Performance

Report

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| Name of service: | Juniper The Residency |
| Service address: | 47-57 Burgoyne Street NORTHAM WA 6401 |
| Commission ID: | 7910 |
| Approved provider: | Uniting Church Homes |
| Activity type: | Assessment Contact - Site |
| Activity date: | 4 January 2023 to 5 January 2023 |
| Performance report date: | 3 February 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Juniper The Residency (**the service**) has been prepared by M Roach, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the approved provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the assessment team report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the approved provider’s response to the assessment team’s report received on 18 January 2023
* the performance report dated 22 September 2021 for a site audit undertaken on 9 August 2021 to 11 August 2021.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 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 |

Findings

Requirement 3(3)(a) was found Non-compliant following a Site Audit undertaken between 9 August 2021 and 11 August 2021. The service was unable to demonstrate effective systems and processes in place to ensure each consumer receives safe and effective personal and clinical care in relation to nail care, continence management and pain management.

On 4 January to 5 January 2023, the assessment team found:

* The service undertook a range of effective improvements, including a review of care planning documentation with a focus on consumers’ care related preferences and the implementation of new or revised systems for the monitoring and management of consumers’ continence, wound and pain needs.
* Consumers and representatives said staff deliver personal care based on their needs and preferences and confirmed their clinical needs are managed effectively.
* Sampled consumer care files demonstrated consumers’ personal and clinical care delivery is safe and effective and in line with best practice. This includes individualised hygiene routines, regular and additional nail care attendance, monitoring and management of diabetes, pain, wound and continence needs. Documentation reviewed showed appropriate assessments, interventions, evaluations and medical and allied health professionals’ involvement when required.
* Staff interviewed demonstrated knowledge of individual consumer’s health care needs and described management strategies as per best practice care recommendations to optimise consumers’ health.

As the service demonstrated consumers gets safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being, I find Requirement 3(3)(a) in Standard 3 Personal care and clinical care Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Requirement 4(3)(g) was found Non-compliant following a Site Audit undertaken between 9 August 2021 and 11 August 2021. The service was unable to demonstrate its system and processes to ensure equipment for daily living is clean and well maintained in relation to consumer mobility aids.

On the 4 January to 5 January 2023, the assessment team found:

* The service implemented a range of effective improvements including a mobility device cleaning schedule and staff education on cleaning and maintenance of mobility equipment.
* Consumers’ equipment was observed to be clean and well maintained.
* Consumers confirmed they don’t have concerns regarding the cleanliness and maintenance of their personal equipment.
* Documentation evidenced cleaning products are purchased for consumers’ personal equipment including chairs and cushions.
* Staff interviewed described the process for maintaining consumers’ personal equipment, including cleaning frequency, documentation requirement to request maintenance action.

As equipment provided is safe, clean and well maintained, I find Requirement 4(3)(g) in Standard 4 Services and supports for daily living Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Requirement 5(3)(b) was found Non-compliant following a Site Audit undertaken between 9 August 2021 and 11 August 2021. The service was unable to demonstrate its environment is clean, safe and comfortable with appropriate noise and temperature controls.

On the 4 January to 5 January 2023, the assessment team found:

* The service implemented a range of effective improvements. These include a review of the service environment to measure noise levels and identify risks, the initiation of regular environment inspections, repairment and high point area cleaning schedule, removal of clutter in consumer rooms as appropriate and installation of carpet squares on paved corridors to reduce noise.
* Consumers confirmed the living environment is clean and of a comfortable level to meet their care needs. No concerns regarding noise were raised.
* The service environment was observed to be clean, well-maintained and with a comfortable temperature level. This included communal areas, kitchen, consumer rooms, cleaning and laundry rooms. Consumers were observed moving freely between areas, both indoors and outdoors.
* Staff interviews and documentation review confirmed the service has a scheduled environmental maintenance program to ensure the living environment is regularly cleaned and monitored. Staff described how management consults and informs consumers of actions taken to maintain a safe living environment and provided examples of how they assist consumers to reduce clutter in their personal space.

As the service environment is safe, clean, well maintained, comfortable and enables consumers to move freely, I find Requirement 5(3)(b) in Standard 5 Organisation’s service environment Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Requirement 8(3)(e) was found Non-compliant following a Site Audit undertaken between 9 August 2021 and 11 August 2021. The service was unable to demonstrate an effective clinical governance framework regarding the minimisation of restraint.

On the 4 January to 5 January 2023, the assessment team found:

* The service implemented a range of effective improvements to ensure consumers on antipsychotic medication have an appropriate supporting diagnosis. This included distribution of policies and procedures in relation to restrictive practices and medication management, staff education and the introduction of a monthly review of psychotropic medication usage.
* The clinical governance framework guides staff practice and supports restrictive practice minimisation. There are processes to ensure restrictive practice usage is identified, monitored, evaluated and minimised where possible. The service monitors restrictive practices through a register and monthly data analysis. Documentation confirmed consumers requiring chemical restraint have non-pharmacological support strategies and behaviour support plans in place. The effectiveness of psychotropic medication and non-pharmacological strategies are reviewed regularly. Medical practitioners, external behavioural specialists and appropriate cultural support groups are involved as appropriate to minimise the use of chemical restraint.
* The organisation has appropriate policies and procedures in place to guide effective antimicrobial stewardship. Staff demonstrated they are supported by relevant training and a dedicated Infection Prevention Control Lead. To promote antimicrobial stewardship, the service implemented a pathway to improve the diagnosis and management of common infections, ensuring correct antibiotic for the infection is prescribed and for the shortest possible duration of therapy.
* The organisation has an open disclosure policy to guide staff practice and staff confirmed they are trained in open disclosure principles. Documentation and interviews from representatives and staff evidenced open disclosure had been used, especially when adverse outcomes occur.

The approved provider submitted a written response to the assessment team’s report on 18 January 2023. The response includes information and evidence to support consumers requiring restrictive practice have consents documented and these documented consents are readily accessible.

I have considered the assessment team’s finding and the approved provider’s response and find there is an effective clinical governance framework in place. As such, I find Requirement 8(3)(e) in Standard 8 Organisational governance is Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)