Performance

Report

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| Name: | Juniper Riverslea |
| Commission ID: | 7099 |
| Address: | 100 Guildford Road, MOUNT LAWLEY, Western Australia, 6050 |
| Activity type: | Site Audit |
| Activity date: | 13 March 2024 to 15 March 2024 |
| Performance report date: | 19 April 2024 |
| Service included in this assessment: | Provider: 93 Uniting Church Homes  Service: 4627 Juniper Riverslea |

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 Riverslea (**the service**) has been prepared by P. Wallner, 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 Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information held by the Commission.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said they were treated with dignity and respect, and consumers’ identity, culture and diversity were valued. Staff explained the application of person-centred care and knew the backgrounds, identity and preferences of individual consumers, which aligned with their care documentation. The service had written policies and procedures to guide staff in providing person-centred care. Staff were observed consistently treating consumers with dignity and respect.

Consumers and representatives confirmed their cultural identities and beliefs were recognised and respected by staff delivering their care and services. Management described how staff valued consumers’ culture and diversity which influenced the delivery of their day-to-day care. Staff stated they had received cultural awareness training and could identify consumers’ cultural needs and preferences and explain how they delivered culturally safe care. Staff were guided by a Diversity and Inclusion Policy.

Consumers and representatives said consumers were supported to make independent decisions about their care and services, choose who else was involved, and maintain their chosen relationships, including intimate relationships. Staff and management described how they supported consumers to make independent choices and maintain relationships inside or outside the service. Care planning documents detailed consumers’ choices about their care and who else was involved in their care, and the relationships they wished to maintain. The service had policies, procedures and staff training to support consumers’ right to make their own choices to live the life they chose.

Consumers and representatives described how consumers were supported to take informed risks to live the best life they could. Staff were aware of the risks taken by consumers and explained how they supported consumers to live the way they chose and helped them to understand and minimise the risks they took. Care planning documents identified and assessed risks, as well as strategies to mitigate risks and promote consumer safety.

Consumers and representatives confirmed the service provided current, clear, easy to understand information about care and lifestyle activities to help them make informed choices. Staff described various ways current information was communicated to ensure it was easy to understand and accessible to consumers including those with poor cognition or sensory deficits. Information was displayed around the service in large print format and different languages.

Consumers and representatives confirmed staff respected consumers’ privacy and they were confident personal information was kept confidential. Staff described how they maintained consumers’ privacy and kept their personal information confidential. The service had a written privacy policy to guide staff practice and staff were observed being respectful of consumers’ privacy.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said care is well planned and they were involved in the assessment and care planning process which identified their medical history and any risks to their health. Staff and management described the initial and ongoing assessment and care planning processes and how risks were identified, and mitigation measures put in place. Care planning documents showed comprehensive assessments being completed during the 28-day admission period, and on an ongoing basis.

Consumers and representatives confirmed the assessment and care planning recognised consumers’ current needs and preferences including their advance care and end of life plans. Management and staff explained how initial care assessment captured consumers’ needs, goals and preferences and advance care and end of life plans, if they wished. Consumers’ advance care directive is reviewed and updated regularly and when there is a change in condition.

Consumers and representatives said they were actively involved in the assessment care planning, along with other providers of care and services they nominated. Management and staff confirmed the assessment and care planning involved partnering with consumers and representatives and other medical and allied health specialists they chose.

Consumers and representatives said they were informed of the outcomes of assessment and care planning and could have a copy of the care plan. Management and staff said the outcomes of assessments were documented in care plans on the electronic care management system and consumers, representatives and their medical officers were regularly updated.

Consumers and representatives said consumers’ care was reviewed regularly and reviewed when circumstances changed, or incidents occurred. Staff and management confirmed care plans were reviewed regularly and when consumers’ health status or care needs changed. Care planning documents confirmed they had been reviewed regularly and following an incident or change in circumstances.

# 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said the personal and clinical care was safe, effective, tailored to consumers’ needs, and optimised their health and wellbeing. Staff described how they delivered safe and effective personal and clinical care, tailored to consumer’s needs, in line with their care plans. Care planning documents reflected consistent delivery of safe and effective personal and clinical care, tailored to the specific needs and preferences of each consumer and consistent with best practice. Staff had access to training and documented policies and procedures to guide them in the delivery of best practice personal and clinical care.

Consumers and representatives said consumers received care that was safe, right for them and high impact and high prevalence risks were effectively managed. Management and staff explained how they monitored and managed high impact and high prevalence risks and detailed the management strategies in place. Care planning documents confirmed high impact and high prevalence risks to consumers’ health had been identified and effective mitigation measures were in place.

Consumers and representatives expressed confidence the end of life care provided by the service would ensure their comfort and dignity. Staff and management described how they relieved pain, maximised the comfort and preserved the dignity of consumers nearing the end of life. Care planning documents captured consumers’ end of life needs, goals, and preferences. Staff received training in palliative care and were guided by a policy and procedure on palliative care.

Consumers and representatives said the service monitored consumers’ condition and responded promptly and appropriately to a deterioration or change in consumers’ condition. Staff and management explained effective tools and processes in place for identifying and responding to changes or deterioration in consumers’ condition. Care planning documents showed consumers were monitored for changes in condition and staff said they received training in the recognition and management of deterioration in condition.

Consumers and representatives were satisfied with the communication between staff and others involved in providing care and services. Management and staff described how information about consumers’ current needs and condition was documented in the electronic care management system and shared effectively within the organisation, and with others involved in their care. Care planning documents showed information sharing between consumers/representatives, staff, medical officers and others involved in providing care.

Consumers and representatives said the service arranged timely referrals to appropriate other health professionals. Management and staff described the processes for referring consumers to other health providers to support their ongoing care. Care plans confirmed the timely input of other health professionals such medical officers and allied health professionals.

Consumers and representatives confirmed the service took appropriate infection prevention and control measures and managed outbreaks well. Staff described how they were trained and prepared in infection prevention and control practices and promoted antimicrobial stewardship. The service had a dedicated infection prevention and control lead and documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said the services and supports for daily living met their needs, goals, and preferences, and promoted their independence and quality of life. Staff described how they documented each consumer’s needs and preferences for daily living and how they supported them to meet their stated needs, goals and preferences. Care planning documents included information about the services and supports required for consumers to optimise their independence, quality of life, health, and wellbeing.

Consumers said the service supported their emotional, spiritual, and psychological well-being. Staff described the services and supports in place to promote consumers’ emotional, psychological and spiritual well-being such as providing one on one support. Consumers’ care planning documents reflected specific strategies for each consumer and staff were observed supporting consumers in accordance with their stated needs and preferences.

Consumers and representatives said consumers were supported to participate in activities and events inside and outside the service and maintain important social and personal relationships. Management and staff described how they supported consumers’ lifestyle interests and helped them participate in the wider community and maintain their relationships. Care planning documents detailed the supports consumers needed to maintain their interests, participate in their community and maintain important relationships.

Consumers described how current information about their needs, preferences and condition was effectively communicated within the service, and with others responsible for providing care. Management and staff described how they communicated current information about consumers’ condition and their needs and preferences for daily living. Care plans and handover documents detailed adequate information to provide suitable services and supports for daily living.

Consumers were comfortable the service provided timely and appropriate referrals to other organisations providing care and services. Staff and management described how they collaborated with external individuals and organisations to provide additional services and supports to consumers. Care planning documents showed consumers had been referred to external services.

Consumers and representatives said the food was good and meals were of a suitable quality, quantity and variety. Food was prepared fresh on-site, and consumers had input into the menu. Consumers’ nutrition and hydration needs and preferences were assessed by allied health professionals and staff were aware of consumers’ dietary needs and preferences. Care planning documents reflected consumers stated dietary needs and preferences and any recommendations made by allied health professionals. Meals appeared well plated and appetising and meal service was observed to be pleasant and calm with consumers receiving appropriate assistance from staff.

Consumers and representatives said the equipment provided by the service was safe, suitable and clean, and they knew how to report any concerns they had. Staff advised they cleaned equipment regularly. The equipment appeared safe, clean, well maintained and suitable.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was welcoming, easy to navigate and they could personalise their rooms which helped them feel they belonged. Management and staff explained the features of the service that optimised consumers’ sense of belonging, independence, interaction and function. Management explained the service environment was regularly audited and consumers were observed moving around freely and enjoying different areas.

Consumers and representatives said the service was safe, clean and well-maintained, and consumers could move around easily both indoors and outdoors. Consumers, representatives and staff knew how to report maintenance issues. Schedules confirmed the service was regularly cleaned and maintained. The service appeared safe, clean and well-maintained, and consumers were observed moving around freely both indoors and outdoors.

Consumers and representatives said the furniture, fittings and equipment were safe, clean and well-maintained by the service. Management and staff explained how the furniture, fittings and equipment were kept clean and well maintained. The furniture, fittings and equipment were observed to be safe, clean, and well-maintained.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were encouraged to provide feedback and make complaints through avenues such as feedback forms, meetings or speaking to staff or management. Staff and management described how they encouraged feedback and complaints and the processes in place for managing complaints. Information about complaints processes, feedback forms and secure lodgement boxes were observed around the service.

Consumers and representatives were aware of alternative avenues to make complaints and external advocacy services. Management and staff were aware how to access interpreter and advocacy services, and described how they supported consumers to access these services, including those with communication barriers. Information regarding alternative complaint avenues, the Commission, advocacy and other services was displayed around the service.

Consumers and representatives said the service took appropriate action in response to complaints and practiced open disclosure. Management and staff explained the procedures for responding to complaints, and the use of open disclosure when things went wrong. The complaint register confirmed complaints were acted upon promptly using open disclosure, and in accordance with the services’ complaint and open disclosure policies.

Consumers and representatives said feedback and complaints were used to enhance the quality of care and services. Management and staff described how feedback and complaints were reviewed and used to identify opportunities on the plan for continuous improvement. The plan for continuous improvement and other records confirmed feedback and complaints were used to improve the quality of care and services.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said there were enough staff in all areas of the service to ensure consumers’ individual care and service needs were met. Management explained how the workforce was planned with the right mix and number of staff to deliver safe and effective services. Staff said there are enough staff, and they could fill vacant shifts due to unplanned leave. Documents confirmed shifts were filled and requirements for care minutes and registered nurse coverage were met.

Consumers and representatives said staff were kind, caring and respectful of each consumer’s identity, culture, and diversity. Staff showed they knew consumers individually and understood their identity, culture and diverse needs. Staff were observed interacting with consumers and representatives in a kind, caring and respectful manner. The service had written policies, procedures and staff received training in supporting consumers’ identity, culture and diversity.

Consumers and representatives said staff were capable and had the knowledge to provide the care and support they required. Management described the processes for ensuring all staff had the required competencies, qualifications, registrations and security checks for their roles. Staff confirmed they were required to attend annual mandatory training and complete various competencies required for their role. Position descriptions specified the duties, requirements and qualifications for each role.

Consumers and representatives said staff were trained and supported to deliver quality care and services and meet their care needs and preferences. Management described how staff were recruited, trained, equipped, and supported to deliver safe and quality care and services. Staff felt well supported and confirmed having ongoing access to training. Workforce records, policies, procedures, and training records confirmed staff were recruited, trained, equipped, and supported to deliver outcomes as required by the Quality Standards.

Consumers said staff performance was assessed regularly and management were often on the floor. Management described the processes used to regularly assess, monitor, and review the performance of every member of the workforce which included competency assessments and annual performance appraisals. Staff confirmed their performance was regularly reviewed and said they enjoyed the appraisal process. Workforce policies and procedures were in place to support the management and performance of the workforce.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| 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 |
| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were supported to be involved in the design, delivery, and evaluation of care and services through various meetings, surveys, care reviews and feedback processes. Staff and management stated consumers and representatives were encouraged to have input into the service which led to changes being made and provided examples. Records confirmed consumers and representatives were engaged in the development, delivery and evaluation of care and services.

Consumers and representatives said consumers felt safe in the service which provided an inclusive environment with access to quality care and services. Management described how the organisation’s Board promoted a culture of safe, inclusive and quality care and services. The Board received reports on all aspects of the performance of the service and was accountable for the delivery of quality care and services and compliance with the Quality Standards.

The organisation had an effective governance framework which included policies and procedures related to continuous improvement, information management, financial and workforce governance, regulatory compliance and feedback and complaints. Management and the Board ensured the systems and processes were effective in providing care and services in accordance with the Quality Standards.

The service had effective risk management systems and practices to manage high impact or high prevalence risks associated with care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Management confirmed they analysed performance data such as incident trends which were reported to the Board leading to improvements in care and services for consumers.

The service had an effective clinical governance framework which included policies covering antimicrobial stewardship, the minimisation of restraint and the use of open disclosure. Consumers and representatives were satisfied with the clinical care and the handling of complaints. Care planning documents demonstrated compliance with the service’s policies for antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff were aware of the clinical governance framework and the range of policies, procedures and training including those related to antimicrobial stewardship, restrictive practices and open disclosure.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)