Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Mona Tait Gardens |
| Commission ID: | 2918 |
| Address: | 160 Ellenborough Street, Kaleen, Australian Capital Territory, 2617 |
| Activity type: | Site Audit |
| Activity date: | 9 July 2024 to 11 July 2024 |
| Performance report date: | 12 August 2024 |
| Service included in this assessment: | Provider: 1002 Morshead Home For Veterans and Other Aged Persons Limited  Service: 7984 Mona Tait Gardens |

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 Mona Tait Gardens (**the service**) has been prepared by Danielle Utting, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant.

Consumers said staff are kind and make them feel valued. The service had systems and processes to support staff to ensure consumers are treated with dignity and respect. Staff demonstrated knowledge of consumers’ backgrounds and cultures. Care planning documentation reflected consumers’ diversity and personal preferences. The service had policies available to guide staff practice.

Consumers and representatives advised consumers’ cultural backgrounds were recognised, and staff provided care which was consistent with their cultural preferences to ensure cultural safety. Care planning documentation for consumers reflected their cultural and spiritual needs and preferences. Cultural safe care training was provided to staff and the service had policies and procedures to guide staff to identify consumers' cultural needs and to provide culturally safe services.

Consumers were satisfied they could choose how and when care and support are provided. Consumers and representatives said consumers are supported in maintaining relationships with the people they choose. Staff explained how they support consumers to make choices about their care and services. Care planning documentation detailed consumers’ choices, and information updated when changes were requested or if a consumer changed their mind about their care.

The service demonstrated consumers were supported to engage in activities of choice which contained risk. Care planning documentation evidenced discussion with consumers and representatives, dignity of risk assessments and risk mitigation strategies. When required specialists, such as allied health or medical officers, assisted with the identification of risk mitigation strategies. Staff described how they support consumers wanting to take risks and how they discuss the benefits and possible harm of taking risks.

Consumers and representatives were satisfied they receive up-to-date information, such as activity calendars, menus, and visitor access. Staff described how they communicate information to consumers, such as prompting consumers with what is happening on the day and any changes to activities or meals. Meeting minutes, activity calendars, newsletters, and daily menus were observed on display throughout the service.

Consumers confirmed staff respected their privacy and were satisfied their information was kept confidential. Staff described how they maintain consumers’ privacy during care. Staff were observed to knock on consumer doors and wait for a response before entering. Computer screens were locked when not in use and information stored in locked offices with staff only access.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Care planning documentation included detailed assessment and planning to identify consumer risks and care needs. Staff described the initial and ongoing assessment and planning processes and how they assess and consider risks. The admission assessment process included the use of validated assessment tools which supported staff to effectively plan the delivery of safe care. Staff have access to policies and procedures to guide the completion of assessment and care planning and management of risks.

Consumers and representatives said consumers were involved in discussions about care needs and end of life wishes. Staff described what was important to consumers in terms of how their care was delivered. Care planning documented individual preferences and, where consumers had consented, included advanced care directives. Advanced care planning information was provided to consumers/representatives on admission. The service had processes in place to facilitate discussions at the initial and annual case conference, or as needed.

Consumers and representatives interviewed said they feel involved in the assessment and care planning process and the service includes other organisations as required. Care planning documentation reviewed included information from external services, such as medical officers, physiotherapists and podiatry services. Staff explained how they consult with consumers and representatives prior to completing referrals to health professionals.

Consumers and representatives said they were aware they could access the consumer’s care plan and are satisfied with how the service communicates with them. Staff described the processes for documenting and communicating assessment outcomes. Care planning documentation showed outcomes of assessment and care planning are communicated to consumers/representatives in a timely way.

Consumer and representatives were satisfied the service reviews care and services regularly and following changes in the consumers health. Staff knew consumers’ care needs and preferences and said they are kept up to date about consumers. Care planning documentation demonstrated assessments and care plans were reviewed in line with the services schedules. Staff described how a change in consumer circumstances or incidents prompts a review of the care and services.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers and representatives were satisfied consumers are receiving care which is safe and meets their needs and preferences. Staff had knowledge of consumers individual assessed care needs that aligned with care planning documentation. The service demonstrated consumers subject to restrictive practices were monitored, had a detailed behaviour support care plan in place, had provided consent, and were regularly reviewed. The service had policies and procedures in place to guide staff practice in the delivery of best practice personal and clinical care.

Consumers and representatives were satisfied high risk needs are effectively managed. Staff and management described how high impact and high prevalence risks are identified, assessed and managed. Care planning documentation evidenced risks to consumers’ well-being were monitored, and risk mitigation strategies were implemented.

Staff described how they support consumers at the end-of life and how they would provide comfort and dignity. Care documentation evidenced involvement of consumers, representatives and external service providers in palliative care planning and delivery, and effective management of palliative care symptoms. Policies and procedures including a palliative assessment and care plan were available to guide staff practice.

Staff described how they identify, monitor and report changes and deterioration in a consumer’s condition. Care planning documentation evidenced deterioration or changes in consumers’ health were recognised and escalated in a timely manner. There were guidelines to support staff with the identification and management of clinical deterioration. Representatives said the staff were responsive to identifying and managing consumers changing health conditions.

Consumers and representatives said the consumer’s care needs and preferences were effectively communicated between staff. Staff described where they access up to date consumer information such as care planning documentation, progress notes and handovers. Communication with medical officers was included in consumers care planning documentation. Staff were observed to attend shift handover to ensure consumers current care needs were communicated.

Consumers and representatives were satisfied with referrals made to allied health and other specialist health care providers. Staff described the process for referring consumers to the medical officers and other specialists such as wound specialists and physiotherapists. Care planning documentation evidenced timely and appropriate referrals to other service providers.

Consumers and representatives provided positive feedback regarding the management of infection related risks. Staff confirmed they have received training in relation to infection prevention and control and demonstrated understanding of infection control precautions and ways to minimise the use of antibiotics. The service had policies and procedures related to antimicrobial stewardship, infection control management to guide staff. The service has an infection prevention and control lead and outbreak management plans.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers were satisfied with how staff personalised services and supports to ensure alignment with individual needs, goals, and preferences. Staff were familiar with the needs and preferences of consumers regarding supports for daily living. Lifestyle staff described how they use information from internal audits, surveys, conversations and meetings to design the activity program.

Consumers explained the variety of support they receive from the service. Staff provided examples of how they offer emotional and psychological care to their consumers, including regular check-ins and one-on-one support. Consumer’s emotional and spiritual needs were documented in care plans and included tailored support strategies.

Consumers are satisfied the service provides adequate support for consumers to maintain relationships and stay connected with their community. Staff had knowledge consumers preferences to access the community and of the relationships of importance. Care planning documentation identified the people important to individual consumers and the activities of interest to them.

Consumers and representatives expressed satisfaction their needs and preferences are communicated effectively within the service and with other services. Staff explained how they are kept up to date about consumers care needs, such as dietary preferences and changes. Staff and management said any changes to the consumers’ care is communicated to their representatives and to those within the organisation responsible for their care.

Consumers and representatives confirmed referrals were made in a timely manner and consumers could access other organisations as needed. Staff described the referral process and lifestyle staff demonstrated understanding of what other organisations, services and supports were available in the community should a need be identified for a consumer. Care planning documentation confirmed timely referrals with other individuals and organisations to meet the consumer’s needs.

Consumers and representatives said they were happy with the variety, quality and quantity of food being provided at the service. Meals were cooked onsite and served fresh. Management and staff described the ways they collect feedback from consumers such as at mealtimes, specific catering feedback forms and at the resident and relative meetings. This information is collated, entered in the service’s feedback system and used to improve the meal service. Consumers current dietary information was available in the kitchen and reflected the preferences and needs of consumers.

Consumers were satisfied with the equipment provided was clean and well-maintained. Staff members confirmed there was regular maintenance and cleaning of the equipment and explained the processes for identifying equipment in need of maintenance. Equipment supporting consumers in daily living and lifestyle activities was observed to be safe, appropriate, clean, and well-maintained.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant.

Consumers described the service environment as welcoming, easy to navigate and they are supported to personalise their rooms. The Assessment Team observed clear signage throughout the service which facilitated navigation, supporting consumers and visitors with wayfinding. Management and staff described how they encourage and support consumers to make their individual spaces personalised and more like home.

Consumers expressed satisfaction with the cleanliness of the service environment and said it is well maintained. Consumers can move freely indoors and outdoors. Cleaning staff sign off cleaning logs daily and communicate with management any outstanding tasks. Staff explained the process for reporting maintenance issues. The reactive maintenance schedules had no outstanding maintenance requests at the time of the Site Audit.

Consumers and representatives said the equipment, fittings and furniture was well-maintained, safe and clean. Management and maintenance staff assess suitability of furniture and equipment prior to purchase to ensure it meets consumers’ needs. The Assessment Team observed the lounge chairs, outdoor furniture, standing machines and hoists to be safe, clean, well-maintained, and suitable for use by consumers.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant.

Consumers and representatives said they are encouraged and supported to provide feedback. They explained the ways they could give feedback such as verbally or completing a feedback form. Staff described how they support consumers or representatives to raise concerns or lodge a complaint. Complaints/feedback information and suggestion boxes were observed throughout the facility.

Consumers and representatives demonstrated awareness of the external advocacy services available to assist them to raise complaints. Staff and management explained how they access advocacy and interpreter services and the resident handbook included information regarding these services. Information regarding advocacy services, translation and the Commission, were observed to be displayed throughout the service.

Staff demonstrated an understanding of open disclosure principles and confirmed they had completed open disclosure training. Consumers and representatives said their complaints were acknowledged and appropriate actions taken in response. Complaints documentation demonstrated complaints were investigated, timely actions taken and an open disclosure processes implemented when things go wrong. The service had an open disclosure policy to guide the process.

Consumers and representatives confirmed their feedback and complaints were reviewed and had led to care and service improvements. Feedback and complaints documentation reviewed identified the service is responding appropriately to feedback consumers and representatives provide, with improvements occurring as a result. Management described how feedback and complaints are collected and reviewed to assist in improving care and services.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and representatives said there was enough staff and were confident consumers received the care and support they needed in a timely manner. Staff said there is enough staff, and they feel well supported. Management explained the process for ensuring coverage of planned and unplanned leave. Rostering documentation reviewed evidenced replacement shifts for unplanned leave. The service had registered nurses rostered 24/7. The service management reviews call bell reports daily with investigation of call bell times over 10 minutes. Management explained how they conduct monthly independent audits to ensure satisfaction with call bell response times.

Consumers and representatives said staff are kind and respectful when providing care. Staff knew consumers’ needs and preferences. Care planning documentation reviewed was individualised and reflected consumers preferences. Staff interactions with consumers were observed to be kind and caring.

Consumers and representatives said staff are efficient, confident, and skilled to meet their needs. The service demonstrated that staff are competent and have the qualifications and clearances to perform successfully. Management described how staff are monitored to ensure they meet their individual role qualification and registration requirements. The service has position descriptions for all roles and orientation and buddy processes for agency and new staff. Training records evidenced completion of annual mandatory core competencies to enable staff to perform in their roles.

Staff were satisfied with the training available and explained that the training covers a range of topics such as infection control and restrictive practices. The service had an electronic learning management system to record and monitor ongoing compliance with staff training and core competencies. Management explained how they use information from trends and audit results to identify additional training topics.

The service demonstrated that the performance of staff is regularly assessed, monitored, and reviewed. Consumers said they are encouraged to provide feedback on staff performance. Staff verified they receive feedback throughout the year at staff meetings or individually. Staff described how they are informed of both positive feedback and if a complaint has been made against them. Documentation evidenced feedback provided to staff immediately after incidents, observations, complaints, or compliments. Management identified an improvement to the timely completion of annual performance reviews which was documented on the service’s plan for continuous improvement (PCI). Improvement actions had commenced to ensure timely completion of annual performance reviews.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and representatives said the service is well-run and satisfied with the ways they can support planning of care and services. Consumers confirmed they could see change resulting from their engagement and feedback. Staff and management described the varied mechanisms in place to encourage and support consumers and representatives to have input into the delivery of care and services. Review of meeting minutes and the feedback register confirmed active participation of consumers.

Consumers said they feel they live in a safe and inclusive environment. The Board and sub-committees oversee the services performance through service level monitoring and reporting of clinical indicators, incident analysis, internal audit results and budget reviews. Policies and procedures are available to guide staff to deliver safe and quality care and services.

The organisation demonstrated how organisational-wide governance is applied and controlled. Management is responsible for the monitoring and analysis of data related to incident management, workforce requirements, and complaints. Staff confirmed they access information through the electronic care management system as well as through handovers, care plans and discussions with clinical management. The service has mechanisms to capture improvement opportunities. The plan for continuous improvement evidenced regular review and evaluation. Management described the financial delegation budget and how requests for expenses are approved.

The service had systems and processes to monitor staff performance and track the completion of mandatory training. The service demonstrated that regulatory compliance was effectively managed and legislative changes or updates to policies and procedures were communicated to staff. Feedback and complaints were used to improve the quality of care and services with appropriate actions taken and open disclosure applied.

The service demonstrated effective identification and response to risks. The service utilised an electronic incident reporting system. Review of incident reporting evidenced escalation and executive management review. Staff demonstrated understanding of elder abuse and neglect and described their reporting responsibilities in relation to reporting serious incidents.

The service’s clinical governance framework accessed clinicians and resources to ensure best practices in delivering clinical care to consumers. A quality and clinical governance committee provided oversight and guidance and had accountability for various aspects of clinical care, such as antimicrobial stewardship, minimising the use of restraint, and implementation of open disclosure processes. Staff described the identification of infections and how they work with medical officers to minimise antibiotic use. Management outlined how they minimise and monitor the use of restrictive practices, such as regular review of the psychotropic medication register to track and manage the use of medications.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)