Performance

Report

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| Name: | Marco Polo Aged Care Facility |
| Commission ID: | 0560 |
| Address: | 70 Waples Road, UNANDERRA, New South Wales, 2526 |
| Activity type: | Site Audit |
| Activity date: | 28 November 2023 to 1 December 2023 |
| Performance report date: | 9 January 2024 |
| Service included in this assessment: | Provider: 835 Illawarra Retirement Trust  Service: 5309 Marco Polo Aged Care Facility |

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 Marco Polo Aged Care Facility (**the service**) has been prepared by P. Wallner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information held by the Commission.

# Assessment summary

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| Standard 1 Consumer dignity and choice | 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

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| 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:   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. | 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 assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers said they were treated with dignity and respect, and their identities and cultures were respected. Consumers’ care planning documents detailed their cultural needs, what was important to them and how they maintained their identities. Staff were observed treating consumers with dignity and respecting their individual choices and preferences.

Consumers and representatives said consumers’ cultural backgrounds were recognised and respected. Staff provided culturally safe care and respected consumers’ cultural identities, spirituality and individual values. The service had policies, procedures and training for staff in providing culturally safe care to consumers.

Consumers and representatives said they made decisions about consumers’ care, how services were delivered, who was involved in their care and how they maintained personal relationships. Consumers’ care plans detailed their choices, needs and preferences for the delivery of care and services. Staff gave examples of how they supported individual consumers to make decisions about their care and maintain important connections.

Consumers and representatives were satisfied with how consumers were supported to take informed risks, which enabled them to live their best lives. Consumers’ care planning documents confirmed risks to consumers were assessed and mitigation strategies put in place. Staff described risks taken by consumers such as the use of mobility scooters, and the strategies used to mitigate those risks.

Consumers and representatives described how they were regularly updated about changes to consumers’ care, or when an incident had occurred. Staff explained information was provided to consumers verbally, at resident and relative meetings and via newsletters. Information available to consumers was clear, easy to understand and available in large font.

Consumers and representatives said consumers’ privacy was respected and their personal information kept confidential. Staff described how they protected confidential information and respected consumers’ privacy such as by knocking before entering and closing doors to provide care. Consumers’ personal information was kept in locked nurses’ stations and password-protected computers.

# Standard 2

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| 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:   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. | 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were involved in developing consumers’ care plans, which were considered risks to consumers and their needs, goals and preferences. Clinical staff described the assessment and planning process, which considered risks to consumers well-being such as falls and pain management. Consumers’ care planning documents verified the information provided by clinical staff and showed the assessment and planning process informed the delivery of safe and effective care and services.

Consumers and representatives said assessment and care planning addressed current needs and goals as well as end of life plans. Staff understood consumers’ current care needs, goals and preferences and care planning documents showed individualised care planning which included end of life wishes and preferences.

Consumers and representatives said assessment and planning was an ongoing partnership with them, staff and external service providers. Clinical staff described how input was sought from consumers, representatives and other service providers during the assessment, planning and review of consumers’ care. Care planning documents showed medical officers and allied health professionals were involved in the assessment and planning of consumers’ care.

Consumers and representatives said the outcomes of assessment and planning were routinely conveyed to them and a copy of the care plan was offered. Staff said consumers’ needs were reviewed quarterly and a copy of the care plan was provided to consumers and representatives. Care planning documents showed detailed discussions occurred between consumers, representatives and staff about the outcomes of assessment and planning.

Consumers and representatives said care and services were often reviewed and expressed satisfaction with how staff responded to consumer incidents. Clinical staff said changes to consumers’ clinical status initiated a reassessment of their needs and evaluation of existing care management strategies. Consumers’ care planning documents showed care and services were reviewed regularly for effectiveness.

# Standard 3

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| 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:   1. is best practice; and 2. is tailored to their needs; and 3. 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:   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. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said consumers received safe and effective personal and clinical care which was specific to their needs and circumstances. Clinical staff described how they provided personal and clinical care in line with consumers’ needs, goals and preferences. The service had written policies and procedures to support staff to provide personal and clinical care in accordance with best practice guidelines. Care planning documents showed individualised personal and clinical care which optimised consumers’ health and well-being.

Consumers and representatives said risks associated with consumers’ care were identified and effectively managed. Clinical staff described how high-impact and high-prevalence risks such as falls, weight loss and behaviours of concern were identified and managed. Consumers’ care planning documents showed validated assessment tools were used to identify and minimise risks to consumer care.

Consumers and representatives said consumers’ advance care planning and end of life wishes were discussed with them during the admission process and on an ongoing basis. Management explained how consumers, representatives, medical officers and palliative care specialists were involved in planning and delivering end of life care. Care planning documents showed how end of life care was monitored, delivered and documented in the service’s electronic care management system.

Consumers and representatives said changes in consumers’ health, capacity and condition were identified and addressed. Management and staff described how they identified and escalated acute changes or concerns about consumers’ health status. Care planning documents showed deterioration in consumers’ condition were identified, escalated and responded to in a timely manner. The service had documented policies and procedures to guide staff in the identification of clinical decline and the escalation process.

Consumers and representatives described how information about changes to consumers’ conditions was effectively communicated to them and others involved in providing care. Management and staff said shift handovers and the electronic care management system provided current information about changes to consumers’ condition, needs and preferences. Care planning documents and records on the electronic care management system confirmed current information about consumers’ condition and needs was effectively shared between staff and others.

Consumers and representatives said referrals to appropriate other providers of care and services were timely. Clinical staff described how changes in consumers’ condition prompted reviews by medical officers and allied health professionals. Care planning documents showed timely referrals to wound consultants, medical officers and geriatricians occurred and these informed the delivery of care and services.

Consumers and representatives said infectious outbreaks and infections in individuals were effectively managed by the service. Staff said they were trained in infection prevention and control, antimicrobial stewardship and the use of personal protective equipment. Management described how the service worked with consumers’ medical officers to minimise the use of antibiotics, where possible. Care planning documents showed infections were monitored daily and referrals to medical officers were made when needed.

# Standard 4

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| 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:   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. | 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said consumers were supported to do things of interest and participate in activities of their choice. Staff said an individual lifestyle assessment was conducted to identify consumers’ needs, goals and preferences and identify the supports required to optimise their independence and well-being. Care planning documents detailed the lifestyle needs, goals and preferences of consumers’ and identified things that mattered to them.

Consumers said their emotional, spiritual and psychological needs were met and the service supported them to maintain contact with family and friends. Staff said when consumers had low moods, they provided one-on-one support and arranged for them to speak with loved ones who provided additional emotional support. Care planning documents detailed consumers’ emotional, spiritual and psychological needs and how staff could support them.

Consumers and representatives said consumers were supported to participate in activities within and outside of the service and make and maintain social connections. Staff described how consumers were supported to do things of interest to them and encouraged to socialise through events and group activities. Consumers were observed participating in activities and those who did not attend spent one-on-one time with staff.

Consumers and representatives said information about consumers’ daily living choices were effectively shared between staff, who understood their needs and preferences. Staff said the shift handover process kept them informed of changes to consumers’ care and service needs and preferences. Care planning documents detailed consumers’ current daily living needs and preferences, and the supports required.

Consumers and representatives said the service referred them promptly to appropriate external providers for additional services and supports for daily living. Staff said external providers were engaged to provide lifestyle services and activities of interest to consumers. Care planning documents showed the service collaborated with external providers to meet consumers’ diverse needs.

Consumers and representatives said the meals provided were varied and of suitable quality and quantity. Staff said the service provided 4 seasonal menus which were developed in accordance with consumers’ preferences and specific dietary needs. Staff understood consumers’ dietary requirements and were observed assisting consumers during mealtimes. Consumers had access to a suitable choice of foods which were always available.

Consumers said equipment provided by the service was safe, suitable, clean and well maintained. Staff said equipment was regularly inspected to ensure operational integrity and safety. Staff described how equipment was kept safe and clean for consumer use. Documentation showed equipment was maintained under reactive and preventative maintenance routines.

# Standard 5

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| 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:   1. is safe, clean, well maintained and comfortable; and 2. 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 assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers said the service environment was welcoming and they felt at home, particularly as they personalised their rooms with their own belongings. Consumers said it was easy to mobilise around the service, with large dining areas, wide hallways and suitable signage to assist navigation around the building. The service’s living areas and corridors were well lit and outdoor areas were well maintained.

Consumers said the service was safe, comfortable, clean, well-maintained and they could move freely around the service, both indoors and outdoors. Consumers’ ability to move around the service was unrestricted and staff assisted them to mobilise if they wished. All areas of the service were observed to be clean, safe and at a comfortable temperature. The maintenance manager used an electronic system to submit requests and issues were resolved in a timely manner.

Consumers said their rooms, furniture and fittings were kept clean and well maintained. The furniture, fittings and equipment appeared safe, clean and preventative and reactive maintenance programs and cleaning schedules were in place. Staff described the process for submitting maintenance requests which they said was effective and issues were addressed promptly.

# Standard 6

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| 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 assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were aware of how to raise complaints and provide feedback and were supported by staff during the process. Staff described how they supported consumers to raise issues about their care and services. Feedback forms were available throughout the service and staff were guided by the service’s written feedback and complaints resolution policy.

Consumers and representatives were aware of external avenues for raising complaints, such as advocacy services and the Commission, though they were comfortable reporting concerns to management. Staff explained how consumers were assisted to access advocacy and interpreter services and contact the Commission if they wanted to make a complaint. Information about how to make a complaint was readily available in multiple formats throughout the service.

Consumers and representatives said when a complaint had been made, management took action to resolve the issue and staff practiced open disclosure by and offered an apology. Complaints documentation showed when complaints were raised, an investigation occurred and complainants received an apology and the issue was resolved. Staff were guided in complaints management by the service’s feedback and open disclosure policy.

Consumers and representatives said their concerns were heard and used to improve the care and services provided. Management said opportunities for improvement were identified through complaints, internal audits, surveys, meetings and the resident advisory board. Issues identified through complaints were included in the service’s plan for continuous improvement along with the proposed improvement actions.

# Standard 7

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| 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said there were enough staff to provide timely care and meet consumers’ needs and preferences. Staff said there were adequate staff at the service and casual and agency staff filled vacant shifts due to unplanned leave. Management explained a master roster was used to ensure there was an adequate number and mix of staff to meet consumers’ assessed care needs.

Consumers said staff treated them with kindness and respect. Staff understood consumers’ cultural needs, preferences and identities. The service’s policies and procedures fostered a staff culture of treating consumers with kindness and respect. Staff were observed being attentive and respectful in all their interactions with consumers.

Consumers and representatives said staff were skilled, knowledgeable and able to provide the care and support needed. Management said staff were recruited to meet minimum requirements for each role including qualifications, professional registrations, and other checks. Documented position descriptions detailed the qualifications, professional registrations, knowledge, skills and abilities required for each role.

Consumers and representatives said staff were competent, well trained and understood consumers’ care needs. Management explained how staff training was managed by an education unit and completion rates were on target. Staff confirmed they attended mandatory training upon commencement and on an ongoing basis thereafter.

Management said staff performance was regularly monitored and reviewed during their probation period and annually thereafter. Management provided an example of an annual formal performance review and explained how staff performance was also assessed informally during team meetings, observations and through consumer feedback. Staff said they appreciated the performance review process as it provided an opportunity to discuss their professional development, request training and receive constructive feedback from management.

# Standard 8

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| 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:   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. | Compliant |
| 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 4. 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:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

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

Consumers and representatives said they were involved in the design, delivery and evaluation of care and services. Management described how input from consumers and representatives was sought during individual case conferences, resident and relative meetings, surveys, feedback forms and in-person discussions. Management said the organisation intended to implement a quality care advisory committee and consumers and representatives would be invited to nominate as a member.

The organisation’s Board set expectations and developed policies which emphasised safety, inclusivity and quality in all aspects of care delivery. The Board monitored and was accountable for the service’s performance against the Quality Standards and allocated resources to support the delivery of safe and quality care. Documentation confirmed the Board reviewed all aspects of care delivery through regular reports from the service management.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. The framework included policies and procedures to guide staff practice. The Board was actively engaged in reviewing the organisation’s governance systems and processes, which it used to satisfy itself the Quality Standards were being met.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff were aware of the organisation’s risk management policies and had been trained in what risk management meant for them in practical terms. Documentation showed risk management was embedded through the service’s policies and procedures, operating systems and learning and development program.

The service’s documented clinical governance framework included policies related to antimicrobial stewardship, restrictive practices and open disclosure. The framework emphasised safe and effective quality care and promoted clinical leadership, accountability and continuous improvement. Management and staff were trained on the service’s clinical governance framework.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)