Performance

Report

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| Name: | Marco Polo Woonona Care Services |
| Commission ID: | 1032 |
| Address: | 11 Watergum Way, WOONONA, New South Wales, 2517 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 16 September 2024 |
| Performance report date: | 22 October 2024 |
| Service included in this assessment: | Provider: 835 Illawarra Retirement Trust  Service: 6226 Marco Polo Woonona Care Services |

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 Woonona Care Services (**the service**) has been prepared by G Cherry, 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 Assessment contact (performance assessment) – 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 responses to the assessment team’s report received 9 and 21 October 2024

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements assessed |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements assessed** |

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.

# Other relevant matters:

Marco Polo Woonona Care Services is a 165 bed Residential Aged Care facility situated in Woonona, near Wollongong, New South Wales. Consumers reside across 2 floors of the service in single room accommodation with ensuite bathrooms. A secured memory support unit (MSU) is located on the ground floor.

# 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 |

Findings

A decision of non-compliance made on 22 April 2024 followed a site audit from the 12 March 2024 to 15 March 2024. At an assessment contact on 16 September 2024 the provider supplied a plan for continuous improvement (PCI), detailing improvement strategies/progress in addressing previously identified non-compliance. This included review of practices relating to skin integrity/wound management against best practice methodologies to ensure currency, provision of staff training relating to prevention/management and monitoring of staff practices to ensure compliance, plus trending of skin tears/wounds to ensure efficacy of management strategies.

The assessment team report receipt of mixed feedback from consumers and representatives in relation to clinical care provision. Interviewed clinical and care staff demonstrate knowledge of consumer’s care, however documents relating to wound, pain and behaviour management detailed some inconsistent recording of contemporary status. Via a review of 5 consumer’s documents the assessment team bought forward evidence wound photography preventing identification of progression for one consumer, non-use of wound measuring equipment nor pain management information for another (although medical officer/palliative care team are managing palliative care needs). Another consumer’s documents do not contain specific details/directives regarding management of ongoing symptoms of excoriation, plus repetition of 'PRN' (when required) pain relieving medication did not result in reassessment/review of pain management strategies. The assessment team note inconsistencies in use of non-verbal/verbal assessment tools. Interviewed consumers advised requesting additional pain-relieving medications, however, note receipt in a timely manner when doing so and one consumer advising staff provide pain relief when requested. Documents detail assessment of pain did not consistently occur prior to administration of nurse-initiated pain medication and alternate methods of support/comfort not documented to guide staff in care delivery.

Interviewed staff supporting consumers living in the MSU demonstrate knowledge of effective/ineffective behaviour management strategies for each consumer. Review of one consumer’s documents detail authorised chemical and environmental restrictive practices, referral to Dementia Support Australia (DSA), case conference discussions and regular communication with their representative regarding continued use of restrictive practices. However, trialling of differing strategies not consistently documented. Management advised of planned staff education including a presentation by DSA relating to de-escalation of challenging behaviours. Sampled representatives express satisfaction of care provision noting overall positive consumer outcomes however a representative of one consumer (living with mild cognitive impairment not residing in the MSU), considers inadequate incident management, leading to repetitive incidents/safety concerns due to leaving the service unaccompanied. They note a planned meeting with Management to addressed concerns. Documents detail equipment to alert staff when the consumer exits the building and staff advised regular monitoring for safety. However, monitoring documentation does not reflect behaviours described on their behaviour support plan.

In their response, the provider supplied multiple policy/procedural documents/guidelines. While acknowledging the importance of wound photography quality, they assert wound review/notation of status to be optimal in wound assessment and supplied evidence of multiple photographs accompanied by measuring devices, plus evidence of RN, medical officer/allied health review/management of wound care. They advised implementation of an upgraded clinical documentation system in October 2024. Evidence of appropriate care relating to skin integrity/excoriation was supplied, plus reassessment of continence needs, noting consumer satisfaction. Evidence of regular medical officer review/management of pain/medication was supplied. While noting recording of trialled strategies did occur, they acknowledge these were entered into the incorrect area of monitoring documentation. Review of assessed needs and communication with nominated decision maker occurred for one consumer, resulting in positive outcome. In consideration of compliance, while acknowledging some deficiencies relating to documentation completion, evidence does not translate to a lack of clinical care and/or negative consumer outcome. I find the service demonstrates systems and processes for consumers to receive safe and effective personal/clinical care. I find compliance in requirement 3(3)(a).

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

A decision of non-compliance made on 22 April 2024 followed a site audit from the 12 March 2024 to 15 March 2024. At an assessment contact on 16 September 2024 the provider supplied a PCI, detailing improvement strategies/progress in addressing previously identified non-compliance. This included review of service provision by external contractors, return to internal staff garden maintenance, inclusion of Workplace Health and Safety (WHS) issues discussed at meeting forums and review of organisational policy and risk management procedure.

Overall, the environment (including consumers’ rooms and communal areas) was observed to be safe, clean, comfortable/well maintained and sampled consumers expressed satisfaction with cleanliness. Management demonstrated effective preventative/corrective systems to ensure safety and comfortably well-maintained areas, plus supporting consumers’ independence to freely move throughout and access indoor/outdoor areas. Cleaning staff explained designated cleaning schedules to direct daily/weekly cleaning requirements and demonstrate knowledge of reporting/escalating maintenance requests. Processes for prioritising/actioning requests is evident, as is a preventative maintenance system. Regular monitoring by the regional management team occurs. Staff practices were observed to support provision of a safe, clean environment. Consumers were observed accessing various areas within the environment and exiting the service; consumers requiring support via mobility aids received staff assistance when required. Staff monitor exit/entry processes by confirming relevant screening/signing requirements.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)