Performance

Report

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| Name of service: | mecwacare Jubilee House |
| Service address: | 52 Northcote Avenue CAULFIELD NORTH VIC 3161 |
| Commission ID: | 3537 |
| Approved provider: | MECWA |
| Activity type: | Site Audit |
| Activity date: | 6 February 2023 to 10 February 2023 |
| Performance report date: | 23 March 2023 |

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 mecwacare Jubilee House (**the service**) has been prepared by M. Nassif, 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; 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.
* The provider’s response to the assessment team’s report received 27 February 2023.
* Other information and intelligence held by the Commission in relation to this service.

# 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 said consumers were valued as an individual, and treated with dignity and respect. Staff explained assessment and planning processes helped them to understand consumers’ life stories, and guided the delivery of appropriate care and services. Care planning documents included information about culture, diversity and identity of consumers, which staff demonstrated awareness of, for example by calling a consumer by their preferred name.

Consumers and representatives confirmed consumers’ culture was respected by the service. Staff explained how they provided culturally safe care and services, consistent with strategies in care planning documents. The service’s diversity policy and plan set out staff expectations in providing culturally safe care, and services available to support consumers from diverse backgrounds.

Consumers and representatives said are given choice about how and when care is provided, and their choices are considered and respected by staff. Management and staff explained they supported consumers to make decisions, be independent, and maintain relationships. This information was contained in care planning documents.

Management and staff explained they supported consumers to take risks, through assessment and discussions with consumers and representatives and this was reflected in care planning documents. Consumers described how the service supported them to take risks. The service had a dignity of risk policy outlining the service's support of independence, including exercising choice when consumers participated in activities that are risky.

Consumers confirmed they received information in a way which helped them to make informed decisions. Staff said they provided easy to understand information to support the diverse needs of consumers, for example, using visual aids such as whiteboards, and speaking slowly. Information such as menus and activity schedules were displayed on noticeboards throughout the service.

Consumers and representatives said, and observations confirmed, consumers’ privacy was respected by staff. Staff said they maintained the confidentiality of consumers’ personal information by holding conversations such as shift handovers in private. Observations confirmed consumers’ personal information was securely stored through password protected electronic records management.

# 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 and representatives expressed satisfaction with the assessment and planning processes. Management and staff explained assessment and planning processes considered risks to ensure consumers received appropriate care and services. Care planning documents confirmed risks were assessed, with strategies in place to help staff deliver safe, effective care and services.

Management and staff said advance care and end of life planning conversations were held with consumers and representatives during admission to the service or followed up if consumers and representatives wished to discuss the topic at a later time. Care planning documents confirmed consumers’ needs, goals, and preferences, including end of life wishes, were documented.

Care planning documents demonstrated involvement of consumers, representatives, and other providers of care and services in assessment and planning processes. This was consistent with feedback from consumers and representatives. Staff explained how they actively collaborate with consumers, representatives and other providers of care to ensure quality care is provided.

Consumers and representatives considered the service kept them up to date about the outcomes of assessment and planning processes. Progress notes confirmed staff updated consumers and representatives about changes to care plans through telephone calls, in person feedback, and emails. Management said consumers could request a copy of the care plan if required, consistent with consumers feedback.

Consumers and representatives said they were informed of any changes or incidents requiring an updated care plan assessment and review. Care planning documents confirmed care and services were reviewed every 2 months, or as required, to ensure consumers’ needs, goals, and preferences were being met, in line with the service’s policies.

# 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 considered consumers received safe, effective personal and clinical care which met their needs, and optimised consumers’ health and well-being. Care planning documents demonstrated consumers received safe, best practice personal and clinical care, which was tailored to consumers. Restrictive practices were appropriately managed in accordance with legislative requirements, as evidenced in care planning documents.

Management and staff explained, and documentation confirmed, high impact or high prevalence risks to consumers was identified and managed in various ways. Consumers and representatives said the service is adequately managing risks to consumers' health.

Management explained staff were guided to provide comfortable, dignified care for consumers nearing end of life, for example, using a checklist to ensure regular repositioning, oral and eye care, and pain management were undertaken. Care planning documents demonstrated a consumer nearing end of life was supported in a comfortable and dignified manner, as confirmed by representative feedback.

Staff explained they monitored signs related to deterioration, such as changes to mood and behaviour, appetite, and mobility. Care planning documents demonstrated deterioration or changes to consumers’ mental health, cognitive or physical condition were identified and responded to in a timely manner. Consumers and representatives said the service is responsive to consumers’ care needs.

Management and staff described consumers specific care needs which was consistent with care planning documents and demonstrative of effective communication within the service. Observations and care planning documents confirmed staff recorded and shared information about consumers care needs. Others responsible for the care of consumers, such as allied health professionals, were notified about consumers conditions through a communication book.

Care planning documents and progress notes confirmed consumers were referred to individuals, organisations, or other providers of care and services in a timely and appropriate manner. This was consistent with feedback from consumers and representatives.

Staff feedback and documentation confirmed the service minimised infection related risks, including resistance to antibiotics. Staff were observed to be following practices to minimise infection related risks, such as wearing appropriate personal protective equipment. Consumers and representatives said they were satisfied with the service’s cleanliness, management of COVID-19 precautions and other infection control practices.

# 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 considered consumers were provided services and supports for daily living, which helped them do the things they wanted to do. Staff explained what is important to consumers and what they like to do, and this aligned with the information in care planning documents. Consumers were observed participating in a wide range of activities.

Consumers said their emotional, spiritual, and psychological well-being needs were being met, and they were supported to keep in touch with family and friends for comfort and emotional support. Staff provided examples of the various ways they supported consumers’ well-being. The lifestyle activity schedule demonstrated activities to support spiritual and emotional well-being is available.

Staff described how they support consumers to participate in the community or engage in activities of interest to them. Consumers and representatives confirmed consumers were supported. Care planning documents contained information consistent with examples provided by consumers, representatives and staff such as people of importance to the consumer, activities of interest, and ways staff could support them.

Consumers and representatives indicated information about consumers’ condition, needs, and preferences was effectively shared within the service and others responsible for care. Management and staff described ways in which information is shared to help with the delivery of care and services. Care planning documents provided adequate information to support safe and effective care as it relates to services and supports for daily living.

Care planning documents evidenced referrals were completed in a timely and appropriate manner to meet consumers diverse needs. This was consistent with feedback from consumers. Staff described individuals, organisations and providers of other care and services and specific consumers who utilised these services.

Consumers considered meals were of suitable quality and quantity, with their preferences and dietary requirements met. Staff explained the menu was developed in consultation with consumers and reviewed by dieticians, to ensure meals were meeting consumers’ needs, as confirmed by meeting minutes. Care planning documents reflected dietary needs and preferences.

Equipment was observed to be clean and well maintained, consistent with consumers’ feedback. Staff confirmed they had access to equipment and resources required to support consumers. The service’s maintenance schedule demonstrated equipment relevant to lifestyle and daily living activities were regularly serviced or fixed.

# 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, and observations confirmed, the service environment was welcoming, easy to navigate, and enhanced consumers sense of belonging. The service environment was observed to have sufficient lighting, handrails, and signage to help with consumers interaction and function.

Consumers and representatives said the service environment was safe, clean, and well maintained, and consumers were able to move around freely. Staff explained they followed a daily cleaning schedule to ensure the service environment was safe and clean, minimising the risk of infections. Management and staff said, and documentation confirmed, monthly audits were undertaken to ensure the service environment was cleaned.

Maintenance documentation evidenced faults and scheduled maintenance was completed in a timely manner. Consumers were observed using a range of equipment in good condition, such as walking frames, wheelchairs, standing machines and hoists. Staff described how cleaning of personal equipment is managed.

# 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 and representatives confirmed they knew how to provide feedback and complaints, and were comfortable raising matters with staff and management. Staff described how they helped consumers and representatives provide feedback, consistent with the service’s procedures and policies. Feedback forms and information how to make a complaint was observed displayed throughout the service.

Management and staff demonstrated knowledge of external advocacy services to assist consumers. Staff explained how they supported consumers with language barriers to provide feedback and make a complaint, such as contacting interpreter services. Information on advocacy, language services and external complaints mechanisms was observed displayed throughout the service.

Consumers and representatives considered the service took appropriate action when addressing feedback and complaints, apologised, and kept consumers and representatives informed. This was consistent with documentation. Management and staff demonstrated an understanding of open disclosure. Staff were guided to respond to complaints in a timely and open manner through policies, procedures, and training.

Consumers and representatives reported that their feedback is used to improve services. Management explained feedback and complaints were reviewed to improve care and services, as evidenced in meeting minutes, and the service’s continuous improvement plan (CIP). For example, as demonstrated on the CIP, improvements to care and services included a walking group based on consumer feedback.

# 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 said at times there were not enough staff, however, did not identify any impact to the delivery of personal and clinical care and services. Staff rosters evidenced the workforce was appropriately planned with the right mix of staff to support the delivery of safe, quality care and services. Staff rosters confirmed shifts were filled, and data demonstrated consumers’ call bells were responded to in a timely manner.

Staff were observed to treat consumers in a kind, caring manner, with respect to their identity, culture, and diversity, consistent with consumers’ feedback. The service’s diversity and inclusion policy set out expectations for staff to provide culturally safe care.

Management said they ensured staff were competent and had the right qualifications and knowledge to effectively perform their roles through induction processes, training, duty lists, clear position descriptions outlining responsibilities, and pairing new starters with an experienced staff member. Human resource documentation confirmed the service had a system in place to monitor staff qualifications, registrations, and checks. Consumers and representatives said staff know what they are doing.

Staff confirmed they were supported by policies and training to guide them in the delivery of safe, quality care and services. Training records confirmed staff had completed mandatory training. Consumers and representatives said they feel staff are competent and qualified to do their job and did not identify any areas where staff need more training.

Management said, and human resource documentation confirmed, staff performance was regularly monitored and reviewed through annual performance appraisals. Staff described the annual performance appraisal process and the outcome of their last performance appraisal.

# 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 and representatives said they were engaged in the development, delivery and evaluation of care and services. This was confirmed in documentation such as meeting minutes and the CIP.

Documentation demonstrated the organisation’s governing body was accountable for the delivery of safe, inclusive care and services through policies, procedures, tools, and clear reporting lines. Management explained the service monitored performance against the Quality Standards through internal audits, reviewing clinical data, meetings, reports, and policies.

Management and staff described processes and policies in place for effective organisation wide governance systems. This was consistent with documentations. For example, staff described how information was stored using the electronic records management system to help guide the delivery of care and services, and to protect consumer confidentiality, consistent in with the service’s policies, procedures, and training.

The service had frameworks, policies, guidelines and tools to support the management of various risks. Staff identified and explained how they managed risk at the service, consistent with policies and procedures. Documentation demonstrated consumers were supported to live their best life through consultation and risk assessment processes, referrals, and staff training. Documentations confirmed staff applied risk management policies into daily practice, indicative of an effective risk management framework.

The service had frameworks, policies and guidelines around antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff demonstrated knowledge of the service’s policies and procedures relevant to the clinical governance framework, and were able to explain how they would apply them in daily practice.

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)