Performance

Report

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| Name of service: | Juniper Hillcrest |
| Service address: | 40 Onslow Street GERALDTON WA 6530 |
| Commission ID: | 7129 |
| Approved provider: | Uniting Church Homes |
| Activity type: | Assessment Contact - Site |
| Activity date: | 29 November 2022 |
| Performance report date: | 20 December 2022 |

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 Hillcrest (**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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management; and
* the Performance Report dated 17 October 2021 for a Site Audit undertaken from 31 August 2021 to 2 September 2021.

The provider did not submit a response to the Assessment Team’s report for the Assessment Contact – Site undertaken on the 29 November 2022.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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

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 2

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| Ongoing assessment and planning with consumers | |  |
| 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

Five consumers’ care plans sampled had been appropriately updated within the previous six months or in response to incidents and changes in consumers’ circumstances which impacted the needs of the consumer. Staff could describe care plan review processes and what occurs following an incident. Care staff described actions they take when they identify changes in a consumer’s condition, including informing clinical staff. In response, clinical staff assess consumers’ needs and update care plans, where required, to reflect changes to care and service needs. Consumers and representatives confirmed care and services are reviewed regularly and when incidents occur, such as falls.

For the reasons detailed above, I find Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers 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 |

Findings

Care files sampled for five consumers demonstrated safe and effective care is provided and delivered in line with consumers’ assessed care needs to optimise their health and well-being. Care files demonstrated appropriate, individualised management and monitoring strategies, in line with best practice care, had been implemented in relation to skin integrity, continence, diabetes management and wound care. Staff could describe the care needs of sampled consumers and how they deliver best practice care based on consumer preference. Consumers confirmed they are satisfied with the personal and clinical care they receive, stating staff are good at providing care and they know what they want.

For the reasons detailed above, I find Requirement (3)(a) in Standard 3 Personal care and clinical care compliant.

# Standard 8

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| Organisational governance | |  |
| 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

Requirement (3)(e) was found non-compliant following a Site Audit undertaken from 31 August 2021 to 2 September 2021 where the clinical governance framework was found to not be consistently effective in relation to the minimisation of restraint. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reviewed and reassessed consumers to evaluate medications resulting in one consumer’s medications being ceased, and another being referred to an external organisation for further assistance.
* Provided training to staff on restrictive practice, which remains ongoing, to ensure their knowledge is contemporary and that informed consent is obtained prior to administration of psychotropic medications.
* Implemented actions, in conjunction with a psychotropic medication register, to ensure all consumers are identified and medications are regularly reviewed and documented.

At the Assessment Contact undertaken on 29 November 2022, the service was found to have an effective clinical governance framework, supported by policies and procedures to guide practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure.

Documentation sampled, and feedback from staff demonstrated, antimicrobial stewardship is practiced, monitored and reviewed for each consumer with an infection. Infections are logged and the progress recorded, along with actions to prevent further recurrences. Data is analysed monthly and demonstrated antibiotics are only prescribed when necessary following appropriate testing.

A psychotropic medication register is maintained and is regularly reviewed. Care files for consumers subject to restrictive practices included authorities, consent and a Behaviour support plan. Review of all consumers is regularly undertaken with reduction, cessation or change in medication to reflect the monitoring of the effectiveness and need for the medications.

Management and staff are guided in the use and application of open disclosure through policy and procedure documents. Staff could describe when and how they would apply open disclosure and consumers and representatives confirmed that open disclosure is used by the service when things go wrong or incidents occur.

For the reasons detailed above, I find Requirement (3)(e) in Standard 8 Organisational governance compliant.

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