Performance

Report

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| Name: | Mt Eliza Gardens Aged Care |
| Commission ID: | 8249 |
| Address: | 235 Canadian Bay Road, MOUNT ELIZA, Victoria, 3930 |
| Activity type: | Site Audit |
| Activity date: | 29 May 2024 to 30 May 2024, 4 June 2024 |
| Performance report date: | 11 July 2024 |
| Service included in this assessment: | Provider: 2607 Australian Aged Care Group Pty Ltd  Service: 22833 Mt Eliza Gardens Aged Care |

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 Mt Eliza Gardens Aged Care (**the service**) has been prepared by Katherine Richards, 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; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The provider submitted an email on 14 June 2024 stating they did not wish to respond to the Site Audit report.

# 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.

Consumers confirmed they were treated with dignity and respect, and their identity, culture and diversity were valued. Staff were familiar with consumers’ backgrounds and preferences and described how the delivery of care aligned with consumers’ identity and culture. Policies and mandatory training were in place to guide staff practice and ensure consumers were treated with dignity and respect.

Consumers advised their cultural backgrounds were recognised and respected, and they received culturally safe care. Care planning documentation identified consumers’ cultural backgrounds and outlined their unique cultural needs and preferences. Staff identified consumers’ culture, and outlined how it influenced the delivery of daily care and services.

Consumers confirmed they were supported to maintain their relationships of importance and make decisions regarding the delivery of their care, and their choices were respected. Staff advised they supported consumers to make their own decisions, and described how they assisted consumers to maintain their relationships of choice. Care planning documentation identified the individuals that consumers chose to have involved in the decision making of their care and services.

Staff demonstrated an understanding of the activities which contained an element of risk that consumers chose to engage with, and advised they informed consumers of the potential risks and strategies to promote their safety. Consumers described how they were supported to take risks and live the life they chose. Care planning documentation reflected the use of assessments to identify risks, and evidenced risks and mitigation strategies were discussed with consumers and their representatives.

Staff advised consumers and representatives were kept informed of current information through newsletters, verbal reminders, and information displayed throughout the service. Consumers confirmed they were provided with information regarding their care and services and could request further information and explanations from staff when required. Policies and procedures were in place to guide staff practice and ensure information was communicated to consumers in a clear and easy to understand manner to support informed decision making.

Consumers confirmed their personal privacy was respected, and staff knocked on their door and awaited their response prior to entering. Nurses’ stations were observed to be locked when unattended, and computers were password protected when not in use to ensure the confidentiality of personal information. Staff described how they practically maintained the privacy of consumers by closing curtains when providing personal care, and ensuring documentation was securely stored.

# 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.

Staff demonstrated a detailed understanding of the initial and ongoing assessment and care planning process, and how it was utilised to inform the delivery of care and services. Care planning documentation evidenced risks to consumers’ health and well-being were identified to inform risk mitigation strategies. Management described how a checklist was utilised to facilitate the tracking of assessment and planning tasks following the consumers’ entry into the service to ensure their key risks were identified and a care and services plan developed.

Staff described how they approached end of life planning assessments, which were completed during the consumer’s entry to the service and at regular care and service plan reviews. Care planning documentation reflected consumers’ current needs, goals and preferences, inclusive of their end of life goals. Policies and procedures regarding the assessment processes for advance care planning and end of life care were in place to guide staff practice.

Consumers and representatives confirmed they were involved in the assessment, planning and review of the consumer’s care and services. Care planning documentation evidenced ongoing partnership with consumers, representatives, allied health professionals and specialist providers. Staff described how assessment and planning was conducted in partnership with consumers and those they wished to be involved in their care.

Consumers and representatives advised assessment and planning outcomes were regularly communicated to them, and a copy of the consumer’s care and service plan was routinely provided. Staff advised they kept consumers, representatives and shared providers of care through in person conversations, telephone calls and emails, and described their responsibilities to ensure a copy of the care and service place was offered during reviews. Copies of care and service plans were evidenced to be electronically sent to representatives.

Care planning documentation reflected care and service plans were reviewed every 3 months, and assessments and risk mitigation strategies were reviewed for effectiveness following incidents. Staff demonstrated an understanding of the review process, and described care and services plans were reviewed on a 3 monthly basis, during monthly Resident of the Day reviews and in response to incidents. Management advised they maintained oversight of the Resident of the Day reviews to ensure staff were aware when care and service plans were due for review.

# 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.

Consumers and representatives advised consumers received safe and effective personal and clinical care which met their needs and optimised their well-being. Care planning documentation demonstrated care directives and strategies to ensure the delivery of effective care was individualised and tailored to consumers’ needs. Staff demonstrated an understanding of consumers’ personal and clinical care needs in alignment with best practice care principles.

Consumers and representatives reported consumers’ risks were effectively managed, and expressed satisfaction with the interventions in place to minimise risks. Staff described the high impact or high prevalence risks associated with the care of consumers, and outlined their associated risk mitigation strategies. Care planning documentation evidenced risk assessments were updated following incidents to ensure the effective management of risks with tailored strategies and management described ongoing actions to seek best practice risk management strategies.

Staff outlined how they would provide support to consumers during end of life care, including by managing their pain, providing hygiene care and regularly repositioning consumers to ensure they were comfortable. Palliative care procedures outlined how consumers’ end of life needs and goals were to be respected, and their comfort and quality of life maximised during the provision of end of life care.

Care planning documentation evidenced deterioration or changes in consumers’ health were recognised and escalated to the Registered Nurse in a timely manner. Staff advised they monitored for a range of signs related to deterioration, and outlined how they would escalate their concerns. Consumers and representatives reported staff were responsive to identifying and managing deterioration in the consumer’s condition.

Staff described how information regarding the consumer’s condition was communicated during handovers, and documented in progress notes and handover sheets. Consumers and representatives confirmed consumers’ needs and preferences were effectively shared between staff and external providers of care. Care planning documentation provided suitable information to support the effective and safe sharing of the consumer’s information, and evidenced changes to the consumer’s condition was documented in handover sheets.

Care planning documentation reflected referrals to allied health professionals and specialist providers were made in a timely manner and in response to changes in the consumer’s condition. Management described their responsibilities in relation to the referral process, including how they created referrals to various providers of care. Consumers and representatives confirmed referrals were timely and appropriate.

Staff demonstrated an understanding of antimicrobial stewardship, including awaiting pathology results or the medical officer’s instructions prior to the commencement of antibiotics. Consumers and representatives advised they regularly observed staff to practice hand hygiene and wear personal protective equipment. An outbreak management plan, policies and procedures, and 2 Infection prevention and control leads were available to guide staff practice to manage infectious outbreaks.

# 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.

Staff were familiar with consumers’ daily living needs, and the activities they enjoyed which optimised their quality of life. Consumers described the supports they received to assist them to engage in activities of interest to them.

Consumers reported they were provided with emotional supports, including one-to-one conversations, when they were feeling low. Staff advised they monitored consumers’ body language and facial expressions to identify any changes in their emotional and psychological well-being and would take appropriate supportive action if noticed. Staff described regular church services available to consumers to support their spiritual needs. Care planning documentation identified the supports provided to consumers to promote their emotional well-being.

Consumers advised they were supported to participate in activities within the internal and external community, maintain relationships of importance and to engage in activities of interest. Staff described how they supported consumers to engage in the community by organising activities which include walking groups and scenic bus drives. The activities calendar included a variety of individual and group based activities which catered to consumers’ interests.

Consumers reported information relating to their conditions, needs and preferences was effectively communicated within the organisation and with others where responsibility for care was shared. Staff advised information regarding the consumer’s condition was communicated through meetings, handovers and the electronic care management system. Care planning documentation detailed information to support safe and effective care in alignment with consumers’ daily activity preferences.

Care planning documentation evidenced consumers were referred to external organisations and individuals to meet their needs in a timely manner. Representatives advised consumers were referred to counselling services to support their emotional well-being. Staff described how they referred consumers to external providers of services.

Consumers and representatives mostly provided positive feedback regarding the quality, quantity and variety of meals provided to consumers, however some consumers advised there could be a greater variety of meals offered to them to meet their dietary preferences. This feedback was raised with management, and they advised the feedback has been incorporated into the meal options available to consumers. Staff advised the menu was rotated on a monthly basis, and developed in consideration with Dietician and consumer feedback. The kitchen was observed to be clean and tidy, and staff were adhering to food safety protocols.

Consumers reported they had appropriate access to mobility equipment to meet their daily living activity needs. Staff described their responsibilities to ensure equipment was kept safe, clean and well maintained. Signage was observed to remind staff to ensure equipment was cleaned after each 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.

Consumers and representatives described the service environment as welcoming and easy to understand, and enabled consumers to feel at home. Staff advised they supported consumers’ sense of belonging by providing new consumers with a tour of the service, and encouraging consumers to personalise their rooms. The service environment was observed to be welcoming, with wide corridors which were well-lit and fitted with handrails to assist consumers to navigate.

Consumers and representatives verified consumers were able to move around freely through indoor and outdoor areas and expressed satisfaction with the cleanliness of their environment. Staff advised they adhered to a daily cleaning schedule, which included the regular cleaning of communal areas, dining rooms and consumers’ rooms. Documentation evidenced all scheduled maintenance had been competed in a timely manner.

Consumers and representatives confirmed their equipment, furniture and fittings were safe, clean, and well maintained. Staff outlined the process to submit a maintenance request, and outlined their roles and responsibilities to ensure equipment was cleaned after use. Furniture, fittings and equipment were observed to be clean and suitable for consumer 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.

Consumers and representatives reported they were comfortable and empowered to provide their feedback or make complaints. Management described how consumers were encouraged to raise their feedback through feedback forms, consumer meetings, care and service plan reviews and by speaking directly to staff. Feedback forms displayed in multiple languages were accessible throughout the service.

Consumers and representatives advised they were aware of external advocacy services, described how information regarding these services was available through the consumer handbook. Management described the language and translation services available to support consumers to raise their feedback. Information regarding language and advocacy services, including the Commission, were observed to be displayed.

Staff described how they would escalate complaints to management, and demonstrated an understanding of open disclosure practices, including providing an apology and offering a resolution to the complaint if suitable. The feedback register evidenced open disclosure practices were applied, and consumers received an acknowledgement and apology in response to providing complaints. Consumers were satisfied with the actions taken to resolve their concerns.

The continuous improvement plan documented the source of the complaint and outlined care and service improvements implemented from the resolution of the complaint. Consumers confirmed their feedback and complaints were reviewed, and gave examples of resulting care and service improvements. Policies and procedures outlining the organisational commitment to address feedback and complaints to identify improvement opportunities were in place.

# 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.

Consumers and representatives mostly advised there were enough staff to meet the care needs of consumers, however a consumer reported there were not enough staff during the meal service to support consumers whilst completing their duties. Management acknowledged this feedback and advised staff were available to provide the named consumer with assistance in alignment with their preferences, and they would follow up concerns. Staff confirmed there were enough staff to meet the personal and clinical care needs of consumers. Management advised regulatory care minute requirements, potential unplanned leave and the needs of consumers were considered when developing the workforce roster, and explained how they monitored call bell response times through monthly audits.

Consumers and representatives confirmed interactions with staff were kind, caring and respectful. Staff interactions were guided by a code of ethics and conduct, which outlined the expectation of staff to be respectful of consumers’ identity, culture and privacy. Staff were observed to be familiar with consumers’ needs and preferences, greet consumers by their preferred name, and to interact with consumers in a respectful and gentle manner.

Consumers and representatives confirmed staff were competent and skilled to perform their roles. Position descriptions included the key competencies and qualifications that were required, or desired for each role. Management advised the competency of staff was assessed through the orientation process, buddy shifts and regular training.

Staff advised they completed mandatory training during the orientation and on an annual basis thereafter on topics including incident management, open disclosure and restrictive practices. Training records evidenced most staff had completed their mandatory training. Management advised training is allocated to be completed on an annual basis and as the service has been in operation for 6 months not all training has been completed, however a continuous improvement action was created to address training completion rates. Management advised they monitored training completion rates and would provide further training on topics requested by staff or in response to their observations, feedback and analysis of trends and clinical indicators.

Management reported performance appraisals were completed at the 3 and 6 month mark for probationary staff, and on an annual basis thereafter. Staff described the performance appraisal process and advised they were provided with opportunities for improvement. Management reported the performance of staff was monitored and reviewed to identify the requirement for additional training, and if a staff member was underperforming, additional supports and education would be provided to them.

# 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.

Consumers and representatives reported the service was well run, and they were engaged in the development of care and services. Management advised consumers and representatives were actively involved in the development, delivery and evaluation of care and services through consumer meetings, feedback processes and surveys, and described their actions to form a Consumer Advisory Body. Consumer meeting minutes evidenced consumers were encouraged to provide their feedback and suggestions on various aspects of their care and services including meals, cleaning, lifestyle activities and clinical care.

Management described the organisational structure which allowed for reciprocal communication between management and the governing body. Management advised they regularly reported feedback trends, performance data and plans of action to the governing body to ensure their oversight. Meeting minutes from Board meetings and the medication advisory committee evidenced the governing body was kept informed and held accountable for care and service outcomes.

Staff confirmed they could access the information required to perform their roles through the electronic care management system, the intranet and physical copies of documents. Management outlined the governing body’s oversight of the budget approval process, and advised they were able to request additional funding to ensure the quality of care and services. Management described their oversight of regulatory compliance changes, and confirmed updates would be communicated to the governing body, staff, consumers and representatives as required. Management advised the governing body maintained oversight of feedback and complaints processes, and continuous improvement initiatives were informed through a variety of mechanisms.

Management outlined the risk management systems to ensure high impact or high prevalence risks were managed and identified through the analysis of clinical indictors, audits and reports. Staff described the reporting process in the event they identify elder abuse or neglect. Management advised consumers were supported to live the best life they can through the assessment to understand risks and the implementation of mitigation strategies. An incident management system was in place to report, record and review incidents, and management described they monitored all incidents to ensure appropriate follow up and escalation.

Management advised clinical staff collaborated with medical officers to ensure the appropriate use of antibiotics, and confirmed they monitored and reviewed the use of antibiotics. Staff demonstrated an understanding of open disclosure practices, and management confirmed open disclosure training was provided to staff. Management described how restrictive practices were managed by conducting regular reviews and by ensuring alternative interventions were trialled first.

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)