Performance

Report

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| Name: | Juniper Sarah Hardey |
| Commission ID: | 7254 |
| Address: | 222 Camillo Road, KELMSCOTT, Western Australia, 6111 |
| Activity type: | Site Audit |
| Activity date: | 30 July 2024 to 2 August 2024 |
| Performance report date: | 5 September 2024 |
| Service included in this assessment: | Provider: 93 Uniting Church Homes  Service: 4781 Juniper Sarah Hardey |

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 Sarah Hardey (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others.

The provider did not submit a response to the Site Audit report.

# 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 compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives reported staff understood important parts of consumers’ lives, including their identity and background, and treated them with dignity and respect. Staff said they took time to treat consumers with kindness, respect, and patience, and this was observed within interactions. Care planning documentation was individualised and reflective of consumer identity and diversity.

Consumers and representatives explained how cultural needs and differences were recognised and supported. Policies and procedures supported delivery of culturally safe care, and cultural needs and preferences were captured within care planning documentation. Staff explained they worked with consumers to understand cultural needs and recognise relevant celebrations.

Consumers described how they were encouraged to make their choices about care and people involved and supported to change their mind at any time. Care planning documentation highlighted choices through preferences. Staff explained how they supported consumers make new connections and maintain important relationships.

Staff explained processes followed to work with consumers wanting to undertake activities with risks, including undertaking risk assessments and developing agreed mitigating strategies. Consumers said risks were discussed with them and/or their representative, as well as strategies to reduce harm. Care planning documentation summarised discussion of risks and strategies with the consumer and/or representative.

Staff explained written and verbal methods used to provide information to consumers or update them with changes and outlined the importance of communicating in the right method to support understanding. Written information was available in consumer handbooks, meeting minutes reflected outcomes of verbal discussions within the consumer meeting, newsletters, and activity calendars. Consumers reported effective communication in a timely manner to support informed decision making.

Policies and procedures detailed practices to respect consumer privacy and maintain confidentiality, and staff were observed practicing these actions. Consumers said staff respect privacy, seeking permission before entering rooms and respecting displayed privacy signs. Staff said they ensured personal care and conversations about consumers were undertaken in private.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff described the assessment and planning processes used to identify consumer needs and preferences and recognise risks. Care planning documentation was comprehensive and referenced assessment outcomes, identifying risks and management plans to inform care.

Consumers and representatives said consumer needs and preferences were recognised, and they were offered opportunity to discuss advance care planning and end of life wishes. Staff described how they approached discussions on advance care planning during entry meetings and at regular and relevant meetings. Care planning documentation outlined current needs and preferences of consumers aligning to feedback.

Consumers and representatives described involvement in the assessment and planning processes and were aware of the providers and specialists also involved. Staff described how they partnered with consumers, representatives, and other health professionals to develop and review care and service plans. Care planning documentation reflected involvement of consumers, representatives, medical officers, specialist providers and allied health professionals.

Consumers and representatives said staff explain outcomes of assessment and provide a copy of the care and services plan. Staff explained processes to communicate changes with consumers and representatives. Care planning documentation was accessible to staff, and recorded summary of reviews undertaken with consumers, representatives, and other providers.

Care planning documentation reflected regular review and updates. Staff described routine reviews of care and services, with additional reviews undertaken following incident or change in need, and this included reassessment and adjustments to strategies. However, the impact of changes to access through the entrance during renovations had not been considered for consumers, potentially resulting in unintended environmental restraint of consumers as assessment had not been undertaken. Management acknowledged the oversight and developed plans to address the issue and ensure improvements.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives described how their personal and clinical care was tailored to meet their needs. Management outlined processes to ensure care was best practice, including through training, seeking feedback from consumers and representatives that their needs and preferences were safely met, and monitoring for adverse outcomes. Care planning documentation reflected delivery of personal and clinical care using individualised strategies, and staff demonstrated awareness of consumer needs and preferences.

Staff identified high impact or high prevalence risks for consumers and explained how these were managed. Care planning documentation detailed consumer risks and developed strategies, with monitoring undertaken through service and organisational processes. Policies and procedures informed staff to identify, analyse, prioritise, manage, and monitor consumer risks.

Staff described how the needs of consumers nearing end of life changed and care was adjusted care for consumer nearing end of life care including managing palliative symptoms and providing emotional support. Care planning documentation for a late consumer reflected delivery of care in line with consumer directives and actions to optimise comfort and meet emotional and spiritual needs.

Consumers and representatives said staff promptly noticed changes in their condition and took action, including sending to hospital if required. Staff explained monitoring processes to identify change in condition, including reviewing documentation and discussing with staff. Care planning documentation recorded signs and symptoms of deterioration or change in consumer health, monitoring, escalation, and management.

Staff explained processes to share information about consumers, including reviewing documentation for changes, attending handover, and monitoring notifications and memos. Care planning documentation demonstrated updates were made regularly, including by visiting staff. Consumers and representatives said staff were well informed of changes to consumer condition or needs.

Consumers gave examples of referrals made for allied health staff to optimise their care. Staff described referral processes for a range of providers, and referrals were discussed in handovers to ensure follow up and timely response. Care planning documentation recorded details of referrals made in a timely manner following identification of consumer needs.

Consumers were aware of infection prevention and control actions taken by staff, including washing hands and wearing personal protective equipment. Consumers experiencing a contagious infection explained they were also isolated from others whilst unwell. Management explained consumers and staff were encouraged to be vaccinated for influenza and COVID-19. The service had 2 Infection prevention and control leads who provided training, undertook audits, monitored stock, oversaw antimicrobial stewardship practices, and conducted spot checks on staff practices.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives described the services and supports to meet consumer’s needs and preferences and enable them to maintain independence and quality of life. Staff explained strategies to support independence for consumers with different needs and backgrounds.

Consumers and representatives described how their emotional and spiritual needs were met and adapted to changing circumstances. Staff said they noticed low mood of consumers and spend additional time chatting or engaging them in activities they enjoy. Assessments capture emotional supports, values and religious beliefs, and non-denominational church services and pastoral care visits are coordinated.

Staff explained the activity program is designed to meet consumer interests and could describe practical actions to support consumers maintain social and personal relationships. Consumers and representatives gave examples of how connections to community and interests were facilitated and relationships supported. Care planning documentation outlined consumer interests and connections of importance. Consumers were observed socialising with other consumers and visitors in communal areas.

Consumers said services and support staff were aware of their needs and preferences and they did not need to repeat information. Staff explained how information about consumers was communicated by clinical staff, and this included sharing updates with other providers of services and supports.

Staff outlined how they involved eternal organisations and placed referrals to services and supports, such as volunteers, to meet consumer emotional and language needs. Care planning documentation included record of referrals made for services and supports, demonstrating timeliness and consideration of consumer need, and follow up where there were delays in fulfilment.

Consumers and representatives provided positive feedback about the quality and variety of provided meals, and dietary needs were accommodated. Staff explained the seasonal rotating menu was developed with Dietitian review and supported consumer choice. Consumers were consulted for preferences through focus groups and consumer meetings, and special requests were accommodated.

Consumers and representatives said equipment was kept clean and well-maintained. Staff explained cleaning processes for personal and lifestyle equipment, and regular maintenance was undertaken or could be requested. Equipment was observed to be clean and in good condition.

# 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 compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives described the service environment as welcoming, with personalised spaces. Management explained the design principles to support independence, interaction, and belonging. The service environment supported independent movement through to communal areas.

Staff described cleaning and maintenance processes to care for the service environment. Cleaning checklists and maintenance scheduled evidenced work was undertaken as scheduled. Whilst consumers stated they could move freely through the service, access through the service entrance had been changed due to renovations, impacting some consumers. In response to feedback, management acknowledged the impact to the free movement of consumers, with continuous improvement activities designed to address this.

Consumers and representatives explained furniture and equipment was kept clean and maintained to ensure suitability for use. Staff explained preventative maintenance processes and safety concerns reported and addressed in a timely manner. Shared equipment was cleaned following use, and was observed to have current service tags for safety checks.

# 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 compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers said they were encouraged to submit feedback, suggestions, and complaints and felt comfortable to approach staff or raise within consumer meetings. Staff pointed out available feedback forms and boxes, or consumers could voice concerns which they would escalate to management. Consumer meeting minutes demonstrated feedback was sought on a range of topics, and consumers were reminded of available feedback pathways.

Consumers and representatives demonstrated awareness of advocacy services. Staff were aware of how to access translation services and said advocacy services were invited to speak with consumers about available supports. Information on advocacy and complaint services was included in the consumer handbook and displayed on posters and brochures.

Consumers and representatives reported effective management of complaints. Management explained processes for complaint management including use of open disclosure principles. Records of complaints detailed actions taken using the open disclosure processes outlined in policies and procedures and follow up evaluation to confirm satisfactory outcomes.

Consumers and representatives highlighted examples of complaints made which had resulted in improvements to care and services. Management explained how feedback was used to identify trends and develop actions added into the Plan for continuous improvement.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers, representatives, and staff reported sufficient staff on each shift to meet consumer needs in a timely manner. Management explained rostering processes minimised agency use and was developed based upon care minutes and requirements of consumers. Documentation evidenced the service was meeting legislated nursing coverage and care minute requirements.

Consumers and representatives described interactions with staff as kind, caring, and respectful, taking time to understand and meet consumer needs. Management explained staff understanding of the person-centred approach for consumers was considered within recruitment processes and reinforced within onboarding training. Staff explained they took time to get to know consumers and always acted with kindness and respect.

Staff described the onboarding process and considered they received sufficient support to build confidence to perform their role. Documentation evidenced staff held appropriate qualifications and knowledge to perform their duties. Management explained processes to verify staff competency and capability, including observations, training, and buddy shifts. Position descriptions outlined roles, responsibilities, and required experience.

Management explained the various training through mandatory training, supplemented by toolbox sessions, and how topics ensured staff provided the standard of care expected by the Quality Standards. Staff described topics for training and how these explained their responsibilities for relevant areas, including incident reporting, infection prevention and control, and application of restrictive practice, and the service had 2 Infection prevention and control leads. Monitoring of staff compliance with training was undertaken.

Staff described the formal performance review process and expressed confidence in approaching management if they needed additional support. Management outlined additional methods to monitor staff performance, including through observations, feedback and complaints, incident reports, and compliance with training. Processes were used to address under performance of staff, offering opportunities to educate and demonstrate improvement. Whilst some formal performance reviews were overdue, this had been identified by the service with continuous improvement actions developed to remedy and dates to meet with staff in place.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives described the range of methods they were involved in the service, including through the newly formed Consumer advisory group who will put forward improvement suggestions for the organisation. Management explained other methods including feedback processes, consumer meetings, and how consumers had been consulted on the renovations. Meeting minutes reflected consumer input on the delivery of care and services and planned improvements.

Management explained methods for reporting performance of the service through the organisation’s database to enable oversight of the Board, and outcomes were communicated from the Board through executive management who regularly meet with service leaders. The organisational structure flow chart detailed clear lines of reporting and business structure.

Organisational governance systems for key areas included policies, procedures, and reporting. Information management systems ensured staff had access to information about consumers, policies, procedures, and methods to communicate updates and changes. Financial governance included provision of an annual budget for the service, with monitoring of expenditure and pathways to request additional funding to meet consumer needs. Regulatory compliance processes included monitoring at Board and Executive levels and implementing and communicating any required changes.

Risk management systems included processes for identifying, managing, minimising, and monitoring high impact or high prevalence risks, including through analysis and reporting of clinical data, and within multidisciplinary staff meetings. Staff were aware of incident reporting obligations and processes. Policies and procedures were in place to support consumers to live their best life, including where this involves risk.

The clinical governance framework supported provision of clinical care with relevant policies, processes, and monitoring. Antimicrobial stewardship practices included monitoring of infections and antibiotic use and analysis by service and executive management and the Medication advisory committee. Restrictive practice use was analysed for use of best practice and opportunity to reduce application. Use of open disclosure was consistently applied and monitored by management.

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