Performance

Report

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| Name of service: | Woollahra Montefiore Home |
| Service address: | 23 Nelson Street WOOLLAHRA NSW 2025 |
| Commission ID: | 0264 |
| Approved provider: | Sir Moses Montefiore Jewish Home |
| Activity type: | Site Audit |
| Activity date: | 17 April 2023 to 19 April 2023 |
| Performance report date: | 25 May 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 Woollahra Montefiore Home (**the service**) has been prepared by G.Hope-Simpson, 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.
* other information and intelligence held by the Commission in relation.

# 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 said they were treated with dignity and respect and felt valued at the service. Staff described how consumers’ culture and preferences influenced the way care and services were delivered, such as facilitating activities that were culturally important to consumers. Care planning documents captured information on consumers’ background, identity and culture to guide staff practice.

Consumers and representatives said their culture and diversity was valued, staff respected their individual backgrounds and delivered culturally safe care and services. Management advised members of the workforce were trained in the delivery of culturally safe care, which is especially pertinent as the majority of consumers at the service are of Jewish faith and cultural background.

Consumers said they were supported to exercise choice and independence in the way care was delivered, and to maintain connections and relationships of choice. Staff were familiar with consumers preferences, as outlined in care plans. Management advised as the service is a ‘low-care’ setting, most consumers were independent.

Consumers said they were supported to take risks which enabled them to live their best lives. Staff described how they followed risk assessment strategies, and assessments were conducted with the consumer, representatives, and allied health professionals. Staff were supported with a comprehensive dignity of risk procedure. Reviewed dignity of risk assessments showed consumers were supported to make informed decisions, such as self-administering medication.

Consumers and representatives were provided information that was accurate, current and easy to understand, and enabled them to exercise choice. Staff described ways in which information was provided, including for consumers who may have difficulty communicating or living with cognitive impairments.

Consumers said their privacy was respected, expressed confidence in the service to protect their personal information, and described staff practices such as knocking on doors prior to entry and closing the door during provision of personal care. The service’s policy guided staff on the expectations of consumers 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

A comprehensive assessment and care planning process was undertaken when consumers entered the service, to identify their needs, goals and preferences. Staff described how assessments informed delivery of safe and effective care. Care plans reflected what was important to consumers concerning how their care was delivered, and advance-care and end-of-life planning were included if the consumer wished.

Care planning documents, progress notes and case conference documentation, evidenced partnership and input from the consumer and representative, medical officers, and other allied health professionals.

Consumers and representatives said staff explained information about care and services, that they could access a copy of the consumer's care and service plan when they wanted to and that they knew how to do so. Staff described processes for documenting and communicating outcomes of assessments.

Documentation indicated care plans were reviewed every 4 months, and in response to changes in conditions, or incidents. This corroborated with consumer and representative feedback. Staff understood the care plan review process.

# 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 said they received safe and effective care tailored to their needs which optimised their health and well-being. Staff were guided by policies and procedures to provide care that was best practice. Policies and procedures were in place to guide delivery of care, including for restrictive practices, falls prevention, skin integrity, and pressure injuries.

Care planning documents identified high-impact, high-prevalence risks were usually effectively managed by the service, and strategies implemented to minimise risks. However, although clinical indicators were reviewed to support effective management of high-impact or high-prevalence risks for consumers, the Assessment Team found deficits regarding medication incidents involving one registered staff member. As service management had an appropriate response to the matter and given the lack of consumer impact and overall consumer satisfaction with how risks were managed, the Assessment Team were satisfied the service complied with Requirement 3(3)(b).

Although at the time of the Site Audit, no consumers were receiving end-of-life care, the needs, goals and preferences of consumers who were nearing end-of-life were documented in care plans. Staff described the way care delivery changed for consumers nearing end-of-life. Management said an in-house social worker also provided support for consumer’s end-of-life pathway.

Staff described how they recognised and responded to deterioration or changes in consumers’ conditions, including in relation to pain. Care planning documents reflected the identification of and response to, deterioration or changes in consumers’ condition and health status, including in relation to weight loss, cognitive and physical function. Information was shared through shift handover, progress notes, incident reports, and feedback from the consumers themselves.

Information about consumers conditions, needs and preferences were documented and effectively communicated with those involved in the care of consumers. Progress notes and care and service plans provided adequate information to support effective and safe sharing of the consumer’s information to support care.

Care planning documents evidenced the service made appropriate referrals to other providers or organisations in a timely manner. This reflected feedback from consumers.

Consumers and representatives were satisfied with the service’s management of infection control practices especially during COVID-19. The service had an Infection Prevention Control (IPC) Lead, and policies and procedures to guide staff. The IPC lead confirmed the service had sufficient stock of Personal Protection Equipment (PPE) and antiviral medications in the event of an outbreak.

# 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 were generally satisfied they received safe and effective supports and services for daily living that met their needs, goals and preferences. Staff were familiar with consumers’ needs and preferred activities. Care planning documents identified consumers’ choices and provided information about the services and supports consumers needed to do the things they enjoyed. The lifestyle activities calendar for the month of the site audit showed activities including a happy hour, bingo, bus outings and the weekly Shabbat service on Fridays.

Consumers felt supported to maintain social, emotional, and spiritual connections which were important to them. Staff described additional support provided for consumers experiencing a change in mood, such as offering support and talking to consumers who were feeling low. Care planning documentation contained information and strategies to support consumers’ emotional and spiritual well-being. The service’s in-house social worker provided emotional and psychological support for consumers.

Consumers were supported to participate within and outside the service environment, keep in touch with people important to them, and do things of interest. Care planning documents evidenced consumers participated in the community, pursued their interests, and maintained personal and social relationships.

Information about each consumer’s condition, needs and preferences was communicated within the organisation, and with others where responsibility for care was shared. Consumers felt confident information was adequately communicated. Staff confirmed any changes to the condition, needs and preferences of the consumers was communicated through handovers and recorded in the electronic care management system (ECMS).

Care planning documents evidenced timely and appropriate referrals were made to individuals, other organisations and providers of other care and services to support consumers’ lifestyle and emotional needs. Lifestyle staff confirmed they used volunteer organisations to connect consumers to their community. The Assessment Team observed a Rabbi visiting the service for Holocaust Remembrance Day.

Eight of 10 interviewed consumers and representatives said the meals provided were of suitable variety, quality and quantity and their individual needs and preferences were accommodated. Staff understood the dietary needs and preferences of sampled consumers and explained that food in the service was kosher, with menus developed based in part, on consumer food focus group feedback. Observations showed the kitchen had separate preparation areas for meat and dairy food in line with cultural requirements.

Equipment for daily living and lifestyle supports were safe, suitable, clean and well maintained. Consumers and staff said they had access to equipment to assist consumers with their daily living activities.

# 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 felt at home at the service and considered the environment easy to navigate and clean. The service environment was observed to be clean and tidy, with signage and design features to support consumers with different needs. Consumers were supported to personalise their rooms and they had access to various areas of the service to socialise and relax in throughout the day.

Consumers said the service environment was safe, clean and well-maintained, and they could move freely both indoors and outdoors. Although the reactive maintenance record evidenced timely response to some maintenance requests, the Assessment Team noted 13 unresolved maintenance requests were awaiting external engagement and were not considered as critical. The Assessment Team observed courtyards to have well-maintained gardens, water features, and flat walkways with tables and chairs and on balance, were satisfied the service complied with Requirement 5(3)(b).

Furniture, fittings, and equipment were observed to be safe, clean, and suitable and call bells within reach of consumers. Maintenance staff described how consumers equipment was safe and clean via regular maintenance checks and external contractor servicing. Consumers and staff confirmed sufficient equipment was available.

# 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 said they were encouraged to provide feedback, were comfortable to raise any concerns with management or staff and felt safe doing so. The service provides various methods for consumers and representatives to submit feedback and complaints including speaking with staff or management directly, feedback forms and consumer meetings.

Consumers said they were aware of other methods for raising and resolving complaints. Staff described how they would assist consumers with communication barriers to raise a complaint or provide feedback. The Assessment Team observed brochures and other written information about advocacy and language services displayed throughout the service, though no consumers are the service at the time of audit required language support.

Staff described the feedback and complaints-handling process and understood open disclosure and its’ underlying principles. Documentation review showed, and consumer feedback confirmed, the service mostly acted in response to complaints and an open disclosure process was applied.

The service demonstrated feedback and complaints were trended, analysed, and used to improve the quality of care and services. For example, recent consumer feedback requested an ‘information corner hub’ to allow them to access information in their own time. Documentation reviewed noted the project was granted, and at the time of the Site Audit, was being implemented.

# 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 and representatives considered there was enough staff, and although some felt the service was understaffed, consumers said this did not impact on care and service provided. The workforce said there was adequate staff to provide care and services in accordance with consumers’ needs and preferences, and they had enough time to undertake their tasks. The service ensured adequate staffing levels, and mix, to meet the needs of consumers.

The workforce interacted with consumers in a kind and caring manner, and staff were respectful of each consumer’s identity, culture, and diversity. Consumers, representatives and observations confirmed, staff were treating consumers kindly, and addressed them by their preferred name. Staff were supported to learn about Jewish cultural requirements.

Consumers felt staff were competent and skilled to meet their care needs. Position descriptions set out the expectations for each role and recruitment processes include verification of minimum qualification and registration requirements. All members of the workforce said they were trained, equipped and supported to deliver safe and effective care. Education records identified staff participated in mandatory training, including in relation to the Serious Incident Response Scheme and restrictive practices. Staff were up to date with mandatory training.

Although the service had relevant policies and procedures to guide management on recruitment, performance and management, the Assessment Team identified low completion rates for annual appraisals. Performance appraisals had not been completed within expected timeframes by previous management, however new management was ensuring appraisals are completed within expected timeframes. As the majority of appraisals had been completed, the Assessment Team were satisfied the service complied with Requirement 7(3)(e).

# 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 were confident the service was well-run and were satisfied with their level of engagement in the development, delivery and evaluation of care and services. Management described how consumers were engaged in decisions about changes to the service. For example, changes made at the service following consumer input included implementing a consumer 'welcome box' which contained essential information, and welcome gifts to help new consumers feel at home.

Management confirmed the governing body promoted a culture of quality, safety, and inclusion, and described how the board satisfied itself the Quality Standards were met through analysis of internal audits results and monitoring of clinical indicators, consumer/representative and workforce feedback.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Information systems were effective and fit for purpose, the continuous improvement plan contained several examples of effective improvement projects, financial governance arrangements were well established, and management confirmed the organisation was supportive of unplanned requests to support consumer care. Robust systems for feedback and complaints, regulatory compliance and workforce governance were in place.

The organisation had an effective risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks were reported, escalated and reviewed at the service level and by the governing body. The service had a policy and procedure to support consumers’ dignity of risk and staff had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme.

The service had a documented clinical governance framework, which included policies and guidelines relating to practising antimicrobial stewardship, minimising use of restrictive practices, and applying open disclosure. Members of the workforce demonstrated their understanding of open disclosure, antimicrobial stewardship, and ways to minimise restrictive practices by providing practical examples.

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)