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**Performance Report**

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| Name: | Jewish Care (Vic) Inc. Residential Homes, Windsor |
| Commission ID: | 3024 |
| Address: | 619 St Kilda Road, MELBOURNE, Victoria, 3000 |
| Activity type: | Site Audit |
| Activity date: | 29 October 2024 to 31 October 2024 |
| Performance report date: | 28 November 2024 |
| Service included in this assessment: | Provider: 1384 Jewish Care (Victoria) Inc  Service: 1783 Jewish Care (Vic) Inc. Residential Homes, Windsor |

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 Jewish Care (Vic) Inc. Residential Homes, Windsor (**the service**) has been prepared by Nicola Eastwood, 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 Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others.
* the provider’s response to the assessment team’s report received 21 November 2024 confirming the services ongoing commitment to continuous improvement and projects commenced following feedback provided by the Assessment Team during the Site Audit.

# 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 and representatives described how staff make them feel respected and valued as individuals. Staff described how consumers are treated with dignity and respect and understood individual choices and preferences. Care planning documentation reflect the provision of culturally safe care and services and include how consumers are supported to engage in activities of cultural importance.

The Assessment Team report included examples of systems and strategies to maintain independence and support personal connections and relationships. Staff described how they best support consumer decisions by ensuring all consumers can exercise choice. Individual preferences are considered in the provision of care and staff were aware of relationships of importance to consumers.

Consumers and representatives said the consumers choices and preferences relating to risks are respected. Management demonstrated processes to support consumer independence and choice, and there was documented evidence that consumers are supported to take risks. Staff described how they communicate with consumers and the processes in place to enable communication for those living with cognitive or communication impairments. The service has access to staff able to speak other languages and utilises google translate, whiteboards, calendars, cue cards and 'memory boards' to enhance staff communication and consumer familiarity.

Staff provided examples of how they ensure consumer privacy is maintained during care and safeguard consumer information confidentiality.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 1.

# 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

Clinical and care staff demonstrated knowledge of consumer risks and described the mitigation strategies to ensure consumers receive safe and effective care. Consumers and representatives described their involvement in the assessment and planning process. Consumers and representatives who choose not to follow health care advice are consulted and informed to ensure they fully understand the risks involved and the outcomes recorded and reviewed regularly.

The Assessment Team noted that consumer files included accurate needs, goals and preferences as well as advanced care planning and end of life care preferences reflective of individual culture and faith. Consumers and representatives were satisfied with the service’s communication and ongoing partnership with care and services provision. Representatives confirmed they are informed when consumer circumstances change and are involved in decisions regarding referrals. Care plans and progress notes showed involvement of consumers, their representatives and health professionals.

Care plans included the outcome of assessment and planning for each consumer, changes, reviews, updates, and communication. Staff explained that they have access to care plans through the electronic care management system and handover processes. There was evidence of consideration to needs and preferences and individual strategies where increased falls risks and changed behaviours occur.

Consumers and representatives said their care is reviewed regularly and when circumstances change. They were satisfied staff communicate regularly to discuss their care following discharge from hospital, incidents, deterioration or changes to condition. The service demonstrated a robust system and process to ensure effective and timely management of behaviour management, impaired skin integrity and falls.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 2.

# 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

Consumers and representatives were satisfied with personal and clinical care and care plans were developed to meet consumer needs and optimise health and wellbeing. Wound care is provided consistent with consumer care plans and assessed needs, there was evidence of consultation with representatives and documented review including measurements and photos. Clinical staff explained that complex wounds include involvement of wound specialists and general practitioners. Pain is considered where wounds management is required and there was evidence of pain monitoring, management and evaluation as well as use of alternate pain management strategies.

The service maintains psychotropic medication and restrictive practice registers along with a policy to guide staff on minimising the use of restrictive practices. Clinical staff provided examples of how they use alternative strategies to avoid using chemical restraint medication to manage behaviours and are aware of obligations related to mechanical restraint.

The service identified falls, medication management and changed behaviours as high-impact and high-prevalence risks associated with care for the last six months. Care documentation reflected the use of validated assessment tools and monitoring of these areas and staff explained how they manage risks in relation to falls, weight loss and changed behaviours. The Assessment Team report included examples of consumers with complex clinical care needs which were effectively managed and included specific strategies to manage identified care needs.

Needs and preferences of consumers nearing end-of-life are recognised and addressed, their comfort maximised, and their dignity preserved. Clinical staff explained they recognise when there is a change in a consumer condition and care files confirmed timely response to a change or decline. Management described timely referrals to mobile assessment and treatment services to provide urgent assistance to consumers experiencing a decline or change in their health status.

Care documentation, including clinical handover sheets, progress notes and care plans, reflected documentation from staff and external organisations and providers about consumer condition, treatment, upcoming appointments, and care interventions. Some consumers indicated that agency staff were not as familiar with their needs as permanent staff and the Assessment Team noted that not all care staff attend daily handover. Management acknowledged this and decided a care staff member will also attend handover. Representatives confirmed they are satisfied with the communication from the service saying they receive regular updates and notifications about incidents, referrals and reports.

Consumers and representatives were satisfied with access and referrals to their GP’s, allied health, and other specialist health care professionals. Management and staff described the service’s referral processes and provided examples of referrals made and the process of updating assessment and care plans following specialist review. There was evidence of active referrals following episodes of weight loss and where specialist consultation was discussed.

Care and clinical staff explained their daily practices to minimise infection transmission and minimise the use of antibiotics. The service has an infection and prevention control (IPC) lead and staff receive mandatory training on infection control practices and correct use of personal protection equipment (PPE). Meeting minutes reflected standing agenda items to discuss antimicrobial stewardship and infection control.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 3.

# 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 and representatives said they feel encouraged to pursue activities of interest to them and described how the service supports them. The lifestyle staff develop a monthly activity calendar including group and individual activities based on the preferences and interest of the consumers living at the service. Each consumer has a social, cultural and spiritual care plan, developed in consultation with them and which outlines their life story, things of importance and individual goals.

The activities program is developed through a combination of consumer interest, attendance analysis, feedback from ‘Resident meeting’ and satisfaction surveys. Staff explained that consumers who have a strong family and/or friend network engage in regular independent outings, whilst other consumers attend weekly outings organised either by the service or independently. Consumers spoke of emotional support provided by care staff and the service’s Rabbi, as well as the benefits of receiving pastoral care or attending group activities, including weekly Synagogue.

Care documentation reflected consumer participation in programs and activities to meet their needs, goals and preferences. The daily morning ‘huddle’ facilitates the communication of key issues across the service and focus on consumers’ personal and clinical care. There was evidence of communication with others responsible for care, including representatives, staff and other services as appropriate.

Management described the referral process and the service’s Rabbi explained how they are informed about new consumers admitted to the service requiring pastoral care, or consumers experiencing change in condition requiring emotional and spiritual support.

The service demonstrated that a variety of meals are provided based on a weekly rotating seasonal menu with the oversight of a dietitian. Alternative dietary options are available if requested, and consumers have access to sandwiches, yogurt, cheese, fruit, and biscuits between meals. Care documentation provided accurate information that is accessible to staff serving meals to consumers and consumers felt confident the right meals are served. Some consumers expressed concern with the temperature of food being served, management explained that they are trialling food warmers to address this concern.

Consumers and representatives were satisfied with the condition and cleanliness of equipment. Care staff explained they disinfect shared equipment in between each consumer use and maintenance records reflected shared equipment has regular scheduled servicing.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 4.

# 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 and representatives said the service environment is welcoming and homely. Maintenance programs include essential services, preventative maintenance schedules, reactive maintenance processes and the use of external contractors when required. Documentation reflected regular preventative maintenance occurs with oversight of the organisation and indoor and outdoor areas of the service were observed to be clean and maintained.

Equipment is available to meet consumer care and clinical needs and consumer confirmed it is clean and safe to use.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 5.

# 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 confirmed they were aware of the complaints and feedback process of the service and identified the location of confidential lodgement boxes on each level of the service. Staff said they were encouraged by the service to provide and record feedback and complaints. The Assessment Team report included specific examples of how consumers provide feedback including consumer surveys, verbal feedback and consumer meetings. Feedback forms were available in multiple languages and included information about suggestions, compliments, complaints and further contact information for escalation.

Clinical and care staff demonstrated knowledge of advocacy and interpreter services to support consumers and consumers confirmed they were aware of services through Elder Rights Advocacy. Consumers said staff are receptive to feedback and felt appropriate action is taken in response to feedback and complaints. Care staff were familiar with the term open disclosure and management described how staff induction included training on incident reporting and open disclosure.

The service’s feedback and complaints register outlines the actions taken when a complaint is received, including details around apologising and initiating meetings to discuss investigation and cause. Management described how complaints information is collated weekly and used to analyse trends and make improvements to the quality of care and service.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 6.

# 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

The service plans its workforce effectively to ensure delivery of safe and quality care to consumers. Management described the organisations ongoing recruitment process to support consumer’s care needs and consumers were generally satisfied with the quantity of staff. The service generates regular call bell reports which are reviewed by management, any call response times that exceed the services’ 9-minute benchmark are investigated.

Staff were observed engaging with consumers in a kind, gentle and respectful manner. Policies and procedures refer to person centred care and include reference to respect, dignity and diversity and staff described how they treat consumers kindly and respect their identity and culture.

Position descriptions for clinical and care staff described the roles, responsibilities and qualifications required for each position and commencing staff undergo an organisation wide orientation program. Agency staff are required to read and complete orientation checklists, in addition to being orientated to the service by a permanent staff member.

Consumers expressed their confidence in the staff’s skills and knowledge to deliver safe and quality care. Staff described attending face to face and online training in various educational topics such as incontinence training, regulatory changes and dementia support. Documentation showed toolbox training sessions delivered in addition to mandatory and elective education.

The service demonstrated staff performance is regularly reviewed and monitored. Performance reviews are managed at an organisational level and the service receives notification of due dates. Management confirmed the appraisal process also ensures identification of professional development opportunities. Staff described actively participating in performance appraisals and identified opportunities to provide and receive feedback.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 7.

# 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**

The service conducts consumer surveys and regularly seeks feedback from consumers verbally and through meeting forums. Management and staff described how the organisation’s governing body promotes a culture of safe, inclusive, quality care and services and its involvement in this delivery. The organisation has a governance structure in place that supports accountability over care and services delivered. This includes a clinical governance committee that provides oversight of the service’s clinical matters including discussion of risks and risk ratings.

The Board provides support to the service to ensure the service is adhering to the aged care quality standards and the quality of care being delivered is consistent with best practice.

Staff confirmed information is available to them to provide effective care through the electronic management system, including care planning documentation, policies and procedures, human resources, and training material.

Opportunities for continuous improvement are identified through consumer, representative and staff feedback, audits, surveys, incidents, and observations. The service’s Plan for Continuous Improvement reflected such improvement actions. The organisation’s financial structure is led by a chief financial officer who is responsible for overseeing finance, assets, facilities, information and communications technology and financial systems.

The service is supported by an organisational people and culture department to recruit qualified staff. The Assessment Team reviewed position descriptions which contained clear information regarding necessary qualifications and required tasks. Regulatory and legislative changes are monitored by the quality and risk team, who receive updates to legislative changes. Changes or updates to policies and procedures are communicated to service management and staff. There was evidence of consideration to feedback and complaints in ongoing quality improvement activities and the services PCI.

There are effective risk management systems and practices, as evidenced by assessment of the clinical care provided, staff interviews, and a review of documentation. The service assesses and manages consumer risks, trains its staff in relation to abuse and neglect, and maintains an effective incident management system. The service has an effective incident management system in place to identify, record, manage, resolve, and report all incidents, and to notify all reportable incidents that occur to the Aged Care Quality and Safety Commission, and the police if appropriate.

The service has a clinical governance framework which outlines antimicrobial stewardship, restraint, and open disclosure. Staff demonstrated an understanding of restrictive practices and were aware of the services related policies.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 8.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)