Sutton Park Assisted Aged Care

Performance Report

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MELTON SOUTH VIC 3338
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**Commission ID:** 3627

**Provider name:** McKenzie Aged Care Group Pty Ltd

**Assessment Contact - Site date:** 30 June 2021

**Date of Performance Report:** 11 August 2021

# Publication of report

This Performance Report **will 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(f) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | 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 28 July 2021

# 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

The Assessment Team found that there was progress made in the service’s clinical processes. However, they found that staff are not consistently following medical directives in relation to managing blood glucose levels for ‘as needed’ insulin for all consumers. Blood glucose levels were not being retested once ‘as needed’ insulin was given. Neurological observations were not completed continuously when a consumer presented with altered conscious states on several occasions.

Medication incidents are better managed with training modules having been provided to staff. Consumers who had falls were managed in line with the services falls management procedures.

The organisation evaluates trends and analyses and responds to high impact or high prevalence risks by use of clinical data and incident reporting.

The service has an infection control policy including an antimicrobial stewardship policy. Information has been circulated to clinical staff in relation to antibiotic resistance, optimal use of antibiotics and importance of choosing the right antibiotic to treat a confirmed infection. Antimicrobial stewardship education has been provided and staff demonstrated a good understanding of infection prevention measures.

A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard

### 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 considered the service has made progress in managing clinical processes in a wide range of areas. However, they found that staff are not consistently following medical directives to manage consumer’s blood glucose levels in relation to ‘as needed’ insulin and retesting consumers levels consistently. Staff did not complete continuous neurological observations when a consumer presented with altered conscious states on several occasions.

The service has been ensuring that refusals have been documented in relation to blood glucose levels testing for one consumer. However, the refusals have been an ongoing issue and intervention strategies have not been effective. Although further referral to specialists has been documented they do not appear to have been conducted at the time of this report. The result of this is that these behaviours continue to occur.

There were also concerns that staff did not have clear instructions for escalating concerns, when there was a change in the consumer’s status. For example, a consumer who is on fluid monitoring and changes to their abdominal girth are noted, there is no evidence of follow up.

Progress notes for a consumer who showed deterioration, record that neurological observations only commenced the day after deterioration was first observed and on advice from the aged care liaison officer at the local hospital.

The service has acknowledged in their response that the improvements in relation to clinical care are in their infancy but feel that they have made improvements and their clinical management had met expected standards and provided documentary evidence to support their claim.

Although improvements have been made in a wide range of areas there are still some gaps in the management of risk in the care of consumers. This includes ensuring timely action is taken to manage challenging behaviours which impact on consumer care and ensuring staff have clear processes to follow in relation to clinical care.

Based on all of the information provided I find the service is non-compliant in this requirement, but I acknowledge the continuous improvement plan that has been implemented by the service.

### 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.*

# STANDARD 4 Services and support for daily living

### 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.

## Assessment of Standard 4

Most consumers sampled were satisfied with the quality and variety of food provided. Consumers expressed that the provider has made improvements in the quality of food provided and included more meals options. The documentation reviewed indicated most consumers are satisfied with the dining experience. All consumers interviewed expressed satisfaction they have been given options with their meal choices and food portion and sizes were satisfactory.

Consumers contribute feedback to improve their food preferences and choices via the food focus meetings held monthly. The quality of meat has improved since changing to a new meat supplier, as chosen by the consumer food focus group.

A food table is available to staff which includes preferences and dietary requirements for each consumer. The menus are reviewed and updated every three to four months and reviewed by an independent dietitian.

Feedback is provided twice a week by consumers and includes preferences and ratings of the food consumed throughout the week. Minor adjustments to the menu are made based on the feedback received.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

# 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

All consumers felt comfortable to raise complaints with the staff and management. The consumers expressed that staff were approachable and were able to express their own preferences and raise concerns as required. Management and staff outline the advocacy and language services available to consumers and explained the process of raising and resolving complaints.

Staff will assist consumers to provide feedback. The service contacted all consumers and representatives and outlined the complaints and feedback process available to them.

Most consumers expressed satisfaction the service is taking action when complaints and concerns are raised regarding the care and services provided. Staff have a good understanding of open disclosure and how it applies to feedback and complaints. The complaints folder aligned with the consumer stories provided and management were transparent regarding their complaints.

Food based feedback resulted in improvements made to the menus and food focus meetings were changed from bi-monthly to monthly.

The service provided hard copies of completed feedback forms that included both positive and constructive feedback.

The service provided evidence regarding the complaints listed in the complaints schedule that supported the information provided by the consumer.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

# 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.

* Ensure all consumers have adequate care in the area of diabetes management, including ensuring consumer’s behaviours are managed to ensure delivery of care is able to be provided.
* Ensure challenging behaviours are managed in order to mitigate the risk of inadequate clinical care being provided.
* Ensure that all staff are aware of the processes to follow when a consumer presents with signs of deterioration in the areas of fluid monitoring and consumers with altered conscious states.