Performance

Report

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| Name: | mecwacare Jubilee House |
| Commission ID: | 3537 |
| Address: | 52 Northcote Avenue, CAULFIELD NORTH, Victoria, 3161 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 3 April 2024 to 4 April 2024 |
| Performance report date: | 22 April 2024 |
| Service included in this assessment: | Provider: 964 MECWA  Service: 27653 mecwacare Jubilee House |

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 L. Malone, 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.
* the provider’s response to the assessment team’s report received 19 April 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives were satisfied consumers’ personal privacy is respected and their information is kept confidential. Management and staff described processes to ensure information is only shared or accessible to those authorised including the use of password protection and ensuring consent whenever sharing information about a consumer. Staff also described how they ensure the care delivered is respectful and dignified.

I have considered the evidence in the Assessment Contact report, as summarised above, and I find Requirement 1(3)(f) to be Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |

Findings

The service demonstrated effective processes to identify and manage high-impact, high-prevalence risks to consumer wellbeing through internal audits of care, incident reports and consumer assessment information. Consumers and representatives described receiving having confidence in the skills of staff to manage risks to their wellbeing and provide safe care.

Examples presented in the Assessment Contact report describe effective management of risks related to falls, changed behaviours, skin integrity, catheter management and other high-impact, high-prevalence risks. For consumers with changed behaviours related to dementia, the Assessment Team found evidence of individualised behavioural support planning, evidence of monitoring of risks related to behaviour change, monitoring of effectiveness of strategies implemented, and appropriate referrals to specialist medical and dementia specific services. For consumers receiving catheter care, they described receiving regular safe and quality care and felt confident staff understood and managed risks such as those related to hygiene and infection risks. In the management of falls, consumers were found to have multidisciplinary involvement such as nursing and physiotherapist assessment and recommendations implemented, and evidence in the Assessment Contact report supports a finding that these strategies are effective in reducing the frequency of falls. In the management of skin integrity, care documentation demonstrated strategies to prevent injury are in place and consumers reported the care delivered to them by staff is in line with these planned preventative strategies. The service has policies which support effective management of high-impact, high-prevalence risks.

Consumers and representatives were satisfied the service appropriately identifies and responds to changes in a consumer’s condition in a timely manner. Care documentation reviewed by the Assessment Team provides evidence of staff taking appropriate and timely actions in response to identified changes, and staff described how they recognise change, how they assess for signs of deterioration, communicate the change and seek additional care of support such as medical in-reach services, and how they adapt care to meet the changed needs of a consumer or support recovery. The service has guidelines to support the identification and management of clinical deterioration and is supported by local external care providers such as medical practitioners or the local hospital.

I have considered the evidence presented in the Assessment Contact report, as summarised above, and I find Requirement 3(3)(b) and 3(3)(d) to be Compliant.

# 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)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Consumers and representatives provided feedback consumers are encouraged to pursue activities of interest and one consumer expressed appreciation for the way staff recognised her social preferences and engaged with them. Staff demonstrated knowledge of individual consumer’s goals and interests, and described how they provide supports which are tailored to the consumer, and how consumer feedback is used to design the service’s schedule of activities and social events such as bus outings, pet therapy and musical entertainment. The Assessment Team observed consumers participating in a range of activities and consumers of varying cognitive and physical abilities being supported by to participate.

Consumers and representatives were satisfied with the quality and quantity of food. The service has processes to assess and document consumer’s dietary requirements and food preferences. Information is documented in the consumer’s electronic care record as well as being stored in the kitchen and made accessible to staff at the point of meal preparation and delivery. Information is kept current and communicated to relevant staff during daily handover meetings. Staff were knowledgeable about consumer dietary requirements and preferences and described supporting consumer’s choices. The service holds food focus meetings for consumer and representatives to provide feedback and input into the planned menu.

I have considered the evidence presented in the Assessment Contact report, as summarised above, and I find Requirements 4(3)(a) and 4(3)(f) to be Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Consumers and representatives were satisfied with the cleanliness of the service environment and said it is well maintained and consumers are able to move freely and can access outdoors when they wish. Staff described their role in maintaining a safe and clean environment including cleaning schedules, identifying and reporting hazards, and a schedule of preventative and reactive maintenance. The Assessment Team reviewed maintenance records and found those related to consumer safety to be completed in a timely manner. The Assessment Team observed the service environment to be clean, well-lit and accessible for consumers with varied mobility or other support needs. Consumers were observed to be moving freely around the service independently or with the assistance of staff.

The Approved Provider submitted a response (the response) to the Assessment Team Report confirming observations and further evidence of the organised and timely approach to maintenance requests.

I have considered the evidence presented in the Assessment Contact report, as summarised above, and I find Requirement 5(3)(b) to be Compliant.

# 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 |

Findings

Consumers and representatives said they are satisfied appropriate action is taken in response to their feedback; some provided examples of complaints they had raised, and the actions taken by the service to resolve their concerns. Management provided examples of trends identified through consumer feedback and actions taken at the service level to improve care delivery to consumer satisfaction. The service demonstrated evidence of applying an open disclosure process when handling complaints, and staff described working collaboratively with consumers and representatives to resolve issues and apologising to consumers when things go wrong. The Assessment Team reviewed the service’s documented feedback register, which included compliments, suggestions, and complaints, and found feedback is acknowledged, and actions are taken to rectify the issues raised. Management said complaints are closed when the complainant is satisfied with the resolution.

The response provided additional confirmation around recent complaints resolution and evidence of completion of proposed actions to ensure consumer and representative satisfaction with outcomes. The service has also commenced additional training for staff around open disclosure principles.

I have considered the evidence presented in the Assessment Contact report, as summarised above, and I find Requirement 6(3)(c) to be Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service has an effective risk framework and practices to support the management of high-impact, high-prevalence risks to consumer wellbeing at an organisational level, promotes the right of consumers to live their best lives, prevents abuse and neglect and includes an incident management system. Risks are identified, reported and reviewed by the governing body and the service has a subcommittee with oversight of the safety and quality of care delivered. The service identified the prevention of falls and changed behaviours as high-impact, high-prevalence risks and demonstrated these are effectively monitored, investigated and reviewed, and risks are addressed at the level of the governing body. Staff said they had participated in training in identifying and preventing abuse and neglect, and training in incident reporting. The Assessment Team found management reviews all incidents, including those identified as serious incidents and reported to the Serious Incident Response Scheme (SIRS) and documentation viewed by the Assessment Team demonstrated timely reporting and follow-up.

I have considered the evidence presented in the Assessment Contact report, as summarised above, and I find Requirement 8(3)(d) to be Compliant.

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