Performance

Report

**1800 951 822**

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| Name of service: | Mooraleigh Hostel |
| Service address: | 748 Centre Road BENTLEIGH EAST VIC 3165 |
| Commission ID: | 3379 |
| Approved provider: | Monash Health |
| Activity type: | Assessment Contact - Site |
| Activity date: | 26 September 2022 |
| Performance report date: | 20 October 2022 |

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 Mooraleigh Hostel (**the service**) has been prepared by L Glass 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 8 Organisational governance | Not applicable as not all requirements have been assessed |

# 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 8

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| Organisational governance | |  |
| 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 |

Findings

During a site audit conducted in February 2022 it was identified the service was unable to demonstrate informed consent was in place for any environmentally restrained consumers and a locked gate was applied indiscriminately to consumers, including those able to leave the service independently. It was identified that regulatory compliance mechanisms failed to identify consumers were environmentally restrained, or if identified the service failed to ensure informed consent was gained for the consumer.

Interviews, documentation review and observations confirmed consent is now in place for any consumers requiring environmental restraint. The restraint and associated risks have been discussed with the consumer/representative. All other consumers at the service have swipe access cards available to them and sign out and in at reception. I am satisfied the service has demonstrated improvements undertaken have resulted in meeting the requirement for regulatory compliance in regard to environmental restraint.

I am also satisfied the service has processes and mechanisms in place for effective wide governance systems including for information management, continuous improvement, financial governance, workforce governance, including the assignment of clear responsibilities and accountabilities and feedback and complaints. Staff had ready access to information and communication is effective, a continuous improvement plan informed the identified recent improvements, the service demonstrated budget or expenditure supports the changing needs of consumers, workplace governance is in place and staff performance monitored, feedback and complaints are encouraged and responses are timely.

1. The preparation of the performance report is in accordance with section s 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)