Performance

Report

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| Name of service: | Montana Aged Care Facility |
| Service address: | 36 Harbour Street MOSMAN NSW 2088 |
| Commission ID: | 0555 |
| Approved provider: | Fresh Fields Management (NSW) No 2 Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 3 January 2023 to 5 January 2023 |
| Performance report date: | 17 March 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 Montana Aged Care Facility (**the service**) has been prepared by A Kasyan, 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.

# 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; and
* the provider’s response to the Assessment Team’s report received on 1 February 2023.

# 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

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

Consumers interviewed confirmed they are treated with dignity and respect, and their identities are valued. They said that their culture and preferences are respected, and their feedback helps to inform culturally safe care. Consumers and representatives reported they receive current, accurate, and timely information, including updates on general and COVID-19-related issues. They felt consumers’ privacy was respected, and information was kept confidential.

Staff were able to describe how they ensure each consumer is treated with respect and dignity, and consumers’ cultural needs and preferences are met. They could explain the consumer’s cultural, religious, and personal preferences and how they inform their care needs, such as understanding dietary requirements, respecting activity choices, and providing language translation services and culturally appropriate volunteers. They also noted that culturally significant days for consumers are celebrated, and consumers take part in organising and delivering the activities.

Staff described how they maintain consumers’ privacy when providing care, especially with shared bathrooms, such as ensuring that doors are locked. They were also observed to knock on consumers' doors, making consumers aware of their presence, and closing the doors and curtains behind them if they were attending to consumer care needs.

The service has comprehensive policies and procedures to guide staff practice in relation to this Standard, and staff confirmed they have had relevant training.

The Assessment Team observed all staff treating consumers and representatives with kindness and respect. They observed paper-based care files securely stored and the nursing stations and computers being locked when not in use.

Care planning documentation reflected consumers’ cultural needs and preferences. Care plans reviewed clearly documented consumers’ lifestyle choices, how they are supported to maintain those choices, and their independence. Documentation also specified who they wish to be involved in their care and assist them to make decisions. Management advised the service keeps representatives informed on assessments, care, and incidents relating to consumers. They undertake monthly meetings, and newsletters and minutes are available and provided to consumers and representatives.

# 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

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

Consumers’ and representatives’ feedback indicated that the consumers have a say in the direction of their care and services, staff regularly communicate with them, they have been offered or have received a copy of their care plan and they are involved in the review of the care plan on a regular basis.

Documentation showed the service utilises risk assessment tools to inform care planning, including assessments in relation to falls, nutrition, and medications. Staff interviews demonstrated sound understanding of the service's care planning process, with assessments informing the delivery of safe and effective care. Staff provided examples of risks considered during consumer assessment and planning, including risks of falls, malnutrition and medication errors. Staff were able to describe, and care planning documentation reviewed showed, the service addresses these risks during the assessment and planning process through implementation of specific interventions, such as regular mobility exercises, the use of mobility aids, and bed and chair sensors.

The Assessment Team observed that consumers have an advance care plan in place, and admission assessments are conducted to initiate a conversation regarding advance care directives and end of life planning. Clinical staff described various opportunities to discuss end of life planning with consumers and their representatives, including during changes in care needs, routine care plan reviews and care conferences. Clinical and care staff where able to explain how they involve consumers in the assessment, planning and review of care and services. All sampled consumers’ care planning documentation showed evidence of annual case conferences, monthly Resident of the Day program and the participation of external service providers and allied health services.

Care planning documentation showed outcomes of assessment and care planning are communicated to consumers and representatives in a timely and appropriate way. Representatives advised they receive timely updates from staff through phone calls, visitations, or formal meetings.

Staff described processes for regular four-monthly review of care and services, as well as a review when circumstances change. They said clinical management monitors care plan reviews and works with registered nurses to ensure care plan interventions are effective. All sampled care plans reviewed were noted to be reviewed and evaluated for effectiveness within the last four months and when incidents impacted the needs, goals, and preferences of consumers.

# 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

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

Consumers expressed satisfaction with the provision of personal and clinical care, including assistance with showering, continence care needs, pain management, skin integrity, and specialised nursing care. They confirmed that they receive tailored personal care which optimises their health and well-being and their care is consistent. They reported they felt that staff are well-informed about their care needs and when there are changes in the care and services. They also expressed their satisfaction with access to relevant health providers, such as a medical officer, dietician, speech pathologist, and external service provider specialising in providing advice and support for people living with dementia.

Staff interviewed were able to demonstrate an understanding of consumers' care needs and what they do to support them in line with their care plans. All staff interviewed could describe their role in recognising and escalating changes in consumers' physical and mental health and their responsibility in communicating any changes in a consumer's condition based on observations. Clinical staff were able to describe how they ensure effective communication of consumer needs through comprehensively documented progress notes, care plans and handover process. The Assessment Team observed a clinical handover which included appropriate discussions of consumers with signs of deterioration and staff response and actions. Staff could explain how they monitor changes in consumers' behaviour, bladder and bowel function, pain, and other risk factors to identify and manage deterioration promptly.

Care planning documents sampled reflected the identification of, and response to, deterioration or changes in consumer's condition and delivery of personal and clinical care in line with their care plans and policies and procedures. Care planning documentation was noted to contain adequate information to support the effective and safe sharing of consumers’ care information.

Staff were able to describe how they provide person-centred end of life care in line with the consumer’s wishes and preferences and how they refer consumers to an external palliative care consultancy group to provide additional support where required.

Consumer files, progress notes, internal and external referral requests, and care planning documentation included input from other services and care providers. Documentation showed the service is managing consumers' risks in line with their care plans, which includes pain, falls, malnutrition, hypo- and hyperglycaemia and restrictive practices.

The service has policies and procedures in place to minimise infection-related risks through prevention and control of infection. There is an appointed Infection Prevention Control Lead to oversee and coordinate the implementation of infection prevention and control measures in the service. Documentation sampled, including infection reports and progress notes, evidenced appropriate monitoring and assessment of infection related risks.

# 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

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

Consumers’ feedback indicated their needs and preferences are being met, and they are supported to maintain their independence. Consumers expressed satisfaction with timely and appropriate emotional and spiritual support provided by their friends, visiting religious personnel, and they were aware they could approach staff if they had any concerns. Representatives reported staff inform them if the consumer appears down and provided suggestions for services that could support their emotional, psychological, and spiritual well-being which were implemented.

Meals are freshly prepared and cooked on site. Most consumers said that meals had improved over the past few months and were varied and of suitable quantity and quality. Consumers interviewed advised that they enjoy a variety of options and can change their minds and request either the alternative meal or other foods, such as salads, sandwiches, fruit, or yoghurt.

Care planning documentation reviewed reflected consumers’ needs and preferences, life history, and other relevant information that supports the consumers’ well-being and quality of life. The documentation confirmed care was being delivered in line with consumers’ assessed needs.

Staff described how they communicate changes in consumers’ needs and preferences, which were noted to be documented in progress notes and care plans to ensure effective communication of consumer needs, goals, and preferences.

Documentation, such as care plans, minutes of consumer meetings and newsletters confirmed consumers are supported to be active participants, both within and outside of the service community. There are two specifically designed activities program delivered by its own lifestyle staff member. Lifestyle staff said consumers are supported to engage in activities delivered through the two programs and to form friendships within in the service.

Lifestyle and staff were able to describe, and documentation reviewed confirmed, how consumers’ well-being is supported through delivery of one-on-one sessions, a men’s group, pet therapy and a comprehensive palliative care/end of life support. Lifestyle staff said that during the COVID-19 pandemic, many of their supports and services were curtailed but were now starting to resume. These include face-to-face religious services, spiritual volunteers and school students’ visits. Art therapy sessions have resumed and concerts with live external providers have also resumed, along with bus trips.

Staff could describe each consumer's food preferences and dietary needs, and each serving tray was noted to have an identifier. The Assessment Team observed meals to be nicely plated and looked appetising.

A manual maintenance request logbook was observed to be available at each nursing station with staff reporting maintenance requests for equipment requiring repair. Lifestyle staff reported they clean equipment between use and conduct risk assessments on new equipment. Most large equipment was observed to be stored safely when not in use.

# 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

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

Consumers expressed satisfaction with the safety measures in place at the service. They reported feeling secure and comfortable with staff consistently ensuring a safe living environment. The consumers also reported they were pleased with the standard of cleanliness maintained throughout the service and that they are encouraged to personalise their rooms. Consumers reported feeling safe when staff used equipment to assist with daily activities, such as hoists, shower chairs, wheelchairs, and mobility aids.

The Assessment Team observed rooms and communal areas offered views of external and internal gardens, as well as surrounding greenery in the neighbourhood. Consumers were observed to have access to balconies and an internal courtyard. Observations showed that the service was safe, clean, and comfortable, with maintenance issues reported and addressed promptly. Entry to the service and other areas, such as the lift, stairwells, and the underground car park is via a keypad system. Safety features included closed-circuit television cameras in the basement, car park and near the lifts in the common areas.

Common areas were observed to be clean and comfortable with consumers having access to a television, lounge areas and activity rooms which have been recently refurbished and painted. Staff were able to describe how they report maintenance issues through the logbook and discussed these during the daily meeting for clinical and maintenance staff. Documentation review confirmed most issues were resolved the same day.

Consumers were observed to have access to call bells and mobility aids placed within reach. Free movement of consumers both indoors and outdoors was observed during the Site Audit with the consumers either having access to the doors and lift codes or being assisted to access them by staff in accordance with their assessed needs and risks. Appropriate environmental restraint documentation was observed to be completed for the consumers with restricted access to certain areas and places of the service.

Inspection reports and maintenance records demonstrated the service is actively monitoring the safety and maintenance of furniture, fittings and equipment. Regular checks of equipment, such as hoists and air-conditioning system, as well as inspection reports for fire safety equipment were observed to be documented and readily 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

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

Consumers and representatives expressed satisfaction with the service’s complaints and feedback mechanism. Their feedback indicated their feedback is taken seriously and is acted upon promptly. Consumers also reported being pleased to see their feedback is being used to improve the care and services. For example, consumers have noted improvements in the quality and variety of meals based on their feedback.

Documentation, including complaints register and minutes of resident and relative meetings, demonstrated feedback and complaints are recorded from multiple avenues and the service is proactive in informing consumers of their rights and advocacy services. Data review of the feedback register showed a timeline of complaints processing, including the date they were lodged, the investigation, outcome and actions, and the time it was closed out.

Staff and management were aware of the concept and principles of open disclosure, and documentation confirmed this was applied in practice when things went wrong. Feedback and complaints data are compiled and sent to the Board monthly for their oversight.

Complaint data showed the service received multiple complaints regarding food in early 2022. The complaints were related to the temperature, the taste and the variety of food being served. Since then, the service has hired a new chef, changed the menu following consumer feedback on taste testing, and adopted the use of bain-maries to serve the food on and the use of additional hotboxes.

# 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

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

Consumers expressed their satisfaction with the number and mix of staff reporting that there was always someone available to assist them whenever they needed help. They appreciated the timely response to call bells and the prompt administration of time sensitive medication. In addition, the consumers commented staff treat them kindly and show care which helps to create welcoming and homely environment.

Staff interviewed stated they had the resources to provide the right level of care to consumers, and the levels of staffing changed based on the consumer’s needs. Documentation showed the organisation uses feedback from staff and consumers, as well as clinical indicator and call bell data to ensure the levels of staffing are sufficient. Call bell data is collated and measured against the key performance indicator of five minutes to respond. Majority of the responses to call bells were noted to be within two minutes.

The service has clear minimum requirements for potential candidates, which are included where positions are advertised. The induction process and welcome packs were noted to be comprehensive, with clear position duties lists and orientation modules to introduce policies, procedures and other resources.

The service has mandatory units and competencies which must be completed within 30 days of starting at the service. Training records reviewed demonstrated generally high level of compliance with staff completing their mandatory units, including in relation to incident management system, infection control, restrictive practices, fire and safety training.

The service has a structured staff appraisal cycle, which is required every second year, and provides direct feedback to staff following incidents, observations, or complaints. Staff interviewed reported they have received feedback from management through both formal and informal channels which assisted them with their professional development. A sample of staff appraisals showed high levels of engagement between management and the employee with documented strategies to address challenges which included additional training.

# 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

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

Consumers interviewed were satisfied the service is well run and they are involved in the evaluation and development of care and services delivered at the service through meetings and case conferences.

Documentation reviewed showed the service provides up-to-date and accurate information to consumers through newsletters and meetings. The service promotes a safe culture of quality and inclusivity, with managers and executives demonstrating a high level of understanding of the service's operations and current concerns. Management described how they work closely with consumers to obtain valuable information on service delivery.

Board reports showed comprehensive details regarding all aspects of consumers’ care, with details of all potential areas of concern, including quality indicators, incidents, and consumer feedback. The Board reports were seen to have compliance summaries which provide updates on how the service is tracking with compliance to internal policies, the Quality Standards and other legislative requirements.

The service has robust information management system, encompassing both paper-based and online records. The service has clear lines of responsibility within the workforce and financial management, with specialised support teams providing advice. Feedback is governed through internal committees and is provided to the Board. The service ensures compliance with relevant state and federal laws and regulations, adopting strategies to meet these requirements.

Management described how they are required to demonstrate financial accountability and external financial auditing is completed as required. Processes are in place to support the service to ensure staff are selected, trained and supported to meet the organisation’s values and job specifications of each role. The organisation subscribes to and participates actively with industry and peak professional bodies.

The service has robust risk management systems in place to detect, prevent, or mitigate risks, with policies providing clear guidance to staff on appropriate procedures. Staff confirmed they have been trained to detect and respond appropriately to risks and are committed to enhancing the lives of consumers by allowing them to take risks in a safe manner.

Risk management is embedded as an integral part of governance and operations to ensure that appropriate strategies, plans and systems are in place to identify and manage risk. The Board is responsible for overseeing management and ensuring risk management and accountability arrangements are in place throughout the organisation. Incidents of abuse and neglect are managed and documented through the service’s incident management system. The organisation has antimicrobial stewardship, minimising the use of restraint, and open disclosure policies and procedures in place to guide staff practice.

The Clinical Governance Framework is in place supporting the provision of best practice in clinical care. The Clinical Governance Committee meets bi-monthly, providing oversight, guidance, and accountability for the service practicing antimicrobial stewardship, minimising the use of restraint, and practicing open disclosure in line with legislative and policy requirements.

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)