Performance

Report

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| Name of service: | Juniper Hayloft |
| Service address: | 1 Lewis Road MARTIN WA 6110 |
| Commission ID: | 7468 |
| Approved provider: | Uniting Church Homes |
| Activity type: | Assessment Contact - Site |
| Activity date: | 6 September 2023 |
| Performance report date: | 5 October 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 Hayloft (**the service**) has been prepared by T Wilson, 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 Assessment Contact - Site; the Assessment Contact - Site 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 dated 27 September 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Requirement 3(3)(b)** – Ensure continuous improvement items are implemented as per the continuous improvement to provide consumers best practice management of pressure injuries.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |

Findings

As the Requirement assessed was found non-compliant the overall rating for this Quality Standard in non-compliant.

The assessment team recommended Requirement (3)(b) as not met as the service did not ensure consumers received timely and appropriate interventions to maintain skin integrity to prevent pressure injuries. Examples were provided for several consumers where the interventions and strategies were not effective.

The provider responded to the assessment team’s report on the 27 September 2023 providing additional information on the continuous improvements undertaken to address the deficits identified. This includes, but is not limited to, changes to processes, education, revised review processes and better communication pathways.

I have considered both the assessment team’s report and the provider’s response, and I agree with the assessment team that at the time of the site audit the provider was non-compliant with this Requirement. I acknowledge the continuous improvement the service has undertaken to rectify the deficits identified. However, I consider that time will be required to ensure these new processes are effective. I also acknowledge this was the only identified area where high prevalence high impact risk was not being managed effectively.

It is for this reason I find Requirement (3)(b) non-compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

As not all requirements were assessed, and this requirement was found compliant the overall rating for this Quality Standard is not applicable.

Most consumers and representatives confirmed they are satisfied with the ability of staff to deliver quality care and services. An onboarding process is undertaken for all new staff to ensure they can deliver care as required by these standards. Staff could describe the training they have undertaken, and they said they are supported to maintain the knowledge and skills to complete their role.

It is for these reasons I find Requirement (3)(d) compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)