Melbourne Hebrew Memorial Nursing Home

Performance Report

4-8 Freeman Street   
CAULFIELD VIC 3162  
Phone number: 03 9209 1111

**Commission ID:** 3836

**Provider name:** Jewish Care (Victoria) Inc

**Assessment Contact - Site date:** 13 July 2021 to 14 July 2021

**Date of Performance Report:** 25 August 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this 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 - Site report received 6 August 2021.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

The service was able to demonstrate that actions have been taken to address deficits identified in the previous visit.

The Assessment Team assessed one specific requirement under this Quality Standard and found it Compliant.

An overall rating for the Quality Standard is not provided as not all the specific requirements were assessed.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(e) Compliant

*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.*

The Assessment Team found that the service was able to demonstrate that a review of care and services for consumers is now conducted as required. Regular care plan reviews are also conducted. Review and reassessment takes place when consumers’ circumstances change and following incidents. Care plans are updated to incorporate new interventions following these reviews. Five out of five consumer file reviews reflected holistic care plan reviews every three months as per the policy of the service. Consumers’ assessments and care plans related to mobility and behaviours are consistently reviewed following consumers’ falls and behavioural incidents and interventions updated as required.

The Approved provider did not submit a response to this requirement.

I have considered all the evidence provided and find the Approved provider was able to demonstrate that actions have been taken to address the deficits identified at the previous visit and that consumers’ care and services are regularly reviewed through regular care plan review processes and that review also occurs following changes such as falls and behavioural incidents. I find this requirement is Compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

While the service was able to demonstrate that actions have been taken to address some of the deficits identified in the previous visit, the Assessment Team found deficits in relation to a consumer’s post falls management, consumers’ pain management and identification of a consumer’s urinary tract infection.

The Assessment Team assessed two specific requirements under this Quality Standard and found them Non-compliant.

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

The Assessment Team found that the service did not demonstrate that all consumers get safe clinical care when required. Specifically, the lack of clinical care for a consumer following a fall resulted in their experiencing significant pain and distress over a significant period of time prior to transfer to hospital. The service was unable to demonstrate effective pain management for another consumer who experiences complex pain. Deficits identified at the last visit in relation to the use of restrictive practices and skin care have been addressed.

The Approved provider’s response acknowledges these identified deficits and outlines actions taken to address the issues. These include a root cause analysis of the incident reported by the Assessment Team and a review of the pain management of consumers named in the report. A review of staff guidance in relation to management of consumers’ pain and staff education in post falls management and pain management have been undertaken. The response also outlines disciplinary actions taken in relation to staff involved in the reported incident.

I have reviewed all the evidence provided I find that while the Approved provider has addressed previous issues related to the use of restrictive practices and skin care, the Requirement continues to be Non-compliant due to the deficits identified by the Assessment Team relating to the inadequate management of a consumer post fall and deficits in pain management provided to two consumers.

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found whilst the service was able to demonstrate effective management of high impact or high prevalent risks related to consumers’ swallowing problems, it did not effectively manage falls management for one consumer which had a significant impact on their health and wellbeing. Another consumer’s risk of urinary tract infection was not identified and responded to appropriately. The Assessment team found that clinical staff were able to describe high impact risks such as behaviours/absconding the use of psychotropic medications, falls and weight loss. Both clinical and care staff were able to consistently describe the most significant risks for consumers that aligned with their care plans. The service is in the process of implementing a clinical risk register and reporting process.

The Approved provider’s response acknowledges the identified deficits and outlines actions taken to address these issues. These include as noted in Requirement 3 (3) (a) above a root cause analysis of the incident reported by the Assessment Team, a review of the pain management of consumers named in the report, review of staff guidance in relation to management of consumers’ pain and staff education in post falls management and pain management. The response also acknowledges that signs indicating the possibility of a consumer’s urinary tract infection were not responded to by staff. Following the Assessment Team’s visit the consumer was diagnosed with a urinary tract infection and treated with antibiotics. The response also notes that all staff will be provided with further training in continence management and the identification of urinary tract infections.

I have reviewed all the evidence provided and find on balance that this Requirement is Non-compliant. While the Approved provider has addressed previous issues related to the management of consumers with swallowing problems, and provided staff education on falls prevention and management, issues related to consumers’ post falls management and identification and response to possible urinary tract infections were identified by the Assessment Team. A process to record and report clinical risk has not yet been fully implemented.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

The service was able to demonstrate that actions have been taken to address deficits identified in the previous visit.

The Assessment Team assessed one specific requirement under this Quality Standard and found it Compliant.

An overall rating for the Quality Standard is not provided as not all the specific requirements were assessed.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The Assessment Team found that he service demonstrated improvements to address deficits identified at the last visit in relation to staffing levels. However, while the service had completed some self-reported actions in relation to call bell monitoring these were not yet being analysed for improvements or consistently communicated to consumers and staff. Feedback from consumers and representatives interviewed was mixed regarding the responsiveness of staff.

The response submitted by the Approved provider states that call bell data is received daily by management and is reviewed for variances. The response also notes that the call bell system has been upgraded since the Assessment Team’s visit.

I have reviewed all the evidence provided and find this requirement is Compliant. While the Assessment Team received mixed feedback from consumers about the responsiveness of staff, the Approved provider was able to demonstrate that there are sufficient staff to provide care and services to consumers.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The Assessment Team assessed two requirements under this Quality Standard and found one Compliant.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-compliant

*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.*

The Assessment Team found that while the service demonstrated they have undertaken actions as outlined in their plan for continuous improvement in response to deficits identified at the last visit, the service did not adequately demonstrate all planned improvements are fully implemented, embedded into staff practice, and/or been evaluated for effectiveness or further opportunities to improve. For example, the clinical risk register was still being implemented and not yet embedded into practice or providing results. While incident and audits are reported, identified risks are not consistently acted on. Other risks such as the use of hydronic heating in consumers’ rooms had not been assessed.

The response submitted by the Approved provider states provides evidence of further implementation of the clinical risk register and associated reports to enable follow up with individual consumers and planning of staff education. The response provides evidence that information from audits will now be consistently added to the plan for continuous improvement and acted on in a timely manner. The response also provided further information about the organisation’s incident management system.

I have reviewed all the information provided and find that this requirement is Non-compliant. I acknowledge the progress that the Approved provider has made in addressing the deficits in risk management systems and practices but find that additional time will be required to fully implement these systems in staff practice.

### Requirement 8(3)(e) Compliant

*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.*

The Assessment Team found that the service demonstrated a range of actions have been undertaken to improve governance in relation to minimising the use of restrictive practice including reviewing work instructions, applying assessment and consent processes, improving monitoring, reviews and staff knowledge. These improvements have been integrated into staff practice when providing care to consumers. Governance processes in relation to antimicrobial stewardship and open disclosure are in place.

The Approved provider did not submit a response to this requirement.

I have reviewed the information provided and, not withstanding the work in relation to governance systems that continues to be undertaken in relation to Requirement 8 (3) (d) am satisfied that the deficits in relation to minimising the use of restrictive practice identified at the last visit have been addressed. I find this requirement is Compliant.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Ensure all consumers get safe and effective personal and clinical care, particularly in relation to post falls management and pain management.
* Ensure effective management of high impact/high prevalence risks related to consumers’ care, particularly in relation to falls management and the risk of infection.