Marco Polo Aged Care Facility

Performance Report

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**Commission ID:** 0560

**Provider name:** Marco Polo Aged Care Services Limited

**Assessment Contact - Site date:** 22 September 2020 to 23 September 2020

**Date of Performance Report:** 10 November 2020

# 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(c) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | 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 16 October 2020.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### 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.

## Assessment of Standard 2

An overall assessment of the standard was not provided as only one requirement of the Standard was assessed.

The Quality Standard has not received a compliance rating as only one of the five specific requirements have been assessed. This requirement was assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(e) Compliant

*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.*

The Assessment Team found that care planning documentation sampled demonstrated there are instances where care and services plans have been reviewed following a change to the consumer’s circumstances. Consumer/representatives interviewed confirmed they are generally kept informed when consumer’s circumstances change and have been invited to participate in case conferences. Management explained care plans are reviewed regularly and as needed. The care manager stated the process of review is ongoing and care plans are updated whenever changes occur. The electronic care documentation system provides alerts as to when care plans are due for review.

I am of the view that the approved provider is compliant with this requirement as they have demonstrated that care and services are reviewed regularly when consumer needs change.

# STANDARD 3 NON-COMPLIANT Personal 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

For consumers sampled the care and service records did not support that each consumer gets safe and effective care that is best practice, tailored to their needs and optimises their health and wellbeing.

Consumers representatives sampled stated they’re satisfied with the care their consumer receives.

While staff can describe areas of care for the sampled consumers that relates to risks associated with the care of those consumers the documentation review did not support that appropriate clinical care was provided to manage these risks. High prevalence, risks at the service are related to falls, weight loss and use of psychotropic medications.

The service was able to provide evidence of recognition and response to deterioration to a consumer’s condition in a timely manner. This was confirmed by reviewing consumer files and interviewing staff and management at the service.

The service has identified and implemented improvements to infection control practices over the last few months, clinical indicator records indicate an improvement in trends since December 2019.

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

### Assessment of Standard 3 Requirements

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

*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.*

The Assessment Team found that consumer records showed gaps and inconsistencies in relation to observations and pain assessment documentation and management. The care and services records sampled do not support effective care that is tailored to the specific needs and optimises the health and wellbeing of each consumer. Representative sampled were satisfied with the care their consumer receives. Staff were knowledgeable about the specific care needs for the sampled consumers and could describe how they adjust care to meet these needs. While the service is making attempts to reduce the use of psychotropic medication prescribed ‘as required’, there remains a high proportion of consumers on psychotropic medications with no attempts to reduce demonstrated. Adequate skin integrity practice was observed.

In their response, the approved provider submitted information to address the issues raised by the Assessment Team for the sampled consumers. While I accept the information provided confirms neurological observations occurred following consumer falls during the assessment of performance, and they were at a greater frequency than reported by the Assessment Team, the information confirms that the practice is not aligned to the frequency expected of the Service procedures in place at the time of the assessment nor those that have been updated since the assessment. While I accept that information about pain is recorded in progress notes for consumers and is recorded in the neurological observations chart, and pain charts, there was no evidence submitted that confirms that interventions to minimise pain are evaluated for effectiveness and trends for the individual monitored overall. Assessment of effectiveness of interventions, if recorded is only at the time of each intervention. This is despite the sampled consumer experiencing pain in her legs four days prior to the fall and several times in the preceding two months. Pain charts submitted did not confirm proactive monitoring for pain, however when the consumer verbalised pain, it was recorded.

Information submitted about a consumers unplanned weight loss did not support that the Service was actively monitoring the consumers weight, nor that they were actively trying to reduce her weight from the obese range in the nine months prior to the assessment of performance. The dietician review conducted after the assessment of performance confirms the weight loss was unplanned and provides a plan for management.

I am of the view that the approved provider does not comply with this requirement as it does not demonstrate that each consumer gets safe and effective personal and clinical care in relation to pain management and management of unplanned weight loss.

### 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 that while staff can describe areas of care for the sampled consumers that relates to risks associated with the care of those consumers the documentation review did not support that appropriate clinical care was provided to manage these risks. High prevalence, risks at the service are related to falls, weight loss and use of psychotropic medications.

In their response, the approved provider submitted information about the issues raised by the Assessment Team for the sampled consumers. They did not dispute the finding of the Assessment Team regarding inadequate falls management policy. I acknowledge that the Service has taken actions since the date of the assessment, to improve their procedures for management of consumers who fall.

While the approved provider confirmed the incidence of unplanned weight loss, they did not provide documented support that they systematically manage unintended weight loss. While they stated that the 16 consumers are on weight management plans and are reviewed by Dietician’s, there was only a single example provided.

While I accept that the Service is taking actions to reduce the use of psychotropic medications overall, the incidence remains high. There was no information provided to demonstrate a reduction in incidence is occurring or that there are individual management plans for the appropriate use of psychotropic medication.

I am of the view that the approved provider does not comply with this requirement as it does not demonstrate effective management of high impact or high prevalence risks associated with the care of consumers.

### Requirement 3(3)(d) Compliant

*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.*

The Assessment Team found that the Service was able to provide evidence of recognition and response to deterioration to a consumer’s condition in a timely manner. This was confirmed by reviewing consumer files and interviewing staff and management at the service.

I am of the view that the approved provider complies with this requirement as it demonstrated that they recognise and respond in a timely manner to a change in consumers mental health, cognitive or physical function.

### Requirement 3(3)(g) Compliant

*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.*

The Assessment Team found that while the service has identified and implemented improvements to infection control practices over the last few months, clinical indicator records do not indicate a significant change to trends at the time of the assessment. They also found that staff have received training in relation to infection control and that staff could describe infection control procedures and how to minimise infection related risks at the service. They found some gaps in the COVID 19 outbreak management plan in relation to the creation of an isolation unit.

In their response, the approved provider submitted information to address the issues raised by the Assessment Team. While they disputed the accuracy of the current occupancy reported by the Assessment Team of the DSU and the service more broadly, they did not address the issue that they did not have a clearly articulated plan for how they would ‘stand up’ the DSU as an isolation area in the event of a COVID 19 outbreak. I’m satisfied that this alone does not make the Service non-compliant with this requirement, and I acknowledge the improvements made at the Service in relation to minimising infection related risks since the site audit in February 2020. The Approved Provider submitted information to dispute the Assessment Team’s finding that there has been no significant change in trends in clinical indicator records relating to infections. I accept that this demonstrates a gradual improvement since February 2020.

I am of the view that the approved provider does comply with this requirement as it does demonstrate effective minimisation of infection related risks.

# STANDARD 6 Feedback and complaints

### 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 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.

## Assessment of Standard 6

An overall assessment of the standard was not provided as only one requirement of the Standard was assessed.

The Quality Standard has not received a compliance rating as only one of the four specific requirements have been assessed. This requirement was assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The Assessment Team found that the service has identified food and catering concerns as a result from the review of consumer feedback and complaints information and has demonstrated changes were initiated to improve the quality of food and catering services.

I am of the view that the approved provider complies with this requirement as it demonstrated that it has reviewed complaints and feedback and made changes to improve the quality of care and services.

# 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

An overall assessment of the standard was not provided as only one requirement of the Standard was assessed.

The Quality Standard has not received a compliance rating as only one of the five specific requirements have been assessed. This requirement was assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(c) Compliant

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

The Assessment Team found that the Service has demonstrated that their workforce is competent and have the qualifications and knowledge to effectively perform their roles. All consumers and representatives sampled felt confident staff are skilled to meet their care needs and management demonstrated how staff competency and capability is determined, monitored and engaged in continual professional development.

I am of the view that the approved provider complies with this requirement as they have demonstrated that the workforce is appropriately skilled and posses the qualifications and knowledge to effectively perform their roles.

# STANDARD 8 NON-COMPLIANT Organisational governance

### 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.

## Assessment of Standard 8

The organisation was unable to provide a up to date risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers is managed.

They did however demonstrate appropriate management of occasions of reported abuse or neglect of consumers.

Feedback from consumers and representatives and documentation reviewed indicated that consumers in the DSU are not supported to live the best life they can.

The organisation provided evidence of a clinical governance framework which included the areas of antimicrobial stewardship, minimising the use of restraint and open disclosure.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-compliant

*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.*

The Assessment Team found that the organisation was unable to provide an up to date risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers is managed.

They did however demonstrate appropriate management of occasions of reported abuse or neglect of consumers.

Feedback from consumers and representatives and documentation reviewed indicated that consumers in the DSU are not supported to live the best life they can.

In their response, the approved provider submitted information to address the issues raised by the Assessment Team. While they reported that their procedure manual includes topics not covered by the clinical guidelines flip chart placed at nurses stations, for the deteriorating consumer, they did not dispute the team’s finding that there is no up to date risk management framework with policies describing how high impact or prevalence risks associated with the care of consumers is to be managed at the Service.

I am of the view that the approved provider does not comply with this requirement as it does not demonstrate an effective risk management system.

### Requirement 8(3)(e) Compliant

*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.*

The Assessment Team found that the organisation has a clinical governance framework which included the areas of antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. Staff had been educated about the policies and were able to provide examples of relevance to their work. Five out of six staff members sampled were able to describe and provide practical examples of minimising the use of restraint relevant to their work. Four out of six staff members sampled were able to describe and provide practical examples of the open disclosure policy. Management were asked about changes that had been made to the way that care and services were planned, delivered or evaluated because of the implementation of these policies. Management were able to provide examples.

I am of the view that the approved provider complies with this requirement as they demonstrated an effective clinical governance framework.

# 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.

### 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.*

The approved provider must demonstrate that:

* consumer records show consistency in relation to observations and pain assessment documentation and management.
* The care and services records sampled support effective care that is tailored to the specific needs and optimises the health and wellbeing of each consumer.
* It is making measurable attempts to reduce the use of psychotropic medication prescribed ‘as required’ and reduce the proportion of consumers on psychotropic medications.

### Requirement 3(3)(b)

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

The approved provider must demonstrate that:

* staff can describe areas of care for sampled consumers that relates to risks associated with the care of those consumers;
* documentation review supports that appropriate clinical care is provided to manage high prevalence risks at the service such as falls, weight loss and use of psychotropic medications.

### 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.*

The approved provider must demonstrate that:

* the organisation has an up to date risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers is managed.
* Feedback from consumers and representatives and documentation indicates that consumers in the DSU are supported to live the best life they can.