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: | Assessment contact (performance assessment) – site |
| Activity date: | on 3 October 2023 |
| Performance report date: | 10 November 2023 |
| 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 N 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 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

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| Standard 4 Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Consumers and representatives were satisfied with the variety and quantity of food provided at the service, plenty of choices were available with consumers able to request alternatives if they prefer something different than what’s included on the menu.

Feedback about food is routinely sought by conversations with consumers and through the fortnightly food focus meetings. Consumer and representative meetings and governance meetings are also held monthly where food is a standing agenda item. Clinical staff and management explained consumers weight is recorded monthly and described the reporting and referral to dietician process when consumers lose weight.

The Assessment Team reviewed consumer records which include general diet forms and care plans demonstrating weight trends as well as food focus meeting minutes. Management explained the service has introduced fine dining experiences, monthly barbeques, and high teas to improve consumers enjoyment of food. Kitchenette pantries and fridges were observed to contain a variety of snacks and drinks for consumers to access.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 4(3)(f).

# Standard 6

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| --- | --- | --- |
| Feedback and complaints | |  |
| 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

Most consumers and representatives were satisfied with the actions taken in response to complaints. Management and staff described the open disclosure process when handling complaints, including working collaboratively with consumers and representatives and apologising when necessary.

The Assessment Team reviewed the feedback and complaints register and noted all complaints were closed. Management explained the process of addressing, escalating, analysing, communicating, and implementing solutions. Complaints were categorised and triaged according to the severity of risk and nature of complaints. All complaints and feedback are reviewed internally by the investigation and risk committee of Jewish care. The review of resident meeting minutes demonstrated that not all feedback received in the meeting was entered in the feedback register, management acknowledged this and committed to including minor complaints in the feedback register even if resolved immediately.

Management explained they actively monitor feedback and complaints received in written form, verbally and by email. Feedback and complaints are immediately entered into the electronic management system and actioned, analysis of feedback and complaints data is used to drive continuous improvement and is recorded appropriately. Examples of improvements were noted to include staff recruitment, food service delivery, and improvements to the Wi-Fi network and book borrowing process.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement’s 6(3)(c) and 6(3)(d).

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