Monda Lodge Hostel

Performance Report

32-36 McGregor Avenue   
HEALESVILLE VIC 3777  
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**Commission ID:** 3216

**Provider name:** Eastern Health

**Site Audit date:** 9 May 2022 to 11 May 2022

**Date of Performance Report:** 20 June 2022

# Performance report prepared by

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# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and their representatives said staff treat consumers with dignity and respect, and staff know about consumers’ identity. Staff were observed greeting and interacting with consumers in a familiar and friendly manner. Staff described consumers’ backgrounds, culture and life histories and how this information influences care delivery. Care planning documents identify consumers’ cultural needs and preferences. The organisation hosts events to celebrate cultural activities.

Consumers said they are supported to maintain independence and communicate their decisions regarding their lifestyle, relationships and routines. Staff described how they support consumers to make informed choices through explaining personal and clinical care choices and decisions on meals and activities.

Consumers described how the service supports them to spend time with people who are important to them. Care planning documents show consumers make decisions about who is included in their care. Staff described how they support consumers to make decisions such as activity participation and meal options, through discussions and consumer meetings.

Consumers are supported to take risks to live the best life they can. Risk assessments are conducted, involving the consumer, their representative and relevant health professionals. Risks are explained, and strategies are implemented to reduce potential harm.

Consumers said they receive information and make informed choices. Staff described how they overcome communication barriers. Information is displayed on noticeboards, activity schedules and menus.

Staff were observed respecting consumers’ privacy by knocking on doors and awaiting a response prior to entry and following documented consumer preferences. Staff described maintaining confidentiality by conducting handover privately, locking the nurses’ station and using password-protected electronic files.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected, and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Care planning documents are individualised to reflect consumers’ needs, goals, identified risks and preferences (including advance care and end of life planning). The electronic care planning system includes assessment and planning tools. Care planning documents evidenced reviews occur at least every 3 months and following any incidents or changes to consumers’ care needs.

Care planning documents reflect ongoing partnerships with consumers, their representatives and other health professionals. They include recommendations or directives from health professionals. Consumers and their representatives were satisfied with their level of involvement in planning and review. Staff explain the assessment and planning process, and copies of care plans are available for consumers. Progress notes show consumers and their representatives are consulted when the care plan is reviewed and are offered a copy of the updated plan.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Consumers said they receive personal care and clinical care that is safe and right for them, in their preferred way. Care planning documents reflected consumers receive tailored and best practice care, including for falls management, psychotropic medication use, skin integrity care and pain management. Clinical indicators are monitored and used to inform staff training and opportunities for improvement. High impact and high prevalence risks are suitably managed, in line with any strategies from other health professionals.

The service does not provide palliative care, however, consumers’ end of life care needs, and preferences are documented and consumers are referred to an appropriate service when required.

Care planning documents reflected deterioration or change to consumers’ capacity or function is recognised and responded to, and updates are made to care directives in line with medical officer recommendations. Care staff said they monitor consumers’ conditions and escalate any changes or concerns to clinical staff.

Staff communicate information through handover, case conference meetings and using a board reflecting the current status and risks for each consumer. The electronic care system displays alerts to show changes to information, medication or relevant policies. Progress notes reflect who is involved in consumers’ care. Consumers said staff know their needs well and staff communicate effectively with other providers and services.

#### Care plans and progress notes reflect timely referrals are made to other relevant external providers, and show resulting directives are implemented and followed. Consumers said they have access to other services when needed.

Staff described infection prevention and control practices, and the steps they take to ensure appropriate use of antibiotics. Staff said they received training on infection control and were observed to be following protocols.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers and their representatives said the lifestyle program supports consumers’ lifestyle needs, and staff assist them to engage in additional independent activities of interest. Staff described how they assist consumers to engage in their preferred activities, and how the activities calendar is informed by consumer feedback. Care plans contain information about consumers’ hobbies and activity preferences. Consumers were observed participating in musical and painting activities.

Consumers described how staff support their psychological well-being. Care planning documents include information about consumers’ spiritual and emotional needs. Staff said they identify and support consumers when they have a change in mood or are feeling low. Staff were observed reassuring and supporting consumers in a caring and respectful way.

Consumers said they are supported to stay in touch with people who are important to them and access the community. The service’s monthly activities calendar includes group activities and bus trips. Consumers attend outings with family and visit local clubs.

Staff record information regarding changes to consumers’ needs and preferences, such as changes to diet, and meal assistance needs. Staff discuss changes through handover and at meetings.

Care planning documents reflect involvement of other services in provision of lifestyle supports. Staff described how they work with volunteers and external organisations to supplement the lifestyle program, including entertainers and religious groups.

Consumers expressed satisfaction and enjoyment with the variety, quality and quantity of the meals provided by the service. Care plans reflect consumers’ dietary needs, consistent with nutrition assessments. The service has theme days with varied menus. Catering meetings and food forums occur to obtain consumers’ feedback. The kitchen environment was observed to be clean and tidy and staff adhered to relevant health and safety guidelines.

Equipment that supports consumers to engage in activities of daily living was observed to be suitable, clean and well maintained. Consumers, representatives and staff said sufficient equipment is available.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers said they feel at home, safe and comfortable in the service environment. Consumers decorate and individualise their rooms with personal items, photographs and artwork, and partnered consumers may have adjacent rooms. The service has areas for consumers to spend time indoors and outdoors, including gardens and seating in shaded areas. Signage, handrails, clear corridors and level pathways assist consumers to optimise independence and move freely between areas.

The service environment was observed to be safe, clean and well maintained. Staff described cleaning and maintenance procedures. Maintenance records showed issues are addressed in a timely manner.

Furniture, fittings and equipment throughout the service were observed to be clean and suitable. Consumers said the equipment is suitable for their needs and well maintained. Shared equipment is cleaned between each use.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and their representatives said they felt comfortable and supported to provide feedback and raise complaints. Staff described how they assist consumers with giving feedback. The service has opportunities for consumers to provide input through surveys, meetings, and feedback forms which may be deposited into a feedback box.

Consumers receive a welcome pack with information about complaints and advocacy services, advocacy information is displayed at reception and feedback forms are available in a variety of languages. Following some consumers reporting they were unaware of advocacy services; the topic was raised at a consumer meeting.

Consumers and their representatives said the service takes appropriate action in response to complaints and reviews feedback. Consumers and staff described examples of changes made to cleaning services and the menu that have improved the quality of services. The service has a complaints register and opportunity to improve register to track outcomes and inform continuous improvement.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers and their representatives said staff are kind and caring and overall staff meet their care needs. Staff said generally there are enough staff rostered, and the service is in the process of recruiting additional registered staff to support night shift. Call bell records showed responses within the service’s benchmark.

The service has recruitment, selection and onboarding procedures for staff, and roles have position descriptions. Staff competency is assessed through observation. Staff complete training modules and discuss items at meetings. The service has reporting processes to monitor training completion, and processes to monitor and assess staff performance.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers and their representatives said the service was well run, and they are involved in development and evaluation of services through participating in meetings and having an open feedback relationship with staff.

The governing body promotes a culture of quality care initiatives and receives reports and audit results regarding the Quality Standards. The Board has taken initiatives in response to consumer feedback, such as refurbishments and reviewing staffing levels.

The service has suitable systems for information management, continuous improvement, managing feedback and complaints, workforce and financial governance. Regulatory compliance is monitored, and legislative or regulatory change is communicated.

Staff said they can access information they need, and the service’s information management system supported delivery of care and generates reports to the board to support effective governance.

The service has an effective risk management framework. Staff described how they monitor consumer safety, manage risks, report incidents and support consumers’ choices.

The service has a clinical governance framework that contains policies regarding antimicrobial stewardship, open disclosure and minimising use of restrictive practices. Incident reports evidenced open disclosure was used.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.