Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Juniper Gerdewoonem |
| Service address: | 50 Ivanhoe Road KUNUNURRA WA 6743 |
| Commission ID: | 7464 |
| Approved provider: | Uniting Church Homes |
| Activity type: | Site Audit |
| Activity date: | 28 February 2023 to 2 March 2023 |
| Performance report date: | 11 April 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 Gerdewoonem (**the service**) has been prepared by   
K. Richards 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 consumers, representatives, staff, management, and others.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 said they felt respected by staff who knew them and supported their choices. Staff were observed treating consumers respectfully and underwent cultural awareness training in response to majority Indigenous consumers residing at the service. Care planning documents recorded consumers’ culture, identity, and diversity.

Consumers and representatives said consumers were provided a culturally safe environment. Staff described recording consumers’ cultural requirements upon entry, through continued engagement and explained how they implemented Indigenous practices in response to majority Indigenous consumers.

Consumers said they were supported to make choices regarding care and services and maintain independence. Staff described supporting consumers to undertake activities independently, where possible. Care planning documents recorded choices made by consumers regarding care delivery.

Consumers said they were supported to take risks to do what was important to them. Staff knew of consumers who wished to undertake activities which presented potential risks, undertook assessments, and implemented responsive risk management strategies. Care planning documents evidenced risks were assessed and managed.

Consumers said they received information verbally or from noticeboards and menus. Staff confirmed they communicated with consumers in ways they could understand, including those with cognitive impairments. A bright and illustrative activity schedule was displayed in various communal spaces.

Consumers said their privacy was respected and personal information kept confidential. Staff described protocols to discuss consumer information in private areas and were observed knocking on consumers’ doors prior to entry and displaying signage during care delivery. Consumer information was safeguarded within password protected electronic handheld devices or locked cabinets.

For the reasons detailed above, I find Standard 1 Consumer dignity and choice Compliant.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 using a range of validated risk assessment tools when assessing and planning care and services with consumers. Care planning documents evidenced assessments, including by allied health professionals, to measure and manage risks. Staff were guided by procedures to assist care assessment and planning.

Consumers and representatives confirmed they were consulted to ensure care assessment and planning captured their needs and goals, including advance care and end of life preferences. Staff described, and care documents reflected, consideration of consumers’ goals, preferences and end of life needs which were gathered in accordance with standard procedures.

Consumers and representatives said they were involved in ongoing assessment, planning and review of care. Staff confirmed collaboration with various individuals and organisations and care planning documents evidenced assessment and planning undertaken in partnership with consumers, representatives, and Allied health professionals.

Consumers and representatives said they were informed of care and service assessment outcomes and could access care plans. Staff described the most effective ways in which to communicate care requirements to consumers and representatives and care documentation reflected communication between the service, the consumer, and representatives.

Consumers and representatives said they were informed of changes to care or services following review. Staff confirmed care plans were reviewed annually, or in response to changes or incidents. Care planning documents evidenced reviews in response to care needs including consultation with representatives.

For the reasons outlined above, I find Standard 2 Ongoing assessment and planning with consumers Compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 were satisfied with the care provided. Staff described planning clinical and personal care aligned to consumers’ medical history, conditions, and assessment outcomes. Care planning documents demonstrated consumers received best practice safe and effective personal and clinical care. Staff were guided by policies and procedures and receive regular training to keep updated with best practice processes, with recent focus on infection control. The service participates in the regional complex care group for a multidisciplinary approach to consumers with specific needs.

Staff described processes for managing high impact and high prevalence risks, including review of all previous risk assessments to ensure holistic responses. Examples were provided of the service implementing successful risk mitigation strategies and care documents reflected appropriate risk prevention, response, and ongoing management.

Staff were observed providing respectful and dignified care to a palliating consumer while ensuring their comfort and accommodated additional visitors to respect Indigenous practice. Staff confirmed approaching palliative discussions with consumers and representatives, however, Indigenous culture did not support discussions regarding end of life. Staff were familiar with policies and procedures supporting advanced care planning.

Representatives confirmed staff informed them of changes to consumers’ condition and staff described processes to identify, respond to, and manage consumer deterioration or incidents. Care documents reflected responses to consumer change, including consultation with Allied health professionals and hospital transfer, where required.

Consumers and representatives confirmed staff were familiar with consumer needs and preferences. Staff described sharing consumer information regarding their condition, needs and preferences during shift handover or meetings which brought together Allied health services from across the region. Care planning documents evidenced up to date progress notes regarding consumers’ personal and clinical care.

Consumers said referrals to other care providers were timely and appropriate. Staff were knowledgeable of referral pathways and appropriate selection of allied health professionals. Care planning documents reflected timely and appropriate referrals to specialists and allied health professionals were observed reviewing consumers following initial assessment.

Staff were observed wearing face masks, performing hand hygiene and screening visitors for infection. Measures were implemented to acknowledge Indigenous practices and staff said infection control was discussed during shift handovers. Staff were guided by two Infection Prevention Control Leads regarding appropriate use of Personal Protective Equipment and hand hygiene. Policies and procedures guided staff in infection control and antimicrobial stewardship.

For the reasons outlined above, I find Standard 3 Personal and clinical care Compliant

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 said they received safe and effective services supportive of their daily living. Staff described tailoring services in response to assessed or observed need. Care documents evidenced support provided which respected consumers’ choice to be independent and assessments to ensure understanding of needs, goals, and preferences.

Consumers said their emotional, spiritual, and psychological needs were met and staff were receptive when their mood deteriorated. Consumers were supported to attend church services, a pastor visited the service, and Indigenous Elders would lead ceremonial activities. Care documents reflected consumers’ needs and tailored services in response to well-being.

Consumers said they were supported to undertake activities within the service and community. Staff provided examples of activities including visits from school children, visits to art centres, traditional painting, picnics, storytelling and exchanging information about each other’s cultures. Documentation reflected available activities and photographs of consumer participation.

Consumers and representatives said the service communicated consumers’ condition, needs and preferences between staff, to other care providers and to representatives. Staff, including hospitality staff, described exchanging relevant information during shift handover, through the electronic care management system or on a whiteboard in the nurses’ station.

Consumers said they were satisfied with available referrals to other organisations, services, and providers. Staff said consumers were supported to participate in activities held at a local community centre and other referrals were made to Allied health professionals, as required.

Consumers provided positive feedback regarding the variety, quality, and quantity of meals. Staff said meal choices were reflective of the region and cultural preferences, including consumers cooking over a fire pit each week, and Dietician-reviewed seasonal menus were offered. Staff were observed assisting consumers during mealtimes, and that food provided was aligned to consumers’ dietary needs and preferences. Consumers could access alternate options if they did not like a particular meal.

Consumers said equipment provided was safe, suitable, clean, and maintained. Staff described cleaning shared equipment following each use and were aware of processes to request maintenance. Equipment was observed to be clean and maintained and documents evidenced routine equipment audits.

For the reasons detailed above, I find Standard 4 Services and supports for daily living Compliant.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 found the service comfortable and respectful of consumers’ culture and community. Staff said the service was purpose built for the aged Indigenous community and centred around a garden with a fire pit, accessible by wide, even pathways. Consumers personalised their rooms with photographs and ornaments and the environment featured security features including cameras and swipe card security access.

Consumers and representatives said the service environment was safe, clean, maintained and allowed free movement. Staff advised training was provided to ensure appropriate cleaning was undertaken including infection control measures. Improved cleaning checklists were under development and maintenance records reflected completion of all requests.

Staff described a preventative maintenance schedule, frequent cleaning, and audits of mobility aides, furniture, and fittings. Examples included inspection of consumer rooms for cleanliness, equipment and furniture functionality, and electrical cord safety. Maintenance records were up to date and furniture and fittings were observed to be in good repair.

For the reasons detailed above I find Standard 5 Organisation’s service environment Compliant.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they were advised of feedback and complaint processes. Management sought feedback from consumers during case conferences or meetings, however, acknowledged that such information could be challenging to gather due to cultural preferences and cognitive impairments. As such, the service was developing tailored feedback forms to improve accessibility. Meeting minutes reflected responsive changes to consumer feedback and complaints that had been lodged.

Consumers were aware of advocacy and language services and had accessed these with assistance from staff to manage their personal affairs. Management confirmed English was a second language for most Indigenous consumers and advised advocacy representatives visited the service to educate staff regarding their functions. Documents evidenced positive feedback about the service from advocacy groups.

Consumers and representatives said while they had not made any complaints, they felt comfortable doing so if needed. Management described the principles of open disclosure if a complaint arose, and staff were observed de-escalating concerns of distressed representatives by calmly and compassionately addressing concerns. Open disclosure policies and procedures were available to assist staff when required.

Consumer feedback was recorded in a continuous improvement plan which evidenced activities identified and implemented in response to feedback. Minutes from consumer and representative meetings reflected planning underway for an outdoor walkway in response to consumer requests, inclusive of a sealed pathway, plants, and seating.

For the reasons detailed above I find Standard 6 Feedback and complaints Compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

Management said the number and variety of rostered staff was responsive to consumer need, adjusted as required, and gaps in service were filled with agency staff. Management advised majority of the workforce were contracted from agencies for periods of at least eight weeks. Roles in the management team were recruited to ongoing roles to provide stability and consistency, and rosters reflected appropriate staff allocation.

Consumers and representatives said staff were kind, caring and respectful, and this was supported through observations of staff interactions with consumers. Management confirmed clinical and care staff completed online cultural awareness training and the management team participated in comprehensive training facilitated by Indigenous Elders. Records confirmed completion of cultural awareness training.

Consumers and representatives were confident staff were sufficiently skilled to meet consumers’ care needs. Recruitment documents evidenced candidates were required to demonstrate knowledge, skills, and qualifications for roles within the service. Personnel records reflected current staff held valid professional registrations, were recruited based on appropriate skills and knowledge, and had completed required training.

New staff underwent induction training consisting of incident management, emergency procedures, chemical usage, complaints processes and privacy. Mandatory training for all staff further included risk management, infection control and workplace bullying. New staff were paired with experienced staff upon commencement and medication competency training was provided to appropriate clinical staff. An online training portal recorded training completions and alerted management to outstanding requirements.

Management advised staff participated in formal appraisals every two years and acknowledged this process could improve, however advised majority of staff were contracted from agencies and the appraisal process was designed for permanent staff. Management team members were long term employees of the service and demonstrated clear knowledge of the service and the consumers, providing oversight and support for agency staff. Staff said they felt supported and were provided training and development opportunities.

For the reasons detailed above I find Standard 7 Human resources Compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

Management said they welcomed input from consumers and representatives regarding the development, delivery and evaluation of care and services, and encouraged staff to do the same. However, management acknowledged Indigenous consumers were reluctant to provide input resulting from either cultural beliefs or cognitive impairment. Documents evidenced input that was received by some consumers and representatives was recorded and used to inform care and services.

Management described how accountability and promotion of a culture of safe care was demonstrated by the governing body reviewing information from the service to monitor quality service delivery. The service submits clinical data, internal audit outcomes, consumer feedback and complaints and incident management data to the governance committee to inform operational decisions.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, management confirmed staff were appointed to monitor regulatory and legislative changes, update corresponding policies and communicate such changes throughout the service. Policies, procedures, manuals, and documented guidelines are maintained digitally and staff have access through the intranet.

The service had effective risk management systems and practices, including managing high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. Staff underwent training in relation to incident management and elder abuse.

The service had a clinical governance framework in relation to antimicrobial stewardship, minimising the use of restraints, and the principles of open disclosure. Medication usage was reported to the governance Board, alternate strategies to restraint were evidenced in consumers’ behaviour support plans, and evidence provided of staff discussing feedback with consumers to ensure alignment with the principles of open disclosure.

For the reasons outlined above I find Standard 8 Organisational governance Compliant.

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