Performance

Report

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| Name: | Marina Residential Aged Care Service |
| Commission ID: | 3545 |
| Address: | 385 Blackshaws Road, ALTONA NORTH, Victoria, 3025 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 16 and 17 July 2024 |
| Performance report date: | 17 August 2024 |
| Service included in this assessment: | Provider: 809 Jimroy Pty Ltd  Service: 2293 Marina Residential Aged Care Service |

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 Marina Residential Aged Care Service (**the service**) has been prepared by V Plummer, 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 response to the assessment team’s report received via email on 2 August 2024.

# Assessment summary

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| 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** |
| **Standard 8** Organisational governance | **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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers and representatives reported the service effectively managed known risks to the consumer. Staff demonstrated their knowledge and understanding of the assessed needs of consumers, including examples of individual risks and strategies to mitigate those risks.

The service is ensuring high-impact, high-prevalence risks for sampled consumers are managed effectively particularly in relation to catheter management, diabetes and falls management, wound care and behaviour support. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place. For example:

* Weekly wound meetings are conducted with internal specialists and registered staff and clinical management. Complex wounds are reviewed and discussed. Strategies to mitigate risks are implemented and management review, trend and analyse clinical incident data which is reported both within the organisation and externally.
* Daily meetings occur with care and clinical staff to discuss any incidents occurring in the previous 24 hours. Additionally, management advised they have a ‘frequent faller’ meeting which may include the Physiotherapist, Medical Officers, and Care Manager in which falls prevention equipment, education for staff and other interventions are discussed. The Physiotherapist also attends the monthly management meeting and provides a report on consumers in relation to falls and interventions implemented and effectiveness.
* The service engages relevant allied health professionals and a Dementia Specialist in preventing and managing high-impact or high-prevalence risks for consumers.

While the service is completing assessments of risk and ensuring appropriate care delivery for consumers subjected to restrictive practices, the Assessment Team report contained information regarding some behaviour support plans were not individualised and did not contain required information to support consumers and guide staff. However, staff were familiar with consumers needs and were able to describe interventions they used to support consumers, including individual consumers preferred activities and how they approach consumers experiencing changed behaviours. Staff also confirmed the service’s Dementia Specialist provides advice, support and training to them on strategies to support and manage consumers experiencing changed behaviours. In response management acknowledged the Assessment Teams’ feedback and reported they had identified the need for behaviour support plans to be individualised and evidenced actions in progress as per their plan for continuous improvement.

The Approved Provider stated in their email response, they have included actions taken and future planned actions to improve performance under this requirement, including addressing the inconsistencies in consumer behaviour support plans, which now include known triggers and interventions to assist the consumer and to guide staff when consumers may experience changed behaviours.

I have considered the information within the Assessment Contact Team report, the Approved Providers immediate actions to the Assessment Team feedback and I have placed weight on the information provided, including the positive feedback from consumers in relation to how the service manages known risks. Additionally, staff demonstrated knowledge and understanding of consumers’ risks, and overall documentation reviewed reflected effective management of consumers’ risks.

It is my decision Requirement 3(3)(b) is Compliant.

# 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 |

Findings

Consumers and representatives provided positive feedback in relation to their care and services and said there were enough staff on duty who are knowledgeable in providing consumers’ individualised care and clinical needs.

Staff described their understanding of consumers’ individualised needs and confirmed the regular education and training they receive to ensure they are qualified and competent including training on clinical tasks and on the escalation process. A suite of other allied health professionals are engaged at the service in addition to the medication competent care staff. The service is co-located with a medical practice which includes primary health care nurses, who provide specialist clinical care to consumers, including wound care.

The service is utilising a mix of registered staff and care staff across 24 hours a day, 7 days a week (24/7) and is a registered training organisation and provides training, education and recruitment and facilitates overseas student placements with the option of permanent employment.

In relation to the workforce responsibilities (including the 24/7 Registered nurse (RN) requirement and mandatory care minutes), there are RNs rostered on-site and on duty 24/7, including clinical managers, who are RNs. While the service is not currently meeting their mandatory care minute targets, a review of the service’s roster, interviews with staff and management identified the service has a holistic model of care which is tailored to the individual consumer and provides additional support to consumers through the engagement of wellbeing and counselling services, which the service is unable to capture in their care minutes. The service demonstrated multiple strategies to ensure consumer care is safe and effective, including the use of professional staff on site, including medical officers.

Consumers reported staff respond promptly to call bell requests and observations during lifestyle activities and consumers lunch service identified adequate staff available to assist consumers. Call bell response times are monitored by management, and documentation evidenced consumer requests for assistance were actioned in a timely manner.

I have considered the information within the assessment contact report, and I have placed weight on the information within the report, including the positive feedback from consumers interviewed, staff knowledge of the consumers’ care needs and escalation processes, and the additional support and engagement of other allied health professionals in consumers’ clinical care.

It is my decision Requirement 7(3)(a) is Compliant.

**Standard 8**

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| Organisational governance | |  |
| 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

The service has a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure, which provides guidance to staff and the service to ensure the delivery of quality care to consumers. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks.

Consumers and representatives advised consumers receive safe, quality care that is right for them and this includes discussion about the risks and benefits of care options such as minimising use of chemical restraint. Consumers and representatives reported they are comfortable to provide feedback about consumer care and if something goes wrong, staff will apologise, rectify the matter and take steps to ensure it does not reoccur.

Weekly clinical meetings discuss consumers with complex care needs, and monthly management meeting chaired by the general manager oversees clinical care delivery, and any identified risks are escalated within the organisation. A review of documentation identified discussions are held regarding consumer incidents, care minutes and sponsorship of overseas workers, feedback and complaints and updates to the organisation’s infection prevention and control policy and procedure. In addition, management described, and documentation confirmed, the organisation has other focused meetings which monitor the quality of care provided to consumers. These include a medication advisory committee, nutrition and hydration meeting which are chaired by a dietitian. These meetings are attended by representatives from the service who disseminate information to staff.

The clinical governance system covered a range of clinical topics including falls management, incident and medication management, skin and wound care, catheter and diabetes management and specialised clinical care needs. The service demonstrated a high-risk management system, which identifies consumers who have clinical care risks. The clinical governance process includes clinical observations and a process for recognising deterioration for consumers and the escalation process for staff to follow.

Management highlighted a clinical governance committee oversees the development and implementation of legislative regulatory and operational responsibilities to ensure a strong safety culture across the organisation.

The Approved Provider in their response stated the service has updated their plan for continuous improvement which includes ongoing actions in place to meet the legislative requirements for care minutes.

I have considered the information within the Assessment Team Report, and I have placed weight on the positive feedback from consumers, staff knowledge of the systems and processes in place, and the evidence of effective implementation of the clinical governance framework at the service.

It is my decision Requirement 8(3)(e) is Compliant.

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)