Performance

Report

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| Name of service: | Juniper John Bryant |
| Service address: | 95 Rawlinson Drive MARANGAROO WA 6064 |
| Commission ID: | 7189 |
| Approved provider: | Uniting Church Homes |
| Activity type: | Assessment Contact - Site |
| Activity date: | 11 May 2023 |
| Performance report date: | 14 June 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 John Bryant (**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 staff, consumers, representatives and others;
* the provider’s response to the Assessment Team’s report received on 7 June 2023 acknowledging the recommendation made by the Assessment Team; and
* the Performance Report dated 28 October 2022 for an Assessment Contact - Site undertaken on 19 September 2022.

# Assessment summary

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| 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 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 an Assessment Contact undertaken on 19 September 2022 where it was found the service did not implement effective clinical governance to recognise and minimise the use of restraint. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* The clinical governance framework was reviewed to align with legislation in relation to restrictive practice.
* Reviewed and updated the restrictive practice use and minimisation care procedure to support staff in relation to their legislative obligations.
* All staff received education and training and could describe the types of restrictive practice and their obligations to minimise restrictive practice.
* All consumers were reviewed to determine if they were subject to restrictive practices and ensured legislative requirements were met.

At the Assessment Contact undertaken on 11 May 2023, the service was able to demonstrate effective clinical governance in relation to antimicrobial stewardship, open disclosure and minimising the use of restraint. The antimicrobial stewardship policy guides staff by outlining how to prevent infections through good hand hygiene, encouraging fluids to prevent urinary tract infections and collecting specimens when infections are suspected. Documentation showed where possible, specimens were collected prior to commencement of antibiotics and on completion of antibiotics a repeat specimen was collected to check infection had resolved.

An effective governance system is in place for the use of restrictive practices in line with legislative requirements. An up-to-date psychotropic register is maintained which assists the service to identify and monitor consumers on psychotropic medications and those who are subject to chemical restraint. Where consumers are administered psychotropic medication, progress notes clearly reflected the reason for the medication, strategies trialled prior to the administration of the medication, the effectiveness of the medication and evidenced the consumer had been monitored post administration. Consumers with environmental restrictive practices in place are reviewed annually or when there is a change in their mobility. Due to the service being a secure facility, if consumers no longer require environmental restraint, consumers or their representatives are given the option to transfer to another facility.

The service has an open disclosure policy that discusses the importance of establishing a good rapport and strong relationships with consumers and their families. Staff were able to describe the procedures following an incident as per the service’s open disclosure policy and demonstrated open disclosure is an integral part of the service. Representatives are kept informed and notified when negative events occur and were satisfied with the open disclosure process.

# 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)