



Performance Report

1800 951 822

[Agedcarequality.gov.au](https://agedcarequality.gov.au)

Name of service:	Montrose Aged Care Plus Centre
Service address:	13 Thames Street BALMAIN NSW 2041
Commission ID:	0507
Approved provider:	The Salvation Army (NSW) Property Trust
Activity type:	Site Audit
Activity date:	25 July 2023 to 27 July 2023
Performance report date:	25 August 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 Montrose Aged Care Plus Centre (**the service**) has been prepared by K. Richards, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)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 service advised by email dated 14 August 2023 they will not be submitting a response to the Assessment Team's report.

-

¹ The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018.

Assessment summary

	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

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: <ul style="list-style-type: none"> (i) make decisions about their own care and the way care and services are delivered; and (ii) make decisions about when family, friends, carers or others should be involved in their care; and (iii) communicate their decisions; and (iv) 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 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said staff understood and respected each consumer's identity, culture, and diversity, and were caring and respectful. Staff demonstrated familiarity with consumers, and were observed interacting in a kind and friendly manner. Guidance was available through policies for dignity, consumer choice, and diversity and inclusion.

Consumers and representatives were satisfied staff understood consumers' cultural values and needs. Staff described training and processes to develop understanding of consumers' backgrounds, cultures, and personal stories, and actions taken to meet the needs of individuals.

Consumers and representatives described how consumers are supported to make and communicate decisions about care and services, relationships of importance, and who should be involved in their care. Staff detailed examples of consumer decisions in relation to preferences for care, and management explained strategies to manage when consumers and representatives have different decisions about care, ensuring the consumer's position is respected. Care planning documentation reflected consumer choices in line with consumer and representative feedback.

Consumers and representatives stated staff support them to live their best lives, including taking risks. Staff described risks taken by consumers, and mitigating strategies developed through



assessment and consultation. Care planning documentation included identified informed consent was obtained, including discussion of benefits and consequences of risks.

Consumers and representatives said the service regular and sufficient information to make informed choices, including in written and verbal formats. Representatives further described receiving informative communication during outbreaks. Staff described communications with consumers and representatives, including through newsletters, emails, and information displayed on notice boards.

Consumers and representatives described actions taken to maintain consumer privacy and confidentiality, including staff knocking before entering consumer rooms and closing doors when providing care. Staff described actions to maintain confidentiality included pathways to secure electronic and paper documentation, and ensuring private information is not discussed in front of consumers and representatives.

Standard 2

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: (i) 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 (ii) 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 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said assessment and planning identifies needs, including when they are complex, and associated risks to inform safe care. Staff explained the care planning process, including how it informed the delivery of care and services, and demonstrated familiarity with consumer care needs, risks, and management strategies. Care planning documents incorporated assessments undertaken, identified risks, and included mitigating actions to inform safe care delivery.

Consumers and representatives advised they were consulted about consumer needs, and care planning documentation included goals and preferences, including advance care plans. Staff described the approach to discussing end of life and advance care plan conversations during admission process, and care reviews, including when consumer needs change. Printed copies of advance care directives were available to guide staff, with observed actions for a named consumer taken in line with directives.

Consumers and representatives described their partnership in the planning of care and services, and were aware of others involved in assessment and development of the care and services plan. Staff and management described how they engage consumers and representatives in assessment and review of care planning documents, and availability and



involvement of other organisations. Care planning documentation demonstrated involvement of consumers, representatives, and other providers of care to develop a care and services plan.

Consumers and representatives were satisfied with communication, including updates and changes, and could access the consumer's care plan if they wished. Staff described how they communicate assessment outcomes and offer a copy of the care and services plan. Care planning documentation included evidence of timely communication to consumers and/or representatives.

Consumers and representatives identified involvement in the regular review of consumers' care and services plans and when changes or incidents occurred. Staff described the process for reviewing care and services plans every 3 months or following change of circumstance, with management detailing the scheduling and monitoring process to ensure adherence. Care planning documentation demonstrated timely reviews undertaken following incident or change in circumstance, as well as in line with the scheduled 3-monthly timeframes.

Standard 3


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: <ul style="list-style-type: none"> (i) is best practice; and (ii) is tailored to their needs; and (iii) 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: <ul style="list-style-type: none"> (i) standard and transmission based precautions to prevent and control infection; and (ii) 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 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives were satisfied provided care is tailored, safe, and supportive of consumer health and well-being. Staff demonstrated familiarity with individualised personal and clinical care needs of consumers, and understanding of best practice care principles, including relating to restrictive practice, pain management, and skin care. Care planning documentation reflected delivery of safe personalised care, informed by policies, procedures and systems. Whilst wounds were observed to be improving, wound care documentation did not always include photographs in line with the service's best practice guidelines, with management introducing responsive improvement activities.

Consumers and representatives said risks to consumer well-being are assessed, explained, and managed. Staff demonstrated familiarity with high impact and high prevalence risks for each consumer, and mitigating strategies. Care planning documentation identified risks, monitoring, and management strategies for the care of each consumer. Whilst monitoring processes were



not always documented in line with service processes, investigation demonstrated this to be an information gap rather than a process gap without impact to consumer care, and corrective action and education was promptly undertaken by management.

Staff described changes made to care delivery for consumers nearing end of life, in order to maximise comfort and preserve dignity. Care planning documentation for consumers identified as commencing palliative care demonstrated strategies to manage pain, ongoing communication with the family, involvement of specialised outreach services, and incorporated identified end of life wishes, including religious needs.

Consumers and representatives said the service responded promptly to deterioration or changes in condition. Staff explained the signs and symptoms they would use to identify deterioration and how they would manage or escalate concerns. Care planning documentation demonstrated identified changes were responded to in a timely manner.

Consumers and representatives were satisfied information was communicated effectively, ensuring provision of constant and reliable care. Staff described how information is accessed and shared, including with other health professionals and representatives.

Consumers and representatives said referrals occur when needed, and are timely and appropriate. Staff described available services and referral processes. Care planning documentation demonstrated timely communication with, and involvement of, Allied health services, Medical officers, and external specialist services.

Consumers and representatives expressed confidence in the service's procedures to minimise infection-related risks, including management outbreaks. Staff said they received training in infection minimisation and infection control precautions. The service has a vaccination program for consumers and staff, and infection control practices are overseen by staff with specialised training. The service has policies and procedures to guide on antimicrobial stewardship, infection control, and management of an outbreak. Staff and visitors were observed practicing hand hygiene and complying with use of personal protective equipment, such as facemasks.

Standard 4

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: <ul style="list-style-type: none"> (i) participate in their community within and outside the organisation's service environment; and (ii) have social and personal relationships; and (iii) 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 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said consumers receive safe and effective services and supports to meet consumer needs, goals, and preferences. Staff demonstrated understanding what is important to consumers, including how consumers prefer to spend their time. The service provides a consumer wellness program, with exercise programs built into the activities calendar.

Consumers and representatives said the service offers emotional, spiritual, and psychological support, including on to one time from staff and the pastoral care worker. Staff described engaging with consumers, understanding what was of importance, and providing emotional support appropriate to the individual. Care planning documentation included information on how to support their emotional, spiritual and psychological needs.

Consumers and representatives said the service enables them to participate in the community, do things of interest, and develop and maintain relationships of importance. Staff described how they supported consumers, including establishing an area for a consumer with a love of gardening, and developing an art therapy group. Consumers were observed participating in activities, entertaining visitors, and returning from activities outside the service. Brochures and information on display promoted other available external organisations, including groups run by the local community centre.



Consumers and representatives were satisfied information about their daily living choices and preferences is communicated effectively, with staff understanding their needs and preferences. Staff, including kitchen staff, explained they are kept updated with changes through handover processes, and reviewing care planning documentation, with pop up messages through the electronic care management system relating to sudden changes. Care plans captured consumer needs and preferences in line with feedback.

Consumers and representatives said they were referred to other providers appropriately and promptly when needed. Staff and management spoke of partner organisations working with the service to ensure appropriate care and services are available to consumers. Care planning documentation demonstrated collaboration with external services to support the diverse needs of consumers.

Consumers and representatives gave positive feedback about the quality, quantity, and variety of meals. The chef described consulting with consumers in food focus meetings, providing tastings for selections of new meals to be introduced to the seasonal menu. If consumers did not like the meal offered, alternate options were available. Staff were knowledgeable about consumer meal preferences in line with care planning and consumer feedback.

Consumers and representatives said consumers felt safe using the service equipment, and it was clean, easily accessible and suited to needs. Consumers, representatives, and staff were familiar with reporting processes for maintenance and repairs, and said requests were actioned promptly. Equipment was observed to be clean and well-maintained, with documentation demonstrating regular maintenance was undertaken in line with scheduling.

Standard 5

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: (i) is safe, clean, well maintained and comfortable; and (ii) 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 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said the service is welcoming and easy to navigate. Rooms were observed to be personalised with consumer belongings. Indoor and outdoor communal areas provided areas for consumers to socialise or participate in activities.

Consumers and representatives described the service environment as clean, safe, and comfortable. Staff explained and demonstrated established processes and schedules for cleaning and maintaining the environment, with monitoring of standards undertaken through audits. Consumers were observed moving freely around indoor and outdoor areas of the service environment, with automated doors to the outdoor and courtyard areas to enable safe passage.

Consumers and representatives were satisfied furniture, fittings, and equipment are well maintained and clean. Staff said they could access sufficient equipment for consumer needs, with rapid responses to issues reported for maintenance. Documentation demonstrated servicing of equipment has been undertaken as scheduled.

Standard 6

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 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they felt comfortable and supported to provide feedback directly to staff or management, or through forms or emails. Staff said they would assist consumers to make a complaint or complete feedback forms, and were familiar with the complaints process. Feedback forms were observed to be readily available, with information on complaints and feedback processes provided to all consumers within the Resident handbook.

Consumers and representatives could identify supports for making complaints, including advocacy and language services, and opportunities to lodge complaints to external organisations, such as the Commission, with details in the Resident handbook and on display. Staff advised they are aware of external supports and options for complaints management, but have not had to assist consumers to access these services. Senior Rights Service NSW attended a consumer and representative meeting in February 2023 to explain their role.

Consumers and representatives were satisfied with timely responses to complaints, with apology issued and discussion of actions taken to prevent recurrence. Staff provided examples of responses to complaints demonstrating application of open disclosure processes, with management explaining education on the process is part of mandatory training for staff. Complaints logged were managed with adherence to the service's policy, demonstrating communication and investigation in a timely manner.

Consumers and representatives said their feedback led to improvements in the quality of care and services. Management described analysing and trending feedback, which is monitored at organisational level for awareness and development of strategies on a wider basis if required. Management said they communicate improvements and follow up actions at consumer and representative meetings.

Standard 7

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 5 of the 5 Requirements have been assessed as compliant.


Consumers and representatives were satisfied there were enough staff to provide care and support in a timely manner. Staff said recent changes to rostering ensured there were enough staff to provide quality care in a timely manner. Management described processes to fill vacant shifts, demonstrating adaptive processes to manage outbreaks, with rostering during a recent outbreak demonstrating sufficient coverage for consumer needs.

Consumers and representatives said staff are kind, respectful, and caring. Staff interactions are guided through policies, procedures, and training processes, including supports for consumer identity, culture, and diversity.

Staff described being well supported by management through onboarding processes, with access to mandatory training and competency assessments required to perform their role. Management described and demonstrated monitoring processes for qualification, registration, police checks, visa compliance, and how they incorporate information within the Commission's Code of conduct to recruitment. Position descriptions include key competencies and requirements for each role.

Consumers and representatives said staff are capable, skilled, and have sufficient knowledge to provide safe and quality care. Staff described ongoing formal and informal training opportunities and said they can request further training to enhance their performance. Management explained monitoring training attendance and actions taken where staff are overdue mandatory training. Management gave examples of how they used outcomes of consumer care monitoring to identify and develop training programs for staff.

Staff said they undergo annual performance reviews, which include a written self-assessment and face-to-face meeting with their supervisor. Management described ongoing monitoring of staff performance through observations, feedback processes, and involvement in meetings. Discussions occur with staff regarding attitude and aptitude, with every occurrence viewed as an



opportunity for learning. Documentation demonstrated performance appraisals were undertaken in line with the scheduled timeframes, and actions relating to underperformance were undertaken in a timely manner.

Standard 8


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: (i) information management; (ii) continuous improvement; (iii) financial governance; (iv) workforce governance, including the assignment of clear responsibilities and accountabilities; (v) regulatory compliance; (vi) feedback and complaints.	Compliant
Requirement 8(3)(d)	Effective risk management systems and practices, including but not limited to the following: (i) managing high impact or high prevalence risks associated with the care of consumers; (ii) identifying and responding to abuse and neglect of consumers; (iii) supporting consumers to live the best life they can (iv) 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: (i) antimicrobial stewardship; (ii) minimising the use of restraint; (iii) open disclosure.	Compliant

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives identified opportunities for engagement in the design, delivery, and evaluation of services through meetings, focus groups, and feedback opportunities. Management described encouraging consumers and representative involvement in meetings, focus groups, surveys, and feedback processes, capturing feedback for service improvements.

Consumers and representatives said consumers felt safe, living in an inclusive environment with access to quality care and services. Staff and management described monitoring and reporting of critical indicators, incidents, and quality initiatives, with escalation pathways to inform the governing body. Data from the service is benchmarked against other services within the organisation, and used by the governing committees and Board to inform change.



Reporting processes, including undertaking analysis of data, are used to inform the Board, ensuring governance systems and processes are effective to provide care in accordance with the Quality Standards. Organisational governance frameworks relating to information management, continuous improvement, financial governance, workforce governance, and regulatory compliance include guidance for staff through policies and procedures. For example, the organisation monitors regulatory compliance, with changes to policies and procedures endorsed by the Board before being communicated to management and staff within each service.

Management described risk management systems and practices, and how these were analysed to identify issues and trends before reporting through governance committees and the Board. A high risk and high prevalence register is used to identify and monitor consumers of concern. Staff were familiar with incident reporting responsibilities, including requirement to identify and report concerns relating to abuse or neglect through the Serious Incident Response Scheme. Policies and procedures ensured consumers were supported to take risks in order to enable them to live the best life they can.

Staff and management explained the clinical governance framework, used to guide clinical practice through policies, procedures, training, and monitoring of care. Management described actions to minimise use of restrictive practices, ensuring they are used as a last resort for the minimum amount of time, and assessed for effectiveness. Staff said they received training on antimicrobial stewardship and incorporated non-pharmacological measures to reduce infection risk.