Camberwell Gardens

Performance Report

15 Cornell Street
CAMBERWELL VIC 3124
Phone number: 03 9836 9507

**Commission ID:** 3779

**Provider name:** Menarock Aged Care Services (Victoria) Pty Ltd

**Assessment Contact - Site date:** 11 March 2021

**Date of Performance Report:** 8 April 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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
* the provider’s response to the Assessment Contact - Site report received 25 March 2021
* infection control monitoring checklist.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer's experience and how the organisation understands and applies the requirement within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The service was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Falls are not managed appropriately.

Overall, sampled consumers and their representatives expressed their satisfaction with the care provided, and they feel the service is meeting their needs. However, a representative expressed dissatisfaction with falls management and care provided post falls and the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer in relation to managing falls.

There are policies and procedures relating to assessing and reviewing the consumer's care and service needs. Further policies and flowcharts guide staff in the escalation process and incident management.

One of seven requirements under Standard 3 was assessed and I have found the specific requirement assessed is not met.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements has been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team identified inadequate management of high impact and high prevalence risks for falls resulting in poor outcomes for consumers. The team found monitoring of the consumer post fall does not adequately address the associated risk for example there was inconsistent communication and escalation post fall to relevant clinical staff. Neurological and clinical observations were not completed in accordance with the service’s policy and pain was not assessed or monitored for impact on the consumer post fall. Care file documentation, interviews with a representative and staff demonstrated inconsistent and ineffective management of the care and high risks associated with the impact of falls and ineffective management of consumers post falls as outlined.

In making my decision I have considered the Assessment Team report and the response from the provider to the report. I acknowledge that education about falls management including pain charting post fall and requirements for neurological observation post falls has been undertaken since the site visit. However, based on the information available I find that the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer in relation to falls management, resulting in incomplete assessment and inadequate management of associated risks. I therefore find this requirement is not met.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirement within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Consumers are generally satisfied with adequacy of staff and responses to requests for assistance. Consumers interviewed said staff are kind, caring and respectful and observations of staff interactions were consistent with this feedback.

Staff are generally satisfied there are sufficient time to complete the work and said unplanned leave is replaced or if management cannot arrange a replacement, shift times are extended.

Management developed and implemented an action plan to address deficits in staffing. This has included implementing additional shifts in the Elm unit and increasing staffing hours each day across the service.

The overall Quality Standard is not assessed as only one as of the five specific requirements have been assessed as for the Standard.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Regular monitoring and review of all falls incidents to ensure effective management of high impact or high prevalence risks associated with the care of each consumer in relation to falls. Monitoring should ensure there is timely escalation, documentation and communication post fall with relevant clinical staff and representative and that pain charting and neurological observations are consistent with the service’s policy and inform treatment and outcomes for consumers.