Performance

Report

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| Name: | Juniper The Residency |
| Commission ID: | 7910 |
| Address: | 47-57 Burgoyne Street, NORTHAM, Western Australia, 6401 |
| Activity type: | Site Audit |
| Activity date: | 23 July 2024 to 25 July 2024 |
| Performance report date: | 22 August 2024 |
| Service included in this assessment: | Provider: 93 Uniting Church Homes  Service: 4915 Juniper The Residency |

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 The Residency (**the service**) has been prepared by M Dubovinsky, 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 Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* the provider’s response to the assessment team’s report received 20 August 2024 including a range of supporting documentation.

# 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

Consumers were treated with dignity and respect and were able to describe their culture and diversity and how staff supported these preferences. Care planning documentation identified consumers’ preferences and cultural background, and consumers and representatives confirmed they were treated with dignity and respect. Care and services provided to consumers were observed to be culturally safe.

Services were delivered in a way that is respectful of consumers’ ethnicity, culture, and relationship status. Care plans showed specific cultural and religious needs detailed in consumers’ care plans. Staff members from various disciplines were aware of consumers’ cultural preferences.

Consumers were supported to exercise choice and independence and said they were given choice about when care is provided, and confirmed their choices were respected and they can maintain relationships of choice. Management and documentation viewed confirmed the service supports consumers to make decisions about when family, friends, carers, or others should be involved in their care.

Consumers were supported to take risks and staff demonstrated they were aware of risks taken by consumers and how they support consumers’ wishes. A dignity, choice and decision-making form is used to support risk management, and information is written in consultation with the consumer and or representative.

Consumers and representatives said staff respect their privacy and consumers’ confidentially was maintained. Staff described how they ensure consumers’ privacy is respected. Policies and procedures guide staff on how to maintain consumers’ privacy and confidentiality.

I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore, the Quality Standard is compliant.

# 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

Assessment and planning processes consider risks to inform the delivery of safe and effective care and services. Care planning documentation identified risks associated with changed behaviours, falls and skin related risks. Consumers said they can discuss their current needs and preferences with staff and were comfortable to discuss their end-of-life care if they wished. Records showed staff had identified and documented consumers’ end of life wishes for consumers files viewed and current needs and preferences including in relation to cultural, personal and clinical care needs were identified.

Assessment and planning of care and services occurred in partnership with the consumer and others the consumer wished to be involved. Where appropriate other organisations and providers of care were involved in the planning and assessment process. Management, clinical and care staff described how they involved others in assessment and planning including clinical and non-clinical staff.

Outcomes of assessment and care planning were communicated to consumers and documented in their care plans. Consumers said they were satisfied the service keeps them informed of the outcome of any assessments and whenever changes occur. Processes ensured care and services were regularly reviewed including following weight loss and falls. Clinical staff said they understood the importance of undertaking regular reviews, as this assisted them to understand and meet the changing needs of consumers.

I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore, the Quality Standard is compliant.

# 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

Requirement (3)(a)

The assessment team recommended requirement (3)(a) not met. The service could not demonstrate for one consumer their specialised nursing need was being effectively managed, however were satisfied consumers were receiving safe and effective personal care which supported consumers’ health and well-being. The following evidence was considered relevant to my finding:

* The consumer had an assessment and management plan for staff to follow, however, records showed over two periods totalling 21-days the consumer experienced 12 occasions where staff did not contact the medical officer as outlined in the plan and did not undertake further monitoring to support the management of the consumer’s specialised nursing need. On two of the occasions the consumers’ levels were significantly out of range with no further monitoring and reporting undertaken.
* The service has a relevant policy and procedure for staff to follow in relation to managing the specialised nursing need.
* Management acknowledged the deficiencies identified during the site audit. Staff were notified during the site audit in relation to escalating to relevant personnel where required. The consumer was referred to the medical officer consistent with internal policies and procedures during the site audit.

The provider’s response disagreed with the assessment team’s recommendation, however acknowledge the information relating to the consumer identified. The response included a range of supporting information and a Plan for Continuous Improvement (PCI). The following evidence was considered relevant to my finding:

* Implemented a weekly process to ensure staff follow relevant directives relating to the specialised nursing need. A referral form has been implemented with an exert demonstrating staff are now contacting the consumer’s medical officer consistent with the medical officer’s directive.
* Deficits identified have been scheduled to be discussed at the next clinical meeting.
* Toolbox sessions have commenced, and the service is considering facilitating further sessions.
* Updated assessment and planning information for the consumer identified.
* The PCI outlined a planned approach to ensure the deficits identified are addressed and included reviewing all other consumers with the same specialised nursing need.

Based on the assessment team’s report and the provider’s response, I have come to a different view and find the service was able to demonstrate each consumer gets safe and effective personal care and clinical care that is best practice, tailored and optimises consumers health and well-being. Whilst deficits were identified by the assessment team, in relation to staff not undertaking further monitoring and escalating in relation to the specialised nursing need, I have noted the immediate steps taken during the site audit. I have accepted the information in the response with the evidence demonstrating some improvements having already been completed and others have been planned and are yet to be completed. I have also considered the comprehensive PCI to address the deficits identified. In weighing up my decision, I have considered the assessment team’s evidence which outlined consumers were receiving safe and effective personal care which was tailored to their health and well-being. Finally, in my finding of compliance, I have considered the evidence in Standard 8 requirement (3)(e) where the organisation had and an effective clinical governance framework to support the delivery of effective clinical care and the assessment team’s evidence in this Standard supporting effective delivery of clinical care relating to falls, wounds, weight loss, changed behaviours and skin integrity management.

Based on the information summarised above, I find requirement (3)(a) compliant.

In relation to all other requirements, processes support the management of high-impact or high-prevalence risks associated with the care of consumers. Staff were able to describe high-impact and high-prevalence risks impacting consumers. Care files viewed documented consumer’s risks were identified and effectively managed.

Consumers nearing end of life had their dignity and comfort preserved. Clinical staff said they work collaboratively with consumers’ general practitioner, allied health, and palliative care team. Documentation viewed demonstrated staff followed consumers’ preferences in relation to their end of life wishes.

Consumers’ deterioration is recognised and addressed. Care staff describes how they escalate to clinical staff, allied health or the consumer’s general practitioner as required. Documentation demonstrated staff recognised consumers’ deterioration and escalated to relevant clinical personnel. Consumers’ condition, needs and preferences were documented and communicated within the service and with others where responsibility for care is shared. Staff stated they have the information they need to provide care to consumers and know consumers’ clinical care needs. Handover documentation supported effective communication within the service.

Timely and appropriate referrals were undertaken, and clinical and care staff described referral processes. Documentation demonstrated referrals being undertaken which were timely and appropriate.

The service has an effective infection prevention and control program and processes to minimise infection related risks. Clinical staff described antimicrobial stewardship principles and staff were observed undertaking infection control practices. Consumers confirmed staff undertake infection control practices including regular handwashing. Documentation demonstrated staff seeking relevant pathology to support appropriate medical treatment of infections.

I find all requirements in Standard 3 Personal care and clinical care compliant, therefore, the Quality Standard is compliant.

# 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

Consumers stated they felt supported to be independent and staff described strategies they used to assist consumers to remain independent. Allied health staff described how consumers were assessed and provided with the appropriate equipment to enable independence including mobility aides, shower chairs, pressure relieving devices and floor mats.

Services and supports for daily living promoted consumers’ emotional, spiritual and psychological wellbeing. Consumers said they were happy living in the service. Consumers were provided pastoral care services to support their spiritual needs and clinical staff described how they facilitated external mental health services.

Consumers and representatives said they were supported to participate in their community within and outside the service, keep in touch with people who were important to them and do the things of interest. Staff described how they supported consumers to participate in the community or engage in activities of interest including concerts, bus outings and bingo. Observations confirmed consumers have social and personal connections and participated in activities within and outside the organisation’s service environment.

Consumers and representatives said their needs and preferences were effectively communicated within the service and with others where responsible for care is shared. Staff interviewed described ways they share information including handover, meeting minutes and progress notes. Consumers provided feedback they were satisfied with the way the service referred them to other services. Documentation showed consumers were referred to a range of service providers including volunteer organisations. Staff described how they support referral processed relating to services and supports.

Meals were varied and of suitable quality and quantity. Consumers were satisfied with meals provided and confirmed alternatives were offered in the event they did not like the meal offered. Consumers were observed eating their meals and the dining experienced was observed to be positive.

Consumers said they felt safe using equipment provided. Lifestyle staff said they had access to enough equipment for consumers to participate in the lifestyle program. Observations throughout the site audit showed equipment used to support lifestyle services including wheelchairs, hoists and walkers to be clean and well maintained.

I find all requirements in Standard 4 Services and supports compliant, therefore, the Quality Standard is compliant.

# 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

Consumers said the service environment was welcoming to them and their visitors and is supportive of group interactions, quiet reflections, and religious practices. The reception area was located next to the main entrance and upon consumers or visitors arriving they were observed to be greeted and supported to navigate the service. Consumer rooms were observed to be personalised with family photos and personal furniture items to support consumers’ senses of belonging.

The service environment enabled consumers to move freely both indoors and outdoors and all consumers interviewed said they found the service to be comfortable, clean and well maintained. Staff described cleaning and maintenance processes to ensure the environment was safe and clean.

Furniture, fittings, and equipment was safe, clean, and well maintained. Consumers said equipment they use was suitable and safe for their care needs. Preventative and maintenance schedules supported the service environment to be safe and clean including in relation to furniture, fittings and equipment.

I find all requirements in Standard 5 Organisation’s service environment compliant, therefore, the Quality Standard is compliant.

# 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

Consumers said they know how to provide feedback about their care and services and felt comfortable to speak to management directly if they had any feedback. Staff described ways they support consumers to provide feedback. Noticeboards located in communal areas were observed to display information regarding complaints and feedback mechanisms.

Consumers said and documentation viewed showed, consumers were given information relating to advocacy, language services and other methods for raising and resolving complaints. Documentation provided to consumers included contact details for advocacy services and external complaints options. Brochures were located in the main entrance and included information on Advocacy Services and External Complaint processes.

Consumers said appropriate action was taken when feedback or a complaint had been made and confirmed open disclosure principles when things go wrong. Management and staff described open disclosure principles. Documentation provided to consumers included expectations from the service if something went wrong and open disclosure practices.

Feedback and complaints were reviewed to improve the quality of care and services. A recent improvement following feedback included improving communication for representatives that did not have email access and have been provided an alternative form of correspondence. The service has a continuous improvement plan with feedback logged and monitored to support opportunities for improvement.

I find all requirements in Standard 6 Feedback and complaints compliant, therefore, the Quality Standard is compliant.

# 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

Consumers said there were enough staff to provide quality care. Observations during the site audit demonstrated there were enough staff to provide care and services. The roster showed a planned approach to staffing levels and managing planned and unplanned leave.

Consumers said staff were always kind, caring and respectful. Staff demonstrated they knew consumers well and were trained and monitored to ensure person centred care was being provided in a kind and caring manner. Observations of staff practices showed staff interactions towards consumers were kind, caring, and compassionate.

The workforce was competent, and the members of the workforce had the qualifications and knowledge to effectively perform their roles. Consumers provided feedback indicating they felt safe and staff understood their roles. Documentation showed all registered staff had a current registration and were provided training on a range of topics to ensure competency.

Staff interviewed described how they underwent a recruitment process including completing an application and an interview, and on commencement received an orientation and buddy shifts. Staff said they received ongoing education relating to their role. Position descriptions sampled defined qualifications required for the relevant job role.

Staff performance was regularly monitored and was undertaken on a two yearly cycle. Staff described the appraisal process, their outcomes and learning needs which were supported. Policies were viewed which guide staff in performance management processes. The manager provided examples of staff performance management undertaken including following medication related incidents.

I find all requirements in Standard 7 Human resources compliant, therefore, the Quality Standard is compliant.

# 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

Consumers were encouraged to provide feedback through multiple avenues including quarterly consumer surveys, with outcomes and feedback discussed at the monthly board meetings. Feedback was used to inform continuous improvement initiatives within the service including recently reviewing the activity program.

The governing body promoted a culture of safe, inclusive and quality care and services and is accountable for their delivery. Clinical and management meetings inform the board of trends and areas for improvement. Policies and procedures approved by the governing body outlined the service’s commitment to safe and quality care. The organisation’s board members attend resident and relative meetings to see firsthand the issues affecting service and hear from consumers directly.

The service demonstrated there were effective governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback and complaints. Staff had access to policies and procedures to guide them in their roles. The service uses electronic consumer record system, the continuous improvement plan evidenced a variety of sources for improvements, allocated budgets for staffing were developed in consultation with the service and the finance department, there were policies and procedures relating to human resources, changes to regulations were monitored and there were policies and procedures to support complaints management.

Risk management systems and practices support identification and management of risks when providing care and services. Regular risk meetings were undertaken to discuss risks and mitigation strategies. An electronic incident register records all incidents including investigations and process improvements. Organisational governance supported dignity of risk for consumers to be supported to live their best life. Training was provided to staff on elder abuse and neglect to support the prevention, identification, escalation and management of serious incidents.

A clinical governance framework supports clinical staff in the provision of safe clinical care including in relation to antimicrobial stewardship, minimising restraint, and open disclosure. Governance systems identified roles and responsibilities in relation to restrictive practices. Policies and procedures were in place to support staff in incident management and the practice of open disclosure. The clinical governance committee meets regularly, reviews clinical data and has oversight of infection control and antimicrobial stewardship within the service.

I find all requirements in Standard 8 Organisational governance compliant, therefore, the Quality Standard is compliant.

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)