to them to help make choices about care and services, staff are good at communicating information, and they can participate in the residents’ and relatives’ meetings. Information is provided through various avenues, including one-to-one discussions, newsletters, calendars, noticeboards and various meetings. The service displays information, such as the Charter of Aged Care Rights, Aged Care Quality and Safety Commission, advocacy and complaints processes; this information is also provided to consumers in admission packs. There are processes to ensure each consumer’s privacy is respected and personal information is kept confidential.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore, the Quality Standard is compliant.

# 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

Assessments of consumers’ health and well-being are undertaken on entry and ongoing, with information gathered used to inform individualised care plans. Consumers are assessed for risks on entry, including through the use of an admissions checklist, validated assessment tools and an interview with the consumer and/or their representative. Care files identify known risks to consumers and include management strategies to inform the delivery of safe care. Care files include each consumer’s care and service needs and preferences, including in relation to end of life, which are reviewed and updated as things change. Consumers know they can discuss their current needs and preferences, including end of life care, with staff whenever they feel this is required.

Assessment and planning of care and services is undertaken in partnership with the consumer and others the consumer wishes to be involved. Where appropriate, other organisations and providers of care are involved in the planning and assessment process to meet consumers’ personal and clinical care requirements. Care files and interviews with consumers show staff work closely with the consumer and/or their representatives to ensure care and service provision is in line with their needs and preferences.

The outcomes of assessment and planning are communicated to consumers and documented in a care plan to guide staff in the provision of care and services. Care files show meetings are held with consumers and/or representatives where care plans and the outcome of assessments are reviewed and discussed, and review dates show these meetings are held annually or sooner when changes occur. Care plan reviews are undertaken during the admission process to create an interim care plan, until the full care plan can be finalised and agreed to by the consumer. All consumers are satisfied the service keeps them informed of the outcomes of assessments and whenever changes occur in the way care is to be delivered.

Care files show care plans are updated when there is a decline or change in health status, when incidents occur, following discharge from hospital, or when there are changes in consumer preference. Staff use a quick guide to complete a well-being assessment which is used to monitor consumers for changes to their health and well-being, with the outcome of the assessment reported to clinical staff for consideration and any required actions.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore, the Quality Standard is compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| 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 are satisfied with the clinical and personal care they receive. Each consumer receives safe and effective personal and clinical care that is tailored to their needs, optimises their health and well-being and aligns with best practice and the service’s policy requirements. Care files shows appropriate and effective care provision relating to wounds, personal hygiene, diabetes and pain. There are processes to identify, assess, plan for, manage and review high impact or high prevalence risks associated with each consumer’s care. Care files show effective management of risks relating to falls and pressure injuries, with measures applied to mitigate the level of risk, whilst supporting consumers’ independence and self determination to make their own choices. Care files also demonstrate involvement of general practitioners and allied health professionals in the management of identified risks.

The service works collaboratively with general practitioners and the palliative care team to ensure consumers’ needs, goals and preferences are recognised and addressed, their comfort is maximised, and their dignity is preserved. A care file for one consumer who had recently passed away includes their end of life wishes and reflected their preferences. The consumer was referred to palliative care services to provide end of life support for both them and their family, and palliative care medication was prescribed by the general practitioner to ensure the consumer remained comfortable and pain free. Clinical staff said they referred to the information provided by the palliative care team to provide staff with strategies to support the consumer in the last days of their life.

Procedures are in place to guide staff when a deterioration of consumers’ mental, cognitive, or physical function or condition is recognised, and appropriate and timely referrals to general practitioners, and other health practitioners and services are initiated, as required. Care staff described how they identify deterioration in a consumer and how they escalate this to clinical staff and the consumer’s general practitioner, as required. Staff said they use an assessment process implemented by the service which has helped them to identify consumers whose health and well-being may be deteriorating.

There are processes to ensure information about consumers’ condition, needs and preferences is documented and communicated within the service and with others where responsibility for care is shared. Staff said they have the information they need to provide care to consumers, and said any concerns relating to individual care is passed on to clinical staff and management for review. Consumers said staff are aware of their care needs and know how they like care to be delivered.

The service has an effective infection prevention and control program that aligns with nationally recognised guidelines and applicable governing standards. There are policies and procedures related to antimicrobial stewardship, appropriate monitoring of infections and for prescribing of antimicrobials. A senior clinician is the designated infection prevention control lead and has responsibility for overseeing training and monitoring staff practice. An outbreak management plan is in place and is regularly updated. Antibiotic therapy is only prescribed when a consumer is symptomatic, returns a positive pathology result for infection or has a history of infection related illness. Consumer infections are monitored, and a report is reviewed monthly to monitor and target trends. All staff said they have received infection prevention control related training and understand the precautions to be followed to minimise risk of infection.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant, therefore, the Quality Standard is compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | 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 receive safe and effective supports which meets their needs, goals, and preferences, and assists them to maintain their independence and well-being. Consumers are supported with specialised equipment, where required, to enable them to maintain their independence and quality of life. Staff said they aim to maximise consumer independence and health, and initiate timely referrals for consumers to appropriate members of the allied health team where necessary. Consumers feel supported to participate in activities within the service and in the outside community as they choose. Consumers said they can attend the pastoral services offered and meet and connect with family members and friends to support their emotional, spiritual, and psychological well-being. They said staff know them very well and provide them with support when they are feeling low.

There are processes to ensure that information about consumers’ condition, needs and preferences is communicated within the organisation and with others where responsibility is shared. Staff receive information relating to consumers’ condition, needs and preferences through handover processes, activity lists, care plans, progress notes, and alerts. Visiting pastoral care staff and allied health providers have access to the electronic records system and are updated by staff of any changes to consumers. Consumers said they do not have to repeat information about their needs and preferences for care and services with other staff members who deliver services.

Meals provided are varied and of suitable quality and quantity, and most consumers said they enjoy the food, there is enough variety and choice and they feel they have plenty to eat and drink. Meals are prepared in line with a four-week rotating seasonal menu which is reviewed by a dietitian every six months, and sent to an external foundation for a menu appraisal prior to commencement. Salads, fruit, sandwiches, and texture modified quick meals are available where consumers want something to eat outside of regular mealtimes.

Equipment provided is safe, suitable, clean, and well maintained, and consumers are satisfied with equipment provided to them. Care staff said they check all equipment before every use and where identified, report any maintenance issues.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant, therefore, the Quality Standard is compliant.

# 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 is welcoming and the facilities, gardens, and courtyards are clean and well maintained, and consumers can move freely throughout the service, both indoors and outdoors. All consumers said they feel safe and like living at the service as it feels home like, and their rooms and common areas are relaxing and comfortable. The service is distributed over two levels and directional signage provides a pathway for consumers and their visitors to navigate safely. Consumer rooms are safely appointed and personalised according to their wishes.

The service environment is safe, clean, comfortable and well maintained. Cleaning is undertaken in line with a schedule, and there are processes for preventative and reactive maintenance. All furniture, fittings and equipment are safe, clean, well maintained, and suitable for consumer use. Consumers are satisfied with the standard of cleanliness of their rooms and the service environment, feel safe in their environment and when staff use equipment.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant, therefore, the Quality Standard is compliant.

# 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

The resident handbook provided to consumers on entry includes information on internal and external pathways for making complaints, and information about advocates and other methods of raising complaints is displayed throughout the service, including in other languages. An advocacy service provider visits the service on a regular basis to provide information to consumers on their services. Consumers, representatives and others are encouraged and supported to provide feedback through meeting forums, surveys, newsletters, and talking directly with staff. Feedback forms and locked feedback boxes are located throughout communal areas of the service, and management maintains an open-door policy and regularly walk the floor giving consumers and opportunity to provide them with feedback. Staff said they assist consumers to complete feedback forms when verbal feedback is provided to them. Consumers feel comfortable speaking to staff and management about any complaints, feedback, or suggestions, and are aware of the mechanisms available to raise complaints, including external avenues.

A complaints and feedback register is maintained and shows complaints are recorded and actions are taken in response. Staff described the process for registering a complaint and how to practice open disclosure, in line with the service’s processes. Most consumers and representatives feel action is taken when feedback or a complaint has been made, and confirm open disclosure principles are applied when things go wrong. Feedback and complaints are reviewed and used to improve the quality of care and services. Consumer input and feedback is forwarded to executive management to analyse and trend, allowing the service to minimise areas of repeated concern.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant, therefore, the Quality Standard is compliant.

# 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

Staff said there are enough staff of the right mix to enable them to provide care for all consumers, and consumers said there are enough staff available to ensure they are well cared for. A roster is maintained, with the workforce planned based on minutes of care required for each consumer, and consumer acuity. A registered nurse is available across all shifts. Staffing levels and skills are discussed and reviewed regularly at management meetings.

Consumers said staff are always kind, caring and respectful of their identity, culture, and diversity. Staff are required to adhere to the organisation’s code of conduct and values, including the requirement to provide culturally appropriate, person-centred care. Staff interactions with consumers are kind and respectful, and the manager was seen to have regular conversations with consumers, always speaking with kindness and respect.

Staff are recruited with appropriate qualifications to perform their designated roles, and onboarding processes, including orientation and buddy shifts, ensure staff have the appropriate skills. Position descriptions define qualifications required to undertake each role, and there are processes to monitor currency of professional registrations, police clearances and vaccinations. Staff are assessed on several core competencies or tasks on commencement, and staff receive ongoing training and education through toolbox meetings and an annual mandatory training program. All consumers said staff are competent in providing care and services.

Regular assessment, monitoring and review of the performance of each staff member occurs through a probationary and biennial appraisal process, direct observation, feedback avenues, and incidents. There are policies to guide staff through formal performance management actions and their expectations and as employees.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant, therefore, the Quality Standard is compliant.

# 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 interviewed said their suggestions and feedback have resulted in improvements to their care. Consumers are supported to engage in the development, delivery and evaluation of care and services through various avenues, including meeting forums, a consumer census, surveys, and feedback and complaints processes. Outcomes of surveys, the consumer census and feedback and complaints are discussed at board meetings. Board meeting minutes for April 2024 show the board has approved the formation of a consumer advisory group, enabling consumers to have a more formalised avenue for input into care and services.

The organisation’s governing body supports inclusivity and quality care and services. The organisation is governed by a board who are supported by several sub committees, including a clinical governance committee, audit and risk committee, and a quality clinical safety working party. Clinical and management meetings inform the board of trends and areas for improvement. Board members visit and attend resident relative meetings in each of the organisation’s services to enable them to see firsthand the issues affecting services and to hear from consumers.

A governance structure is in place to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the governing body is aware of and accountable for the delivery of services. The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. A clinical governance framework is supported by policies, procedures and training to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant, therefore, the Standard is compliant.

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)