Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Hunters Hill Montefiore Home |
| Commission ID: | 2284 |
| Address: | 120 High Street, HUNTERS HILL, New South Wales, 2110 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 21 August 2024 to 22 August 2024 |
| Performance report date: | 24 September 2024 |
| Service included in this assessment: | Provider: 901 Sir Moses Montefiore Jewish Home  Service: 738 Hunters Hill Montefiore Home |

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 Hunters Hill Montefiore Home (**the service**) has been prepared by M.Wyborn, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | Not applicable as not all requirements were 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

|  |  |  |
| --- | --- | --- |
| 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)(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 |

Findings

The service demonstrated that personal and clinical care is tailored to each consumer and is focused on optimising their health and well-being. Consumers and representatives provided positive feedback regarding the service’s approach to recognising their clinical care needs. Consumers highlighted their satisfaction with the knowledge and skills of staff regarding delivery of personal and clinical care and the service’s focus on effective communication and partnership which optimises their experience within the service. Staff demonstrated an appropriate knowledge of each consumer including their preferences, and consumer documentation consistently reflects the care required by individual consumers. Consumers and representatives highlighted that staff are attentive and active in ensuring their personal care needs are met. The service administers relevant and up-to-date policies and procedures to guide staff practice in relation to falls risk assessments, prevention and post incident management and monitoring. The service demonstrated up-to-date policies and procedures to guide staff practice around pain management and consumer care. The documentation for consumers requiring pain management demonstrated that they are being assessed according to the service’s policies and procedures. For consumers with wounds, pain management is considered when attending to wound reviews and dressings. Non-pharmacological interventions are utilised by skilled staff as alternative strategies to manage pain. The service administers relevant policy and procedure documentation for wound management and for consumers who have compromised skin integrity, chronic wounds and pressure injuries, their care and service documentation highlighted that staff are providing appropriate wound and pressure area care according to the consumers' care plan. Consumer wound charting meets best practice guidelines. The service demonstrated appropriate management for consumers with specialised nursing care needs including external oxygen delivery, tracheostomy care, diabetes management, stoma care and catheter care. Documentation in relation to these care needs appropriately includes blood glucose level (BGL) management charting, fluid balance charting, vital signs observations, and pain management. Clinical and care staff demonstrated appropriate knowledge regarding consumer needs and preferences in relation to their complex care needs. With these considerations, I find the service compliant in Requirement 3(3)(a).

The service demonstrated appropriate care planning documentation, including care notes that consistently reflect identification and response to deterioration or changes in their health condition. Care staff demonstrated that they report changes in a consumer’s condition to the registered nurse, who then undertake assessment and timely referral to the medical officer if required. Registered nursing staff demonstrated an effective review process for consumers in case of deterioration and routinely attend to a head-to-toe assessments, delirium screening, monitoring of their vital observations, referral to a doctor or nurse practitioner, escalation to rapid response in aged care for further review when required, and transferring consumers to hospital for further review and treatment when required. Management highlighted that the service undertakes regular interdisciplinary meetings to discuss any changes in consumers’ health and wellbeing. Consumer care and service documentation demonstrated that deterioration or changes in a consumer’s condition is recognised and actioned in a timely manner. With these considerations, I find the service compliant in Requirement 3(3)(d).

The service demonstrated that information about each consumer’s condition, needs and preferences are documented, and effectively communicated with those involved in the care of consumers. Consumers and representatives advised that their preferences are effectively communicated between staff and with others involved in their care, and staff demonstrated appropriate knowledge of how consumers prefer their care to be delivered. The service demonstrated that delivery of care and services is consistently in accordance with individual consumer’s needs and preferences and staff handover discussions, and an interdisciplinary team meeting demonstrate that relevant consumer information is effectively shared, documented and communicated. The service employs an interdisciplinary team of health professionals including, a dietitian, physiotherapist, occupational therapist, dementia consultant, social worker, mental health nurse and nurse practitioner. All staff have access to consumer electronic clinical files where they routinely add care notes and record consumer assessments as appropriate. Care staff highlighted that they are routinely informed of changes to a consumer’s condition through messages on the electronic care management system, care notes and verbally from the registered nursing staff. With these considerations, I find the service compliant in Requirement 3(3)(e).

Consumers and representatives advised of their satisfaction regarding access to health professionals and other organisations and providers of care and services. Consumer care planning documentation demonstrated timely and appropriate referrals to allied health professionals, medical specialists, and other external specialists such as a cardiologist. The service demonstrated that consumer and representative preferences are considered in this process. Consumer care and medical notes demonstrated that referrals are made to dieticians, speech pathologists, dentists, physiotherapists, geriatricians, wound care specialists, and community palliative care consultants when required and these referrals are actioned in a timely manner. Staff demonstrated appropriate knowledge regarding the service’s processes for referring consumers to other health professionals, including referral to the registered nurse if a consumer requires one-to-one support with the social worker. Registered nursing staff advised the service provides relevant professional resources that they can refer to internally and highlighted that they are supported to perform their duties without restrictions. With these considerations, I find the service compliant in Requirement 3(3)(f).

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