Performance

Report

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| Name: | Marco Polo Woonona Care Services |
| Commission ID: | 1032 |
| Address: | 11 Watergum Way, Woonona NSW 2517 |
| Activity type: | Assessment Contact |
| Activity date: | 20 September 2023 |
| Performance report date: | 16 November 2023 |
| Service included in this assessment: | Provider: Illawarra Retirement Trust  Service:1032 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 J. Durston delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been 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.

# 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 |

Findings

The service was found non-compliant in Requirement 1(3)(a) following a site audit from 27 September to 5 October 2022. The service did not demonstrate that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

During the Assessment Contact conducted on 20 September 2023, the service provided evidence that it has implemented the following improvements to meet the requirement. Policies related to consumer diversity, culture and inclusion have been reviewed, and all existing care plans are being reviewed to ensure alignment with the new policies and processes. The admission process was revised to include more specific information on these areas. There has been an increase in lifestyle staffing numbers and the orientation program for new staff includes cultural understanding. Training records show ongoing training for staff on related cultural awareness and cultural safety topics. The staff handbook includes information on this requirement.

During the Assessment Contact the Assessment Team found the service demonstrated each consumer is treated with dignity and respect, with their individual identities, culture and diversity valued by the service and staff. Care documentation reflected consumers’ individual needs and identities. All sampled consumers and representatives said staff treat them with dignity and respect. Staff were able to discuss details of each consumer’s background, identity, culture, diversity and preferences and could explain how they use this knowledge to tailor the care experience for each consumer, including the use of language cue cards or non-verbal communication. Organisational documentation and training records showed there has been a renewed focus on customer service, cultural awareness and diversity within the service. The Assessment Team observed interactions between staff and consumers were respectful at all times.

The approved provider did not submit a response to the Assessment Team report. However, I consider the findings of the Assessment Team reflect the service’s compliance with this requirement.

Accordingly, I find Requirement 1(3)(a) is compliant.

# Standard 3

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| Personal care and clinical care | |  |
| 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 |

Findings

The service was found non-compliant in Requirement 3(3)(d) following a site audit from 27 September to 5 October 2022. The service did not demonstrate that deterioration or change of consumers’ mental health, cognitive or physical function, capacity or condition was recognised and responded to in a timely manner. This was reflected in care documentation and consumer representatives expressed concerns regarding the information they were given when consumer’s condition changed.

During the Assessment Contact conducted on 20 September 2023, the service provided evidence that it has implemented the following improvements to meet the requirement. The service implemented policies and processes for identifying and managing deterioration in a consumer’s condition. Staff training was provided on identification and escalation of deterioration. The service has introduced a high-risk case management program to closely review, monitor and ensure timely referrals for consumers who are at high risk or have experienced and/or who’s condition has deteriorated.

During the Assessment Contact the Assessment Team found the service demonstrated timely identification and response to deterioration and change to consumers’ condition. Consumers and representatives stated they were satisfied with how the service manages care when consumers become unwell or have a change in their health. Clinical staff described the process they use to review and provide required care to consumer’s when their condition deteriorates/changes, and when they refer consumers to the doctor or hospital outreach tea and for hospital admission when required. Overall care documentation showed timely identification and response to deterioration and change in consumers’ physical, mental and cognitive health.

The approved provider did not submit a response to the Assessment Team report. However, I consider the findings of the Assessment Team reflect the service’s compliance with this requirement.

Accordingly, I find Requirement 3(3)(d) compliant.

# Standard 7

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| Human resources | |  |
| 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 |

Findings

The service was found non-compliant in Requirement 7(3)(c) following a site audit from 27 September to 5 October 2022. The service did not demonstrate staff had the skills and knowledge to effectively perform their roles. Consumers and representatives provided feedback regarding the lack of knowledge and skills of agency staff at the service. Staff were not provided with sufficient information regarding their roles.

During the Assessment Contact conducted on 20 September 2023, the service provided evidence that it has implemented the following improvements to meet the requirement. The service actively recruited staff both locally and overseas. This has resulted in an increase in staffing levels at the service and a reduction of agency staff employed and has improved staff morale and improved continuity of care for the consumers. Staff duty statements have been updated and staff have been familiarised with the statements. Staff training was delivered to address the previous non-compliance gaps including prevention of choking and the identification of clinical deterioration. The service’s orientation program includes completion of mandatory training, buddy shifts and training on policies and procedures including the electronic care planning systems.

During the Assessment Contact the Assessment Team found the service demonstrated the workforce is competent and have the qualifications and knowledge to effectively perform their role. All sampled consumers said they are happy with staff knowledge at the service. Staff indicated they felt comfortable in their roles and that they have sufficient knowledge to competently perform their roles. Competency assessments of care staff are conducted by the learning and development trainer and the registered nurses are assessed by the clinical nurse educator. Clinical managers observe day-to-day practice of staff and identify staff requiring further or refresher training on specific areas of care and inform the learning and development team who complete further training if required.

The approved provider did not submit a response to the Assessment Team report. However, I consider the findings of the Assessment Team reflect the service’s compliance with this requirement.

Accordingly, I find Requirement 7(3)(c) compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)