Performance

Report

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| Name of service: | Monash Gardens |
| Service address: | 355 Wellington Road MULGRAVE VIC 3170 |
| Commission ID: | 4473 |
| Approved provider: | Royal Freemasons Ltd |
| Activity type: | Site Audit |
| Activity date: | 2 August 2023 to 7 August 2023 |
| Performance report date: | 13 September 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 Monash Gardens (**the service**) has been prepared by J. Howard, 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 conducted from 2 August 2023 to 7 August 2023. 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 to this service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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 provided positive feedback regarding consumers being treated with dignity, respect and value. Staff were knowledgeable of consumers’ individual preferences and were observed treating consumers respectfully. Care documentation reflected consumers’ preferences and staff were guided by a dignity and choice policy.

Consumers said they felt safe and their cultural and religious practices were supported. Staff were familiar with consumers from culturally and linguistically diverse backgrounds and tailored care and services, accordingly, including assigning care staff familiar to the consumer. Care documentation reflected consumers’ cultural needs and preferences.

Consumers and representatives said they were supported to make choices regarding consumers’ care and services, including those involved. Staff described supporting consumers to maintain and develop relationships with family and other consumers. Care documentation reflected consumers’ individual choices regarding care, services and important relationships.

Consumers said they were supported to take risks to enable them to live their best lives. Staff were knowledgeable of consumers wishing to take risks and ensured consumers understood associated benefits and potential harms, while supporting their right to choose. Care documentation evidenced risk assessments and dignity of risk agreements signed by staff and consumers.

Consumers said they received timely information that enabled choice regarding meals, activities and service events. Representatives confirmed information received ensured they were aware of consumers’ health and well-being. Staff described informing consumers and representatives over the phone, during meetings and through noticeboards. Meeting minutes showed consumers and representatives received current information about the service.

Consumers said their privacy was respected and staff confirmed knocking on consumers’ doors prior to entry and discussing personal matters in private areas. Observations confirmed consumer records were securely stored in locked areas or within the password protected electronic care management system. Staff were guided by a privacy and confidentiality policy.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Staff confirmed risk assessments were undertaken at entry in consultation with consumers and representatives to inform care planning. Care documentation evidenced individualised assessments for pain, falls and skin integrity, among other risks, and responsive mitigation strategies. Staff were guided by an assessment and care planning procedure to ensure safe and effective care delivery.

Consumers and representatives confirmed care planning included consumers’ needs and preferences, including end of life planning. Management said end of life wishes were discussed upon entry and every 3 months thereafter. Care documentation evidenced consumers’ needs, goals and preferences, including end of life wishes.

Consumers and representatives confirmed their ongoing participation in assessment and planning of care and services. Staff described consistently working in partnership with consumers and representatives, and care documentation evidenced integrated and coordinated assessment, planning and review involving allied health professionals. Staff were guided by policies and procedures to assess, plan and review consumers’ care and services.

Consumers and representatives confirmed staff regularly discussed their care and services and offered copies of care plans. Staff confirmed updating consumers and representatives regarding care outcomes and care documentation was readily available through the electronic care management system, reflecting changes, updates, and staff communications.

Consumers and representatives said they were informed of care and service reviews every 3 months or in response to incidents. Staff confirmed routine and responsive care reviews in consultation with consumers, representatives and allied health professionals. Documentation evidenced timely review of care in response to changing consumer need.

# Standard 3

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| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives provided positive feedback regarding safe and effective personal and clinical care delivery. Staff were knowledgeable of consumers’ individual needs, including for pain management, restrictive practices and skin integrity, and ensured best practice by following policy, participating in training and reviewing care plans. Care documentation showed appropriately assessed and individualised care planning in consultation with allied health professionals.

Consumers and representatives gave positive feedback regarding management of high-impact and high-prevalence risks. Staff were knowledgeable of consumers susceptible to risks and responsive prevention measures. Care plans reflected assessments undertaken to identify risks and responsive clinical and environmental mitigation strategies, including for consumers prone to falling.

Consumers and representatives confirmed consumers’ needs, goals and preferences, including end of life wishes had been discussed. Staff were knowledgeable of end of life care interventions and the service engaged an external palliative care team to provide specialist support. Care documentation for a recently deceased consumer confirmed their comfort and dignity was maintained and staff were guided by a procedure detailing best practice palliative care.

Staff were knowledgeable of deterioration indicators and appropriate clinical and environmental responses. Care documentation evidenced prompt staff identification of, and response to, changes in consumers’ mobility, appetite, comfort and energy. Policies and procedures guided staff to recognise and respond to consumer deterioration.

Consumers and representatives gave positive feedback regarding staff communicating information about consumers’ condition, needs and preferences. Staff were knowledgeable of consumers’ individual needs and preferences and were observed exchanging information during handover. Documentation evidenced further communication of consumer needs and preferences with allied health professionals.

Consumers and representatives confirmed accessibility to specialist services and referrals made when needed. Staff were knowledgeable of referral pathways to a range of allied health professionals, including medical officers and physiotherapists, with some specialists routinely attending the service. Care documentation evidenced referrals to various specialists and subsequent guidance for best practice care.

Consumers and representatives provided positive feedback regarding infection control practices. Staff practised antimicrobial stewardship, were guided by a designated Infection Prevention Control Lead, practised hand hygiene, and wore gloves, gowns and masks when exposed to infection. Visitors were screened for infection upon entry and observations confirmed supply of personal protective equipment.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 said they were supported to engage in activities of interest which promoted their independence and quality of life. Staff described various lifestyle activities available including exercises, quizzes and bus outings, and sensory activities tailored to consumers with impaired cognition. Care documentation reflected consumers’ interests and corresponding activities.

Consumers said the service supported their emotional, spiritual and psychological well-being. Staff described supporting consumers through one-to-one support, engaging religious visitors and facilitating visits to nearby churches. Care documentation evidenced consumers’ religious and spiritual needs and responsive support. An activity schedule reflected further supports through sensory activities and a meditation room.

Consumers said they were supported to undertake activities within the service and community, and to maintain relationships and interests. Staff confirmed consumers’ families accompanied them into the community and consumers enjoyed regular bus trips and craft activities. Care documentation identified consumers’ interests and preferences regarding community participation.

Consumers provided positive feedback regarding information being shared among those involved in their care. Staff were made aware of consumers’ needs, likes, dislikes, and preferred activities through handovers, progress notes, meetings and care plans. Care documentation evidenced up to date information regarding consumers’ needs and preferences.

Consumers said they were promptly referred to other individuals and organisations who provided care and services. Staff described collaborating with other care and service providers to supplement activities, including religious services, hairdressers and volunteers. Information regarding support services was displayed for consumer reference.

Consumers gave positive feedback regarding meals, noting previous issues had been resolved following engagement of a new chef, a return to food safety compliance and improvements to dining etiquette. Staff advised the seasonal menu rotated every 4 weeks and was updated every 3 months, with consumer feedback taken into account when developing new menus. Multiple options were available for each meal service and staff were knowledgeable of consumers’ dietary needs and preferences. The service’s plan for continuous improvement evidenced remedial actions taken in response to deficiencies.

Consumers said equipment was safe, clean and well-maintained and staff confirmed adequate supply of mobility equipment which was sanitised following each use. Equipment requiring maintenance was removed from use and registered for repair, and consumers could access various lifestyle equipment. Records evidenced timely completion of preventative and responsive cleaning and maintenance.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 said the service was comfortable, easy to navigate and they felt safe. The service environment included colourfully painted walls to assist navigation, personalised rooms, mobility infrastructure, outdoor areas and a café. Consumers were supported to make changes to the service environment, such as planting flowers in the garden to their liking.

Consumers said, and observations confirmed, the service was safe, well-maintained and they could move freely indoors and outdoors. Staff confirmed undertaking routine, responsive and deep cleaning, and living area carpet was scheduled for replacement at the end of 2023, as shown in the service’s plan for continuous improvement. Staff were knowledgeable of maintenance request processes and records reflected completion of preventive and responsive maintenance.

Consumers said furniture, fittings and equipment were safe, clean and maintained. Staff confirmed shared equipment was cleaned after each use and suitability assessments were performed prior to consumer use. Maintenance records evidenced regular servicing and furniture, fittings and equipment were observed to be clean and in good condition.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 were aware of feedback and complaint processes and confirmed staff encouraged input. Management said consumers and representatives could provide feedback or make a complaint through anonymous feedback forms, email, during meetings or by speaking with staff. Meeting minutes evidenced feedback and complaints were encouraged and discussed.

Consumers and representatives said they were aware of external advocacy services if they wished to escalate a complaint. Management and staff were knowledgeable of advocacy and translation services and how to access them on behalf of consumers. Information regarding advocacy and language services was displayed on noticeboards and included in the consumer handbook.

Consumers and representatives said their complaints were responded to promptly, apologies were given, and actions taken to resolve their concerns. Staff described processes for responding to feedback and complaints, including the use of open disclosure. Records demonstrated complaints were recorded, actioned and resolved in accordance with service policy.

Consumers confirmed their feedback and complaints were used to improve care and services. Management described improvements made in response to feedback from meetings and consumer surveys, including improving consumers’ dining experience. Records evidenced complaints were managed and resolved to the satisfaction of consumers.

# Standard 7

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| Human resources | | Compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives provided positive feedback regarding staffing numbers and care needs being met. Staff described rostering permanent or casual staff to fill vacancies and engaging agency staff as a last resort. Rosters reflected sufficient coverage by care and clinical staff, including uninterrupted availability of registered nurses, and records evidenced a reduction in call bell wait times.

Consumers and representatives said staff interactions were kind, caring and respectful. Management and staff were observed addressing consumers by their preferred names, knocking on doors prior to entry and speaking to consumers respectfully. Posters displayed throughout the service promoted inclusion and respect of various cultures relevant to consumers.

Consumers and representatives said staff demonstrated knowledge and competency when performing their roles. Management confirmed engaging nursing staff who evidenced valid professional registrations, and personnel records confirmed staff were appropriately qualified, vetted and credentialed to undertake their roles, and had met vaccination requirements.

Consumers and representatives said staff were well equipped and trained to perform their roles. Management confirmed availability of mandatory and additional training in response to identified need. Records evidence a high proportion of staff had participated in training for skin integrity, medication management and dementia, among a wide range of topics.

Staff completed annual performance appraisals and their performance was also monitored through self-reflection processes, consumer feedback and input from other staff. Staff described developing goals in consultation with managers and receiving professional development support. Records evidenced performance monitoring, assessment and identification of training needs.

# Standard 8

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| Organisational governance | | Compliant |
| 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 involved in the development, delivery and evaluation of care and services. Management confirmed consumers and representatives were involved through the feedback and complaint processes, surveys and meetings. Meeting minutes and the service’s plan for continuous improvement reflected consumer involvement in the development, delivery and evaluation of care and services.

Management confirmed the governing body promoted a safe and inclusive culture through a framework of specialist committees which discussed and actioned clinical, safety and governance issues to inform care and services. Meeting minutes and internal audit data evidenced monitoring of policies, training, high-impact risks and serious incidents.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The service’s continuous improvement plan contained actions taken in response to feedback and complaints to the satisfaction of consumers.

The service used a systematic approach to manage high-impact and high-prevalence risks, to identify, report, escalate and review risks and incidents and to improve care delivery. Management and staff were knowledgeable of policies and practices to minimise risks associated with serious incidents, falls and pressure injuries. A risk management framework evidenced policies supporting risk identification and response.

Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure. Staff described non-pharmacological measures to address infection, alternatives to chemical restraints and using open disclosure following an incident. Staff were guided by the organisation’s clinical governance 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)