Performance

Report

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| Name: | Juniper John Bryant |
| Commission ID: | 7189 |
| Address: | 95 Rawlinson Drive, MARANGAROO, Western Australia, 6064 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 18 June 2024 |
| Performance report date: | 12 July 2024 |
| Service included in this assessment: | Provider: 93 Uniting Church Homes  Service: 4717 Juniper John Bryant |

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 John Bryant (**the service**) has been prepared by A Kasyan, 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 (performance assessment) – 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 received 11 July 2024, acknowledging the findings.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable |

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 3

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| --- | --- | --- |
| 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. | Compliant |

Findings

As not all requirements within Standard 3 were assessed, the overall rating is Not Applicable.

Consumers and representatives consistently reported satisfaction with the quality of personal and clinical care provided by staff, indicating staff are knowledgeable about the risks associated with consumer care and interventions required to mitigate these risks. Documentation reviewed showed relevant assessments are conducted and comprehensive management plans, which include guidance and risk mitigation strategies, are in place and have been implemented.

Effective management of high-impact and high-prevalence risks was evident in all reviewed consumers’ files, including related to weight, falls management, skin integrity, behaviour management and the use of restrictive practices. Consumers experiencing weight loss were closely monitored, with interventions such as dietitian reviews and supplements being effectively implemented.

Consumers with cognitive impairments and subject to chemical restraint had personalised behaviour support plans, with non-pharmacological strategies trialled before medication use. Management showed strong oversight of chemical restraint use, including ensuring informed consent and conducting regular reviews.

Falls management processes were in place, with documentation showing post-fall management procedures were generally followed. However, there were instances where neurological observations were not completed in line with the policy, and management expressed its commitment to addressing this issue. Diabetes management for two consumers was well-documented and effectively managed, despite an isolated incident of delayed blood glucose level rechecks.

Based on the Assessment Team’s report, I find requirement (3)(b) in Standard 3 Personal care and clinical care is 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)