Performance

Report

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| Name: | Jewish Care (VIC) Inc Residential Homes Carnegie |
| Commission ID: | 4103 |
| Address: | 1 Wahgoo Road, CARNEGIE, Victoria, 3163 |
| Activity type: | Site Audit |
| Activity date: | 24 September 2024 to 26 September 2024 |
| Performance report date: | 28 October 2024 |
| Service included in this assessment: | Provider: 1384 Jewish Care (Victoria) Inc  Service: 2674 Jewish Care (VIC) Inc Residential Homes Carnegie |

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 Carnegie (**the service**) has been prepared by J. Bayldon, 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, consumers/representatives and others.

# 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/representatives sampled advised consumers receive dignified and respectful treatment, with their identity, culture, and diversity being recognised within the service. Staff demonstrated an understanding of the preferences and backgrounds of consumers, aligned with documented consumer care preferences, and adjusts care provision accordingly, for each consumer based on their needs. Observations by the Assessment Team during the Site Audit confirmed consumers are consistently treated with dignity and respect.

Consumers/representatives interviewed noted staff at the service consistently recognise, acknowledge, and respect the cultural identity and background of consumers. Care staff interviewed exhibited comprehensive understanding of each consumer’s cultural backgrounds and various communication methods tailored for consumers with language barriers.

Consumers/representatives interviewed emphasised the service actively supports them in making choices related to consumers’ care, service delivery preferences and communication of decisions. The Assessment Team noted all care plans reviewed were detailed and individualised to include the preference for how each consumer would like their care delivered, such as preferred sleep time.

Consumers/representatives interviewed confirmed the service actively encourages and assists consumers in taking risks to enhance their quality of life. The Assessment Team observed examples of consumers partaking in activities involving some level of risk with appropriate documentation in place outlining consumers' preferences regarding risk-taking and strategies to mitigate those risks.

Consumers interviewed advised they stay informed through various channels such as emails, verbal updates from staff, newsletters, and notices on bulletin boards. Lifestyle staff noted they produce lifestyle calendars in different languages, such as Russian, especially for consumers who come from a non-English speaking background. The Assessment Team observed the prominent placement of weekly lifestyle calendars, menus, newsletters, and notice boards throughout the service, to facilitate effective communication of daily activities to consumers.

Consumers/representatives interviewed confirmed consumers' privacy is upheld, and personal information is kept confidential. Management stressed the importance of safeguarding consumers' personal information through confidentiality measures, including encrypted access to the electronic care management system (ECMS) and restricted access requiring usernames and passwords. The Assessment Team observed consistent practices such as staff knocking on consumers’ doors prior to entry, locking computers at nurses' stations when not in use and keeping consumer files out of sight to safeguard privacy.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 1 Consumer dignity and choice at the time of the performance report decision.

# 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

Consumers/representatives interviewed confirmed when consumers entered care, assessments were undertaken to identify risks, and the care plan developed based on recommended strategies to keep the consumer safe. Sampled consumer care planning documentation evidenced consideration of risks to consumers’ health and wellbeing such as completed forms and risk assessments with documented strategies to mitigate those risks. The Assessment Team reviewed current assessment and care planning policies and procedures which guide staff in the delivery of care and services including the admission assessment guide which is completed over 21 days.

Consumers/representatives interviewed described the service’s assessment and planning process to identify and address the consumer’s needs and preferences. Care staff advised they include end of life (EOL) discussions during the entry process when the consumers/representatives are open to discuss this, and they follow up during routine care plan consultations and when the consumer’s condition deteriorates. Staff also advised they use assessment tools to aid in identifying the specific needs of each consumer including EOL care when applicable. Consumer care documentation reflected the consumer’s needs and preferences including EOL care plan when required.

Consumers said they and those they have appointed, had input into the assessment and planning and review of the consumer’s care and services and confirmed the service involves allied health professionals and external medical specialists in the care of the consumer when required. The Assessment Team reviewed sampled consumers’ profile page in ECMS which includes documented names of primary and secondary representatives (where applicable), contact details, and appointed representatives such as State Trustees and their preferred method to receive updates.

Consumers/representatives sampled confirmed they are offered a copy of the consumer’s care plan. The clinical service managers (CSM) and registered nurses (RNs) described how they regularly communicate any changes to consumers’ care with consumers/representatives. Care staff interviewed said they have access to all consumer's care plans and complete progress notes regarding the care of consumers provided during their shift. Care planning documentation demonstrated timely communication about consumer care changes, and care plan evaluations summarised which identified who was present.

Consumers/representatives interviewed said they were aware of care plan reviews, and any changes to care were communicated to them promptly. Management and staff explained how the 3 monthly scheduled review of care and service plans was used to evaluate effectiveness, and reviews due to change of condition or an adverse event. Sampled care plans demonstrated review in line with the service’s ‘Assessment, care planning and evaluation’ procedure with strategies adjusted in accordance with consumers’ needs.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 2 Ongoing assessment and planning with consumers at the time of the performance report decision.

# 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 identified as subject to various restrictive practices were identified in the service’s restrictive practices register detailing the type of restrictive practice for each consumer. Staff said their practice is guided by consumers’ preferences, the use of scheduled tasks, and the use of work instructions, checklists and forms. Care and services provided were aligned with individualised care plans and with the service’s work instructions, policies and procedures as observed by the Assessment Team.

Consumers/representatives interviewed said the care consumers receive is relevant to consumers’ needs and staff assessed and explained their risks and they have input into the management of these risks and felt they were being managed well. Staff and management were able to demonstrate how they identify, assess, and manage high impact and high prevalence risks and what staff do to mitigate those risks. Management advised a collaborative approach is considered, with high impact, high prevalent risks by the involvement of external professionals as required such as palliative services and geriatrician which was evidenced in the care documentation reviews by the Assessment Team.

Staff and management described the way care delivery changes for consumers nearing EOL and practical ways in which consumers’ comfort is maximised and dignity preserved through regular repositioning, pain management, eye and mouth care, emotional and spiritual support. Care planning documentation evidenced advance care planning and the needs, goals, and preferences of consumers for palliative care, including comfort care. The service has an ‘Advance care planning work instruction’ and ‘EOL care pathway’ in place to inform staff practice in relation to palliative and EOL care and the involvement of specialists for interventions and support.

Consumers/representatives said changes to consumer condition were responded to quickly. Staff outlined training provided on recognising and responding to deterioration and clinical pathways, with management explaining changes were identified through handover processes, scheduled reviews, incidents, and monitoring processes, including daily review of documentation of consumer care files. The Assessment Team observed the RN handover conducted during the Site Audit, with the outgoing RN raising consumer information including those who required close monitoring due to signs of deterioration. Care planning documentation evidenced monitoring for change of condition, with timely and appropriate response.

Consumers/representatives interviewed reported information regarding consumers was known and understood by regular staff. Staff said they received handover of changes to consumer needs prior to commencing each shift and can access care planning documentation or ask for more information if required. Management explained how information was shared with other providers, including through meetings, diaries, referral folders as well as care planning documentation.

Consumers/representatives interviewed reported they are satisfied timely and appropriate referrals occur when needed and the consumers have access to relevant health care supports. Staff interviewed were able to describe how referrals for consumers are made and described examples of routine referrals such as podiatry, wound management, physiotherapists, dietitians and speech pathology. Documentation identified consumers are referred to a range of other services such as dietitians, podiatrists and allied health services.

Staff demonstrated an understanding of precautions required to prevent and control infection and the steps they could take to minimise the need for antibiotics. RNs and care staff described strategies they use to mitigate infections for consumers such as maintaining good hydration, hand hygiene, ensuring perineal hygiene is maintained and prompt attendance to consumers’ continence management plans and changing of continence aids as required. The service has implemented policies and procedures to guide staff related to infection control management and for the management of infectious outbreaks.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 3 Personal and clinical care at the time of the performance report decision.

# 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/representatives interviewed expressed feeling supported by the service in pursuing activities of personal interest, including participation in the service's lifestyle program or engaging in independently chosen activities. The lifestyle staff described several approaches to customise the activity schedule based on consumer interests and preferences, considering the varying cognitive abilities among consumers. Care planning documentation for the sampled consumers reflected their needs, goals, and preferences of each consumer, ensuring a tailored and supportive approach.

Consumers/representatives interviewed stated consumers’ emotional, spiritual, and psychological needs were well-supported, enabling them to maintain connections with representatives or friends for comfort and emotional support. The service has a religious leader who is responsible for the weekly Shabbat service, pastoral care, and emotional support. The religious leader was able to explain their role at the service, predominantly being support to the religious needs of consumers at the service as they advised all consumers residing at the service are of Jewish faith. Lifestyle staff emphasised their attentiveness to the emotional well-being of consumers, noting when consumers are upset or feeling down, they would actively be spending one on one time with the consumer in their room or where they feel comfortable and arrange opportunities for consumers to connect with family, including facilitating video calls.

Consumers/representatives interviewed conveyed consumers are encouraged to engage in activities both within and outside the service, empowering them with autonomy to make choices. Staff members elaborated on their support strategies, describing how they assist consumers in pursuing their interests and participating in activities both within and outside the service setting as needed. Staff emphasised the variety of equipment and activities available to suit the different interests and needs of consumers. The Assessment Team observed sing-along sessions, physical exercises, and other lifestyle activities, noting consumers were actively engaged throughout the activities.

Consumers/representatives interviewed highlighted consumers' conditions, needs, and preferences are effectively communicated within the service and with other individuals responsible for care. Staff demonstrated an ability to articulate the methods employed to share information and stay informed about the evolving conditions, needs, and preferences of each consumer.

Consumers/representatives expressed confidence if the service could not meet their support needs, they would be referred to an appropriate provider. Lifestyle staff highlighted the service has established programs with local schools and kindergartens, facilitating interactions between consumers and children. The Assessment Team observed a volunteer bringing a therapy dog to the service socialising with consumers.

Consumers/representatives interviewed were satisfied with the quality, quantity and diversity of meals provided, especially with the improvements seen since the onboarding of the new catering manager. The catering manager advised, and the Assessment Team observed dietary cards, indicating each consumer's individual dietary requirements, are displayed in the kitchen and on tea trolleys. The service has established a food governance committee at the beginning of the year which oversees all food related issues and complaints at the service to ensure continuous improvement is addressed.

Staff verified regular maintenance and cleaning procedures are in place, outlining processes for identifying equipment requiring maintenance. The Assessment Team observed equipment supporting consumers in daily living and lifestyle activities is in a safe, suitable, clean, and well-maintained condition. A review of maintenance documentation and records indicated both scheduled and reactive maintenance were consistently carried out as part of routine operations.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 4 Services and supports for daily living at the time of the performance report decision.

# 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’ rooms were observed to be personalised with photos, memorabilia and personal belongings. Consumers were observed having morning tea, spending time with each other or their families, and participating in activities within the main lifestyle activity room and communal areas of the service.

Consumers/representatives expressed contentment with the cleanliness of the service environment and all consumers/representatives said they were able to freely leave and enter the service. Consumers were observed autonomously moving throughout various service areas, including loungerooms, communal spaces, and gardens, and leaving the service with the support of staff. Staff members provided a comprehensive explanation of the scheduled and reactive maintenance protocols, covering areas such as the kitchen and laundry and explained that the service has established cleaning schedules outlining regular and detailed cleaning tasks, with the cleaning log being updated daily upon task completion.

Staff members interviewed were knowledgeable about documenting maintenance issues and demonstrated proficiency in requesting maintenance through the electronic maintenance request system. Maintenance staff were observed inspecting, sanitising, and repairing consumer-owned equipment. The Assessment Team reviewed the preventative maintenance planning schedule, which displayed contractor reports for fire service inspections, electrical inspections, air conditioning servicing, pest inspections, and internal equipment inspections by the service.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 5 Organisation’s service environment at the time of the performance report decision.

# 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/representatives sampled said they are supported to provide feedback and make complaints, and they are encouraged to do so through the many avenues offered such as talking to staff, feedback forms, management’s phone numbers and email address for phone and email complaints and feedback. Staff were able to describe the process they follow should a consumer provide feedback during care and escalate any issues of concern reported by consumers/representatives to the RN on duty or to management. The Assessment Team observed feedback and complaints information displayed in the reception area.

Consumers/representatives interviewed said they were provided information about external complaints and advocacy services during entry to the service. Staff interviewed explained the partnership they have with an interpreter service whom they may need to engage for support with language translation and staff were able to explain how they assist consumers with cognitive/physical impairments to lodge complaints/feedback for example by completing the feedback forms on their behalf. The Assessment Team observed advocacy brochures and the Commission’s brochures and posters displayed in the service as well as placed in the minutes of the resident meeting minutes.

Consumers/representatives sampled provided feedback the service took appropriate actions in response to feedback and complaints when raised with staff and management. Staff and management demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event something went wrong. Staff and management said they practice open disclosure, transparency and honesty in response to feedback and complaints and when things go wrong. The Assessment Team sighted the complaints register which demonstrated open disclosure was practiced and complaints actioned appropriately. During the Site Audit, the Assessment Team did evidence that a small number of consumers had not been made aware of outcomes of their complaints, however these were addressed by the service when feedback from the Assessment Team was provided to management during the visit.

Consumers/representatives interviewed said the service listens to feedback provided and improvements occur as a result. Management said, and the Assessment Team observed, the service utilises an electronic feedback and complaints system which allows staff to enter feedback from consumers/representatives and facilitates trending of feedback to make targeted improvements. Meeting minutes, notices, surveys, memoranda, the service’s plan for continuous improvement (PCI) and other documents viewed by the Assessment Team reflected feedback from consumer and staff meetings which resulted in improvements for consumers.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 6 Feedback and complaints at the time of the performance report decision.

# 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

Consumers/representatives provided positive feedback and said there are sufficient staff at the service to provide safe and effective care and services to consumers. Management said the service has a good mix of staff through roles such as care staff, care staff team leaders and RNs and that a casual staff pool and agency staff is used to a minimum. The Assessment Team reviewed care minutes and call bell reports which evidenced prompt response times, and that the service was meeting care minute targets.

Consumers/representatives interviewed said all the staff treated them with respect and the staff were very caring and considerate towards each consumer/representative and each consumer's needs. The Assessment Team observed staff treating consumers with care and respect when providing care to consumers during activities, meal services, and general interactions. Management said they monitor staff from feedback provided by more experienced staff members and from consumers.

Management described how staff receive orientation training, annual mandatory training, and complete competencies such as medication, fire and emergency, manual handling, and infection control practices. The Assessment Team reviewed employee records which demonstrated the monitoring of professional registrations and criminal history checks of staff. Kitchen, laundry, cleaning, and maintenance staff interviewed all confirmed they complete the same mandatory training units as clinical and care staff including the Quality Standards, SIRS, and infection control as well as training specific to their role in the service.

Staff interviewed confirmed receiving orientation education, ongoing training, including annual mandatory training, completing core competencies, and felt comfortable requesting additional training, to enhance their performance. Management showed an online training system and training records management system, which ensured management was aware of training completion details for all staff members. Management explained how staff are recruited using a formal recruitment process including interviews, reference checks, visa working rights, police checks, checking the Commission’s Banning Orders Register, and qualification checks. A review of training records with the management team showed annual mandatory training was up to date.

Staff said their performance is monitored through educational competencies and annual performance appraisals and all staff interviewed said they had completed their performance appraisal or had one scheduled. Saff files sighted by the Assessment Team included staff appraisals that were due had all been completed. Management said staff competency is assessed regularly and the service reviews and analyses internal audit results and clinical data to monitor staff practice and competencies.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 7 Human resources at the time of the performance report decision.

# 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

Consumers/representatives interviewed stated they are engaged and supported to be involved in the development, delivery and evaluation of care and services via a range of mechanisms such as care planning reviews, feedback and complaints, resident meetings, consumer surveys and audits and the Consumer Advisory Body (CAB). Management and staff stated they assist consumers/representatives to be involved in various ways such as regular care planning reviews, alerting them to resident meetings, service meetings and assisting them to provide feedback or make complaints. The Assessment Team sighted a range of documents, including care planning documentation detailing regular case conferences, newsletters, internal and external audits, complaints/compliments/feedback registers and the PCI which demonstrated consumer involvement in the delivery and evaluation of consumers’ care and services.

Management described the various ways in which the organisation communicates with consumers/representatives and staff regarding updates on policies, procedures, or changes to legislation. The Assessment Team sighted Board meeting minutes that include agenda items for committee reports; clinical governance; diversity inclusion plan for consumers and employees, and star rating. Management demonstrated a well-equipped, competent management team, and a skilled workforce which can deliver care in a safe and inclusive service environment.

The service has effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. For example:

* Staff confirmed they have access to policies and procedures online via the intranet and the organisation’s web page, and they can access information appropriate to their roles through their individual user accounts. The service has an organisation-wide electronic complaints/feedback, incident, and SIRS management system. These systems provide staff, management and the organisation access to consumer care and service plans, clinical documentation, medication management, policy and procedures, feedback and complaints and incidents.
* Management and the organisation review quality performance data, clinical indicators, and consumers’ feedback, complaints, and incidents to ensure the Quality Standards are being met. Management explained opportunities for improvement are identified through maintaining a current PCI, consumers/representatives’ feedback and key performance indicator reporting. Management captured items raised by the Assessment Team during the Site audit including more detailed agency checklists and Jewish Care specific orientation, closing the loop and providing updates and outcomes for all complaints raised, reviewing room temperatures and door gaps in consumer’s rooms.
* Management advised there are processes in place to apply for and receive additional funding where a purchase may be excessive or out of the ordinary. The service has a special budget under the CEOs delegation for discretionary spending for items to improve consumer’s quality of life such as celebratory meals and gifts for special occasions. The organisation has a delegation of authority framework that was sighted by the Assessment Team.
* The organisation has a suite of resources to inform staff and management regarding workforce expectations, requirements, roles, and responsibilities. The Assessment Team reviewed detailed position descriptions for a range of workforce positions including RNs and care staff.
* The Assessment Team reviewed policies and procedures relating to open disclosure, restrictive practice, SIRS, feedback and complaints management, culture and diversity inclusion, and clinical governance. All documents reviewed reflected the relevant legislative requirements and included the date. Management advised there are various methods utilised for communicating changes to the staff at the service including monthly quality meetings, business, clinical and safety alerts.
* Management was able to describe the policies and processes for the resolution of complaints and a review of the complaints/feedback register demonstrated they were following the policies and procedures and always including the use of open disclosure.

Consumers/representatives said consumers are supported to take risks, with benefits and possible harm discussed with them to enable an informed decision. Management confirmed they analyse incidents and identify issues and trends, and these are reported at the various governance meetings and the Board leading to improvements in care and services for consumers. Staff and management were able to demonstrate how they identify, assess, and manage high impact and high prevalence risks for the safety and well-being of each consumer. Staff and management demonstrated a shared understanding of what constitutes elder abuse and neglect and its inclusion within the SIRS. The Assessment Team reviewed the SIRS register which showed timely reporting of incidents, investigations and individualised actions taken for consumers to reduce recurrence of incidents. T

The Assessment Team sighted Dignity of Risk forms which confirmed consumers are supported to take risks following a discussion of risks and strategies to mitigate such risks involving consumers and their representatives. Management demonstrated the use of an incident management system which captures risks for all consumers including medications, mobility, diabetes, behaviour management, wounds, pressure injuries and complex care.

The service has an effective clinical governance framework in relation to antimicrobial stewardship, minimising the use of restraint, and open disclosure. For example:

* Staff interviewed were able to describe the infection control procedures implemented to minimise the spread of infectious diseases including gastroenteritis and COVID-19 in line with the service’s outbreak management plan and infection prevention and control processes. Management stated, and staff confirmed, multiple education sessions have been provided to staff in relation to infection prevention and control of infectious diseases such as handwashing and donning/doffing competencies.
* Management utilises a psychotropic medication register to monitor consumers subject to chemical restrictive practices. The Assessment Team sighted the psychotropic register which demonstrates these reviews are completed. Staff were able to describe in detail how the service manages restrictive practices and where the relevant documentation, such as BSPs are in the consumer’s care planning documents.
* Management advised an open disclosure policy procedure is available to guide staff practice. The Assessment Team reviewed the feedback register which confirmed all feedback and complaints were actioned appropriately and dealt with in a timely, open, and transparent manner and consumers/representatives were notified of the outcomes and provided with an apology.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 8 Organisational governance at the time of the performance report decision.

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