Performance

Report

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| Name of service: | Juniper Trinity |
| Service address: | 4-10 Hayman Road BENTLEY WA 6102 |
| Commission ID: | 7147 |
| Approved provider: | Uniting Church Homes |
| Activity type: | Assessment Contact - Site |
| Activity date: | 25 May 2023 |
| Performance report date: | 16 June 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 Trinity (**the service**) has been prepared by M Glenn, 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others;
* the provider’s response to the Assessment Contact Report received 13 June 2023 expressing acceptance of the Assessment Team’s recommendations; and
* the Performance Report dated 30 September 2022 for a Site Audit undertaken from 20 July 2022 to 22 July 2022.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Requirement (3)(b) was found non-compliant following a Site Audit undertaken from 20 July 2022 to 22 July 2022 where it was found the service did not demonstrate effective management of high-impact or high-prevalence risks associated with the care of each consumer, specifically in relation to risks associated with nutrition and chemical restraint. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Undertaken staff education programs for care, clinical and allied staff on managing and prevention of high-impact and high-prevalence risks, including, but not limited to, risks associated with nutrition, chemical restraint and the effective management of clinical risks.
* Implementing an action plan which includes staff training for the weight management care procedure.

At the Assessment Contact undertaken on 25 May 2023, the service demonstrated effective systems to manage and monitor high-impact and high-prevalence risks, including managing hydration and nutrition, falls risk, prevention of pressure injuries, wounds and minimising the use of restrictive practice. Care is delivered in line with consumers’ assessed needs and staff were able to describe consumers at risk and what strategies they use to ensure the safety and management of their care. Consumers and representatives are happy with the delivery of care, including complex health conditions and high-impact risks.

Documentation showed procedures had been followed and strategies implemented in response to consumers’ weight management. Staff conduct validated assessments, monitor weights and consult with relevant parties when consumers are experiencing unplanned weight loss or gain.

Fall prevention, post fall monitoring, referrals to Medical officers and reviews by Physiotherapists are managed by effective processes. Consumers sampled had undertaken falls risk and mobility assessments and documentation showed interventions and strategies align with the service’s policies.

Wound management was observed to be effectively managed and strategies implemented specific to each consumer’s need.

Evidence of consumers prescribed psychotropic medications being reviewed by the Medical officer was observed in consumer files. There are currently no consumers subject to chemical restraint

For the reasons detailed above, I find requirement (3)(b) in Standard 3 Personal care and clinical care 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)