Performance

Report

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| Name: | Juniper Numbala Nunga |
| Commission ID: | 7426 |
| Address: | 37 Sutherland Street, DERBY, Western Australia, 6728 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 3 July 2024 |
| Performance report date: | 7 August 2024 |
| Service included in this assessment: | Provider: 93 Uniting Church Homes  Service: 4800 Juniper Numbala Nunga |

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 Numbala Nunga (**the service**) has been prepared by Jeorgia Cayabyab, 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 29 July 2024.

# Assessment summary

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| Standard 7 Human resources | 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 7

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| Human resources | |  |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |

Findings

Consumers provided positive feedback in relation to staff being kind, caring, and gentle when providing care that is in alignment with their identity and cultural needs. Staff confirmed awareness of individual consumers’ cultural needs and described strategies on how they care for consumers in kind and respectful manner. The Assessment Team observed staff interacting with consumers with understanding of their individual needs, addressing consumers with their preferred names, and providing care and support promptly. The service demonstrated implementation of planned actions to improve staff understanding of consumers’ cultural needs and connection including engaging a cultural advisor to conduct cultural training for staff.

Based on the evidence, as summarised above, I find Requirement 7(3)(b) is Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The Assessment Contact Report recommended Requirement 8(3)(d) was not met, however, I have come to a different view. The Assessment Team reported that the service was unable to demonstrate effective incident management systems to prevent, manage, and minimise incident recurrence.

The organisation demonstrated appropriate policies and procedures through their clinical governance framework and risk management systems that guide staff in managing high impact high prevalence risks, identifying and responding to abuse and neglect, incident management and escalation, and supporting consumers to live the best life they can. The organisation was unable to demonstrate, however, effective implementation of their incident management system to prevent and manage incidents. Management highlighted that risks are reported and reviewed at the service level and are escalated to the organisation’s executive management including the Board. Staff discussed how they identify and respond to allegations of abuse or neglect of consumers and how they document and report incidents. The organisation demonstrated relevant strategies they have implemented to ensure delivery of safe and effective care including education records on Serious Incident Response Scheme (SIRS) and other relevant high impact high prevalence risks, improvements to staff performance management processes, and engaging consistent staff which has improved incident reporting compliance.

The Approved Provider’s response provided further context and clarification around the identified concerns. The Approved Provider included evidence of policies and procedures on incident management and escalation, monthly incident and clinical data analysis, weekly reviews of clinical incidents to ensure consistency of information, shift handover documentation outlining communication of incidents and clinical issues, and specific actions taken to address the deficits identified for the consumers reported in the Assessment Contact Report. The organisation continues to deliver and evaluate improvement actions including implementation of weekly incident reviews across the organisation to identify incomplete incident records. In coming to my decision for this Requirement, I acknowledge the Approved Provider’s further context around the deficiencies identified and the actions they have taken to address the deficits, evidence of additional documentation provided with the response, and staff knowledge in relation to effective risk and incident escalation, reporting, and review. As a result, I find Requirement 8(3)(d) as 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)