Accreditation Decision and Report

**Decision not to revoke accreditation following review audit**

**Decision to vary period of accreditation following review audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Marco Polo Aged Care Facility |
| **RACS ID:** | 0560 |
| **Name of approved provider:** | Marco Polo Aged Care Services Limited |
| **Address details:** | 70 Waples Road UNANDERRA NSW 2526 |
| **Date of review audit:** | 09 July 2019 to 25 July 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 30 August 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 77 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service after receiving a review audit report. | |
| **Decision:** | Not to revoke the accreditation of the service under section 77 of the Rules.  To vary the period of accreditation under section 77(4)(a) of the Rules. | |
| **Varied period of accreditation:** | 30 August 2019 to 30 March 2020 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Not Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Standard 4 Services and supports for daily living | | Not Met |
| Standard 5 Organisation’s service environment | | Not Met |
| Standard 6 Feedback and complaints | | Met |
| Standard 7 Human resources | | Not Met |
| Standard 8 Organisational governance | | Not Met |
| **Timetable for making improvements:** | By 16 December 2019 | |
| **Revised plan for continuous improvement due:** | By 14 September 2019 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 80 of the Rules.**

## Introduction

**This is the report of an assessment of Marco Polo Aged Care Facility (the Service) conducted from 09 July 2019 to 25 July 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 20 |
| Consumer representatives | 8 |
| Manager | 1 |
| Executive care manager and acting facility manager | 1 |
| Care managers/acting care managers | 3 |
| Learning and development staff | 2 |
| Care staff | 10 |
| Registered nurses | 4 |
| Cleaner | 2 |
| Lifestyle staff | 4 |
| Catering contractor | 1 |
| Human resource personnel | 2 |
| Catering staff  Registered nurses | 2 |
| Maintenance staff | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

#### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team’s findings are that the organisation meets all six of the requirements under this standard.

Consumers living in the service are generally treated with dignity and respect. They can maintain their identity and make informed choices about care and services, and live the life they choose.

Consumers and representatives report that staff treat them with dignity and respect. Consumers’ cultural needs and preferences are supported. Consumers indicated that they are able to exercise their choices and live their life as they wish.

The organisation demonstrates that care and services are culturally safe. Various organisational documentation recognises inclusiveness, dignity, compassion and integrity. The organisation and service are implementing a comprehensive diversity plan to ensure the service is responsive and inclusive.

There are processes to ensure that consumers and representatives have information regarding risks they many wish to take and are able to make informed choices about whether to take those risks. They are provided with information about possible risks and action is taken to mitigate perceived risks as much as possible.

The organisation and service provides current accurate and timely information and consumers feel included in life in the service. Communication strategies include regular meetings and updates. Consumer’s privacy is respected and personal information’ confidentiality is maintained.

#### Requirements:

Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

The Assessment Team’s findings are that the organisation does not meet two of the five requirements under this standard.

The organisation is unable to adequately demonstrate that assessment and planning addresses the risks to the consumer’s health and well-being and therefore consistently deliver safe care and services. Accurate assessment and reassessment of care needs does not routinely occur which has impact on the delivery of safe and effective care.

The organisation is unable to demonstrate that care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs of consumers.

The management team and staff demonstrated an understanding of the consumers’ needs and preferences in relation to the partnership with the consumer to address care needs. Whilst the systems are developing, consumers report they are cared for according to their requirements and the care meets their needs.

All consumers have care plans that address their care needs and are given an opportunity to make their wishes known in relation to advance care planning and end of life care. Care plans are regularly reviewed to ensure they are up to date.

#### Requirements:

Standard 2 Requirement 3(a) Not Met

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Met**

The organisation demonstrates that 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.

Standard 2 Requirement 3(c) Met

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.

Standard 2 Requirement 3(d) Met

The organisation demonstrates that 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.

Standard 2 Requirement 3(e) Not Met

The organisation demonstrates that 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.

### Standard 3: Personal care and clinical care Not Met

#### 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.

#### Summary of Assessment of Standard 3:

The Assessment Team’s findings are that the organisation does not meet five of the seven requirements under this standard.

The organisation is unable to demonstrate that each consumer gets safe and effective clinical care that is best practice in relation to behaviour management and the use of psychotropic medication to manage behaviour which has had impact on the health and quality of life of consumers.

The organisation does not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer in relation to psychotropic medications, change in nutritional status, pain management, managing delirium and minimising restrictive practices.

The organisation is unable to demonstrate that timely and appropriate referrals occur and, examples of when referrals are made, directives are not put in place and followed up appropriately.

The organisation are unable to demonstrate there are effective systems to prevent and control infections which has impacted on consumers.

All consumers reviewed have a computer based care plan which is reviewed on a regular basis. Staff report they have access to information contained within the care plan and other related information.

#### Requirements:

Standard 3 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(b) Not Met

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

Standard 3 Requirement 3(c) Met

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

Standard 3 Requirement 3(d) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(f) Not Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 3 Requirement 3(g) Not Met

The organisation demonstrates 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.

### Standard 4: Services and supports for daily living Not Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and   
   well-being and that enable me to do the things I want to do.

#### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team’s findings are that the organisation does not meet one of the seven requirements under this standard.

The organisation provides services for daily living that promote each consumer’s emotional, spiritual and psychological well-being. Information about the consumer’s condition, needs and preferences is communicated where responsibility for care is shared. Timely and appropriate referrals are made for the consumer when external services are required. The meals provided are varied and of suitable quality and quantity. Equipment at the service is safe, suitable, clean and maintained.

However, the organisation does not demonstrate that all consumers have supports to do things of interest to them. Whilst the organisation has a group activity program in place, there are limited opportunities for consumers who do not wish to, or cannot, participate in the group activity program. The service does not evaluate each consumer’s individual lifestyle program. Consumers and representatives provided feedback that the lifestyle program has no activities of interest to them.

Risks associated with the services and supports are not managed effectively and therefore impacts on the health, well-being and quality of life of consumers.

#### Requirements:

Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Standard 4 Requirement 3(c) Not Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Standard 4 Requirement 3(e) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Not Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team’s findings are that the organisation does not meet one of the three requirements under this standard.

The organisation does not demonstrate that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. The environment is of a clinical nature and there are inadequate quiet and personal spaces for consumers to use. The dementia specific unit does not support the needs of consumers living with dementia. There are limited visual cues for wayfinding and the access to the outdoors is complex and not immediately visual. Noise levels impact most areas of the service environment.

The organisation has plans to improve the service to create areas which are more functional for consumers with limited mobility and to change the layout of the service in the current financial year.

There are monitoring systems and processes which support the ongoing maintenance of the service and to ensure the suitability of building, furniture, fittings and equipment. Areas of risk are identified and managed. Staff interviewed have knowledge of the systems which support the maintenance of a safe and comfortable environment. Contracted cleaning staff confirmed cleaning services are delivered as arranged. Management confirmed there are processes to identify and escalate emerging risks and maintenance issues.

#### Requirements:

Standard 5 Requirement 3(a) Not Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

1. The organisation regularly seeks input into and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

The Assessment Team’s findings are that the organisation met all four of the requirements under this standard.

All consumers and representatives said staff follow up when they raise things with staff. Regular resident meetings are held, and consumers are asked for their feedback regarding a variety of areas of operation within the service.

The organisation demonstrated it encourages and supports stakeholders to provide feedback or make complaints in various ways. Information is made available regarding access to advocates and language services and other methods for raising and resolving complaints. The organisation demonstrates appropriate action occurs in response to complaints raised and open disclosure occurs when things go wrong. The organisation has a system for monitoring feedback and complaints, they are reviewed and used to improve the quality of care and services.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Not Met

#### 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.

#### Summary of Assessment of Standard 7:

The Assessment Team’s findings are that the organisation does not meet two of the five requirements under this standard.

The organisation has a workforce that is sufficient, skilled and qualified. Generally staff delivery care in a safe and respectful manner.

Not all staff are competent members of the workforce and do not have the knowledge to effectively perform their roles. There is evidence of poor performance in relation to behaviour management, registered nurses actions and follow up when consumer clinical care needs change or their condition deteriorates.

Regular assessment, monitoring and review of the performance of each member of the workforce is not conducted in accordance with the organisation’s policy and procedures and on occasion is not effective.

#### Requirements:

Standard 7 Requirement 3(a) Met

The organisation demonstrates that 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.

Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Standard 7 Requirement 3(c) Not Met

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

Standard 7 Requirement 3(d) Met

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Standard 7 Requirement 3(e) Not Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Not Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

The Assessment Team’s findings are that the organisation did not demonstrate that three of the five requirements under this standard were met.

While the organisation can demonstrate changes in the organisational structure, systems and focus are occurring to improve governance, as yet this is not sufficiently implemented to identify the service’s failure to meet some the Quality Standards requirements. This has impacted on the organisation’s ability to demonstrate that is meets regulatory requirements to provide a safe medication system, and to provide pain management, wound care, minimise restrictive practice and other areas of clinical care effectively for some consumers.

Ninety two percent of consumers interviewed said the service is well run always or most of the time. One consumer expressed dissatisfaction with the constant change of management at the service. Consumers were able to explain how they are being consulted about the care they receive and how their feedback is being used to improve the life they live.

The organisation has commenced implementing systems and a structure to support the organisation to engage with consumers and meet the requirements of Standard 8 Organisational governance. The organisation demonstrates actions have occurred and are being planned to promote a culture which is safe, inclusive and provides quality care and services with processes to ensure accountability.

The governance structure of the organisation is being strengthened. The board has been developing their focus on risk identification and management. The organisation has been strengthening its approach to risk management with the establishment of a risk management committee and the organisation has developed a risk dashboard using a traffic light concept. Initial data provided shows the service has made improvements as the deputy regional manager has used the reports to direct the focus for improvement at the service. The organisation can provide evidence of improvements which have been made through the development of clinical governance across the organisation.

#### Requirements:

Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Standard 8 Requirement 3(b) Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

Standard 8 Requirement 3(c) Not Met

The organisation demonstrates 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.

Standard 8 Requirement 3(d) Not Met

The organisation demonstrates 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.

Standard 8 Requirement 3(e) Not Met

The organisation demonstrates that 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.