Performance

Report

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| Name: | Montclaire |
| Commission ID: | 3604 |
| Address: | 18 Montclair Avenue, BRIGHTON, Victoria, 3186 |
| Activity type: | Site Audit |
| Activity date: | 14 May 2024 to 16 May 2024 |
| Performance report date: | 20 June 2024 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 5203 Montclaire |

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 Montclaire (**the service**) has been prepared by Denise McDonald, 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 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 relating to the performance of the 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 | |  |
| 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, as:

Consumers and representatives said staff treated consumers with dignity and respect. Staff gave practical examples of how they showed respect for consumers when providing care and were knowledgeable of each consumer’s identity, life history and values. Staff were observed treating consumers in a respectful manner.

Consumers confirmed staff were aware of their cultural backgrounds and provided care consistent with their preferences. Staff were familiar with consumers’ backgrounds and identities and supported them in remembering days of cultural significance. Policies and procedures guided staff in delivering culturally safe care.

Consumer representatives confirmed they had been nominated by the consumer to be their decision maker, and confirmed they were supported to have choice in how consumer’s care was delivered, and the supports required for consumers to maintain relationships. Staff confirmed those chosen by consumers as their decision maker were recorded. Care documentation evidenced consumers’ daily living choices and who was involved in their care.

Consumers and representatives gave practical examples of consumers mobilising independently despite risk of falling, as how consumers were supported to live life as they chose. Staff understood risks to individual consumers and explained the mitigation strategies implemented to promote their safety. Care documentation evidenced risk assessments were in place, with informed consent given by consumers, representatives and medical officers before consumers participated in those risks.

Consumers and representatives confirmed they received timely information through meetings, newsletters, emails and an activities calendar, which enabled them to make informed choices. Staff described means of communication with consumers, such as using visual aids, for those with differing sensory needs. Posters and information displayed on upcoming events, visiting allied health professionals and meal options was observed to be current and easy to understand.

Consumers and representatives gave practical examples of how their privacy was respected, such as staff knocked on doors and sought permission prior to entering their rooms. Staff explained consumers’ privacy was respected by ensuring doors were closed when providing care and sensitive discussions were held in private areas. Policies and procedures guided staff in respecting and maintaining consumers’ privacy and confidentiality.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Staff described using validated assessment tools and medical histories to identify risks, such as falls, malnutrition and pressure injury, which informed the development of the care plan. Staff confirmed they followed an assessment schedule embedded within the electronic care management system (ECMS) to identify risks and the care required by each consumer. Care documentation evidenced responsive strategies were planned to ensure the care delivered was safe and effective.

Consumers and representatives confirmed they had discussed consumers’ care needs, goals and preferences, which included advance care and end of life planning, if they wished. Staff confirmed discussing end of life wishes with consumers during the entry process and revisited these discussions during scheduled care reviews or when their needs or wishes changed. Care documentation contained the consumers’ current daily needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumers and representatives confirmed they and health professionals participated in the assessment, planning and review of consumers’ care and services. Staff confirmed consumers representatives and medical officers are notified when changes to consumers care occurred. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with others, such as wound consultants and geriatricians.

Consumers and representatives said outcomes of the assessment and planning of consumers’ care were shared with them by staff and they had a copy of the consumer’s care plan. The outcomes of assessment and planning were observed to have been documented in the ECMS and readily accessible. Care documentation evidenced timely sharing of the outcomes of assessment and planning with consumers and representatives.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, such as falls, following which their changed needs were reassessed. Staff explained incidents may also result in a review of consumers’ needs and preferences. Care documentation evidenced consumers’ needs were reviewed every 6 months and reassessment occurred when their health status, preferences or circumstances changed, such as to their mobility.

# 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 assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Most consumers and representatives said consumers received the personal and clinical care they needed; however, one consumer said their continence support needs were not met, prompting staff training to be conducted, in response. Staff were knowledgeable about consumers’ individual personal and clinical care needs and explained how risks specific to each consumer influenced care delivery. Care documentation evidenced consumers generally received safe, individualised care in line with their assessed needs and preferences.

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ care and services, such as when dispensing medications. Staff understood the high-impact and high-prevalence risks for consumers and explained how these were managed, such as ensuring specialised nursing assessments were followed for those with complex health conditions. Care documentation evidenced risks to consumers were identified and responsive management strategies were in place.

Care documentation, for a consumer who recently passed away, evidenced they were kept comfortable through provision of regular comfort cares, pain management medications and support from aged care clinicians. Staff understood how to care for consumers nearing end of life to ensure their comfort and to meet their needs and preferences, with registered nurses trained in palliative care. Policies and procedures guided staff in the provision of end of life care.

Consumers confirmed staff recognised changes in their conditions and responses were timely. Staff explained consumers were monitored for changes in their overall condition and escalated to clinical staff for review, who may refer consumers to their medical officer. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers and representatives gave positive feedback about how information was shared relating to consumers’ conditions. Staff confirmed information on consumers care requirements was available via the ECMS, it was exchanged between themselves, with changes or updates communicated via handover processes. Care documentation evidenced sufficient information about consumers’ conditions which could be shared with those involved in their care.

Consumers and representatives confirmed consumers had access to other health care providers and referrals were timely. Staff demonstrated knowledge of referral processes to ensure the consumer’s needs were met. Care documentation evidenced consumers were promptly referred to health professionals, such as dieticians and speech pathologists.

Consumers and representatives gave positive feedback about how infection-related risks were prevented and managed, particularly in relation to COVID-19. Staff described how they minimised the use of antibiotics for consumers and said they attended training in infection prevention and control. Policies, procedures and plans guided staff in antimicrobial stewardship, reducing transmission of infection and infectious outbreak management.

# 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 assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers gave positive feedback about the services for daily living and confirmed they were supported to pursue activities of interest, including exercise groups, gardening and football tipping competitions, which optimised their independence and wellbeing. Staff explained consumer’s lifestyle plans were used to tailor activities to meet consumers differing needs. Consumers were observed participating in a range of activities such as the morning exercise group.

Consumers confirmed their emotional, psychological and spiritual needs were supported by staff. Staff advised they supported consumers emotionally by spending one-on-one time with them when their mood was low, arranging pastoral care and coordinating volunteer visits. Care documentation reflected consumers’ faith practices and the lifestyle calendar evidenced church services of various denominations were scheduled routinely.

Consumers and representatives said staff supported consumers to access the community, participate in activities and spend time with family or friends. Staff explained consumers accessed the community with support from family and friends, whilst social connections were encouraged through group activities. Consumers were observed participating in activities, spending time in communal areas, pursuing solo interests and returning from outings with their visitors.

Consumers said information about consumers’ daily living needs were effectively communicated, particularly as staff understood their dietary preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers and they accessed care documentation in the ECMS. Care documentation evidenced information was accessible which facilitated sharing between those responsible for service delivery.

Consumers and representatives confirmed when additional support was needed, consumers were referred to other organisations and service providers. Staff explained service providers and volunteer groups were engaged to offer activities such as pet therapy and spend meaningful one-on-one time with consumers. Care documentation evidenced referrals were made to other organisations to meet consumers’ needs.

Most consumers and representatives said meals were enjoyable, the food looked appetising, and portions served were sufficient, however, one consumer said the meat was of poorly quality and vegetables served lacked variety. Meal service was observed to be under resourced, disorganised, and disjointed, resulting in consumers not receiving meals simultaneously. While these delays were not of concern to consumers, management confirmed staff were not following meal service procedures. Management confirmed meal service processes will be reviewed, they continue to work with individual consumers to meet their preferences and staff will be provided with additional point of service training.

Consumers said they had access to safe, clean equipment, which was well maintained and suitable for their use, with any concerns reported to staff. Staff said they cleaned shared equipment and maintenance documentation evidenced it was inspected routinely. Mobility aids and shared equipment were observed to be clean, well maintained and suitable for consumers’ 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 assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives said the service was welcoming, easy to navigate and consumers were encouraged to decorate their rooms with personal items. Staff said they enjoyed assisting consumers to personalise their surroundings, because the service was the consumers’ home. The service had wayfinding signage which made it easy to navigate and there were common areas where consumers could socialise with each other, family and friends.

Consumers and representatives said the service was clean, well maintained and consumers could move freely between the indoors and outdoors. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Consumers were observed to have free access to both indoors and outdoors areas, including communal areas and the courtyard.

Consumers and representatives said furniture, fittings and equipment were safe, clean, well maintained and maintenance requests were promptly actioned. Staff explained, and maintenance documentation confirmed, maintenance was attended to promptly. Furniture, fittings and equipment were observed to be safe, clean, well maintained and suitable for consumers’ use.

# 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 assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives said they were supported to provide feedback and make complaints and gave practical examples of avenues available to them, such as speaking with staff and attending meetings. Staff explained consumers and representatives were also encouraged to make complaints and provide feedback care consultations, surveys, or by completing a feedback form. Minutes from the resident and relative meeting and food focus meeting evidenced consumers and representatives provided feedback about care and services.

Consumers and representatives understood how to access external complaints and advocacy groups, though were comfortable raising issues directly with staff. Staff described the external complaints, advocacy and language services available to consumers and said they assisted them to access these, if required, with information sessions regularly provided by advocacy services. Posters, brochures and noticeboards promoted the Charter of Aged Care Rights, as well as access to the Commission, advocacy support and language services.

Consumers confirmed when they provided feedback, staff were prompt to address concerns, made an apology and put strategies in place to prevent recurrence of the issue. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced action was taken in response to consumers’ feedback and complaints.

Consumers and representatives gave practical examples of how their feedback and complaints were used to improve the quality of care and services, such as a weekly chef’s special was now included on the menu and refinements were made to other menu items. Staff explained feedback and complaints were reviewed to identify trends and described how actions were taken to improve consumers’ services, such as to the laundry process. Meeting minutes evidenced consumers’ feedback and complaints were documented in the CIP and used to improve their care and services.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about staffing levels and said consumers’ needs were promptly met. Management explained the roster was developed based on consumers’ care needs, with a focus on staff member continuity and familiarity for consumers. Rostering documentation evidenced shifts were consistently filled by a mix of appropriately skilled staff to meet consumers’ needs, with a registered nurse always available.

Most consumers and representatives said staff were kind, caring and respectful when providing care, however, one consumer said 2 staff did not interact with them when clearing away after meal service, with staff training to be provided in response. Staff were observed to be kind, caring and respectful when interacting with consumers. Policies, procedures and handbooks guided staff on behaviour expectations including respect and inclusion.

Consumers and representatives confirmed staff were suitably skilled and competent in meeting consumers’ care needs. Management explained, and staff confirmed, competency was determined through induction and training programs, consumer and peer feedback, observations, ensuring professional registrations and criminal history checks were current, and annual performance appraisals. Personnel records evidenced staff had position descriptions which required competencies and clinical registrations relevant to their roles.

Consumers gave positive feedback about staff training and confirmed they were equipped to perform their roles. Management explained training was provided in response to staff requests, incidents and audit results. Training records evidenced all staff had completed mandatory training in the Serious Incident Response Scheme (SIRS), manual handling, infection control, restrictive practices, emergency evacuation procedures and information security awareness.

Management advised staff performance was assessed and monitored during probation and annually thereafter, with informal appraisals through observations and discussions with consumers and representatives. Staff confirmed they participated in performance reviews and said the process was an opportunity for self-reflection and professional development. Personnel records evidenced all staff had current performance appraisals.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers gave positive feedback about how the service was managed and said they were supported to evaluate their care and services through speaking with staff, or they could approach the consumer representative who shared feedback on their behalf. Management explained consumers and representatives further contributed to service evaluation through meetings, during which activities and service improvements were discussed. Meeting minutes evidenced consumers and representatives discussed feedback and complaints and were engaged in evaluating consumers’ care and services.

Consumers confirmed they felt safe and lived in an inclusive environment with access to care and services. The organisation’s board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through regular reporting on consumers’ experience, clinical indicators, feedback and complaints, SIRS notifications, staff suggestions and incidents, which were analysed to identify and address wider service trends. Management explained, and observations confirmed, the organisation had a quality advisory body which met quarterly and had oversight from a clinician and member of the board.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place and followed by management and staff.

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)