Performance

Report

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| Name of service: | Randwick Montefiore Home |
| Service address: | 36 Dangar Street RANDWICK NSW 2031 |
| Commission ID: | 0722 |
| Approved provider: | Sir Moses Montefiore Jewish Home |
| Activity type: | Site Audit |
| Activity date: | 19 October 2022 to 21 October 2022 |
| Performance report date: | 28 November 2022 |

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 Randwick Montefiore Home (**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.

# 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 are treated with dignity and respect, and their identity, culture and diversity is appreciated and valued. Staff explained they show respect to consumers by acknowledging their choices, and investing time to understand consumers’ background, life history and needs. Care planning documents reflected the diversity, background and personal preferences of consumers.

Consumers said the service delivers care and services in a culturally safe manner. Staff know which consumers are from culturally diverse backgrounds and ensure each consumer gets the care described in their care plan. Care planning documents included consumers’ cultural needs and preferences.

Consumers stated they exercise choice and independence concerning their care. Management and staff described how they support consumers to make choices, maintain independence and relationships of choice. Care planning documents identified consumers’ individual choices around how and when care is delivered, who is involved in their care and how the service supports them in maintaining relationships that are important to them.

Staff said they are aware of the choices of consumers, and said they support consumers’ wishes to live the way they choose. Staff also stated that strategies are in place to mitigate risks to consumers. Consumers described how the service supports them to take risks.

Consumers reported they are kept updated by management on any changes via the service’s newsletter, which is sent by email. Information available to consumers to help them exercise choice was observed, and that the information was clear and easy to understand.

Staff and management described the practical application of the service’s approach to consumers’ privacy, which includes knocking on doors and asking permission prior to entering, closing doors, helping consumers to protect their log-in credentials when using technology, being careful of where and how consumer information is displayed, and other practices. Observations confirmed the service has protocols in place to protect consumer privacy. Consumers also reported that the service respects their privacy.

# 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

Care planning documents evidenced the service uses assessment and planning to inform delivery of safe and effective care and services. This included considering risks to the consumer’s health and well-being. Consumers corroborated this finding, stating that they receive the care and services they need. Staff reported that the assessment and care planning process includes initial assessment and planning on admission and at regular intervals thereafter.

Care planning documents evidenced assessment and planning identified and addressed consumers’ current needs, goals and preferences, including advance care planning and end of life planning, per consumers’ preferences. The service had policies and procedures regarding advance care planning, palliative and end of life care that was understood by staff.

Care planning documents showed the involvement of a diverse range of external providers and services in consumers’ care. Consumers know who is involved in their care and staff understood the importance of consumer-centred care planning and actively collaborate with consumers, representatives, and other providers of care to ensure quality care is provided.

Consumers said they feel the service maintains good communication with them, particularly concerning clinical matters and changes in care and medication. Management explained when care planning documents are reviewed, they are done so in consultation with representatives and consumers and a copy of care planning documents will be given to them.

Care planning documents evidenced reviews occur every 4 months and when there is a change in circumstances, such as a deterioration, fall or change in skin integrity. Management and clinical staff could describe how and when consumer care plans are reviewed.

# 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

Care planning documents evidenced safe and effective personal and clinical care that is consistent with good practice, is tailored to meet the needs of consumers, and optimises consumers’ health and wellbeing. Consumers advised they receive safe and effective personal care. Management and staff demonstrated that the personal and clinical care provided is consistent with good practice. The service had policies and procedures readily available for staff for key areas of care including restrictive practice, pain management and wound management.

Review of reports evidenced the service identified high-impact and high-prevalence risks and effectively manages those risks through regular clinical data monitoring, trending and reporting, and implementation of suitable risk mitigation strategies for individual consumers. Consumers and representatives said they are satisfied with the management of high-impact and high-prevalence risks. Staff described how to effectively manage high-impact or high-prevalence risks.

Care planning documents showed an in-place advance care plan and records of discussions with representatives regarding palliative care. Consumers and representatives expressed satisfaction about how the service provides care nearing end of life. Staff were knowledgeable about palliative care and maximise the comfort of consumers towards end of life.

Care planning documents and progress notes showed the service identified and responded adequately to deterioration or changes in consumers’ condition. Feedback from consumers corroborated this finding. Clinical staff demonstrated how deterioration is recognised, responded to, documented and monitored at the service.

Staff described how information is shared when changes occur through staff meetings and handover. Care planning and handover documents showed staff effectively and appropriately share consumers’ information to support care.

Care planning documents and progress notes showed that medical officers and other allied health professionals were involved in consumers’ care as needed. Consumers and representatives interviewed said referrals are timely and appropriate, and consumers have access to a range of health professionals. Management and clinical staff described how the care at the service is supplemented by other providers of care.

Consumers reported that staff in the service implemented precautions to prevent and control infection. Staff demonstrated how infection related risks are minimised at the service. The service environment was observed to be clean, with infection control equipment throughout.

# 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 the service supported them to participate in activities they like, and that they receive appropriate support to optimise their independence and quality of life. Staff explained what is important to consumers and what they like to do, and this aligned with information in care planning documents.

Consumers said the service supports their emotional, spiritual and psychological wellbeing, including helping them connect with family or friends for comfort and emotional support. Staff advised that consumer’s emotional, social and psychological needs can be supported in various ways including facilitating connections with people important to them through technology, pastoral care and lifestyle staff support, church and religious services, and referrals to external emotional and psychological support specialists.

Consumers and representatives indicated consumers are supported to participate within and outside the service, keep in touch with people who are important to them and do the things of interest to them. Staff know which activities specific consumers undertake outside the service, and support them to participate in their chosen activities, and in the community more broadly.

Consumers said the service effectively communicated information about their preferences, needs and condition among staff responsible for their care. Staff corroborated this information by demonstrating their knowledge of consumer preferences. Care planning documents included adequate information to support safe and effective activities of daily living.

Consumers sampled said they are supported by external organisations, support services and providers of other care and services. Staff explained that they engage external providers to enhance consumers' experience at the service and care planning documents and internal processes showed the service has access to a range of providers, which it engages quickly as required.

Consumers and representatives said they were satisfied with the variety, quality and quantity of food being provided at the service. Consumers reported they are given a choice for each meal, and they are able to request alternative options such as sandwiches or salads if they do not like the menu items on a given day. Staff explained how consumer preferences are incorporated into the seasonal menu and how feedback is used to inform the development of the menu.

Consumers reported accessing mobility aids, shower chairs, manual handling and other equipment, to assist them with daily living. Staff said they have access to equipment when they need it and the equipment is safe, clean and well-maintained.

# 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 is welcoming and creates a sense of belonging. This was consistent with observations. Management and staff described aspects of the service environment that make consumers feel welcome and optimises their independence, interaction and function.

The service had processes in place to ensure the service environment is safe, clean, well maintained, comfortable, and enables consumers to move freely, both indoors and outdoors. Consumers were observed in the various seating areas within and outside of the service. Maintenance staff advised they are required to carry out service safety inspections and staff are encouraged to identify and report safety and hazard issues.

Furniture, fittings and equipment were observed to be safe, clean, well maintained and suitable for consumers. This was consistent with feedback from consumers. The service had a robust planned preventative maintenance schedule.

# 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 said they understood how to provide feedback or make a complaint and said they felt comfortable filling out feedback forms or approaching staff directly. Management and staff described the processes in place to encourage and support feedback and complaints. Information about how to make complaints and feedback forms and boxes were observed to be displayed around the service.

Consumers and representatives reported they are aware of and have access to advocates, language services and other methods for raising and resolving complaints. The service had information and brochures available in different languages about advocacy services.

Consumers and representatives confirmed the service responds to incidents and resolves complaints appropriately. Staff demonstrated open disclosure and knew the value of apologising to consumers if something goes wrong. The service had a feedback and complaints policy and procedure and an open disclosure policy and procedure which guides staff in documenting, investigating, resolving and evaluating feedback and complaints made by consumers and representatives.

Management described complaints and the actions taken in response, as well as how feedback and complaints have been used to drive continuous improvement across the service. The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives. Consumers and representatives reported that their feedback is used to improve services.

# 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

Most consumers advised that care delivery is good, however, noted that there is not enough staff but did not specify any impact on their care. Management advised the service has a rostering system that ensures there is enough staff to provide safe and quality care. A review of staff rosters, unplanned leave and allocation sheets of the month prior to assessment showed that over 98% of shifts were filled.

Workforce interactions with consumers was observed to be kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers and representatives reported that staff are kind, caring and gentle when providing care.

Consumers said staff perform their duties effectively, and they are confident that staff are sufficiently skilled to meet their care needs. Staff said they are confident the training provided has equipped them with the knowledge to carry out care and services for consumers. The service had position descriptions for clinical and care staff that described the required training, competencies and experience required for the positions.

Consumers believe staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff said the service provided mandatory, required and recommended training to support them to provide quality care. However, 2 consumers provided feedback indicating manual handling training is not effective and provided experiences of staff being rough during manual handling. Training records show that the service issued training in response to complaints about manual handling which all staff have completed.

Staff outlined how their performance is monitored through annual performance appraisals. Management described the performance appraisal process where staff complete a formal discussion with their manager.

# 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 satisfied with how the service is managed, that they feel like they are involved in their own care, and they are supported to be a partner in their own care. Management said consumers are able to provide feedback on the delivery of care and services through feedback forms, monthly consumer meetings, 4-monthly care plan reviews and verbal conversations with staff or management.

Management described the role the board and clinical sub-committees play in ensuring safe and quality care is delivered within the service and provided examples. Management said every month, the quality of safety and risk committee team, a combination of Board representatives and senior management, review quality indicator reports. Reports of trends, concerns or significant incidents are reviewed, and recommendation on actions are formulated. The report is then reviewed by the governing Board.

The service had effective organisation-wide governance systems relating to information management; continuous improvement; financial governance; workforce governance; regulatory compliance; feedback and complaints. For example, management said the quality and compliance department monitor any legislative changes and communications are then circulated to the senior leadership team and then to relevant staff. Management said that regulatory changes are part of the standing agenda item on all monthly leadership team meetings.

The service had effective risk management systems and practices, including the ability to: manage high impact or high prevalence risks associated with the care of consumers; identify and respond to consumer abuse and neglect; support consumers to live the best life they can; and manage and prevent incidents. Staff demonstrated an applied understanding of the high impact and high prevalence risks associated with the care of consumers, and safeguards to guard against identified risks in line with best practice.

The service had a clinical governance framework, including antimicrobial stewardship; minimising use of restraint; and open disclosure frameworks; and others as appropriate. Staff demonstrated an applied understanding of the framework.

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)