Performance

Report

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| Name: | Marsden Park Care Community |
| Commission ID: | 9263 |
| Address: | 160 Northbourne Drive, MARSDEN PARK, New South Wales, 2765 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 6 December 2023 |
| Performance report date: | 21 January 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 26566 Marsden Park Care Community |

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 Marsden Park Care Community (**the service**) has been prepared by G-M. Cain, 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 08 January 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 3** Personal care and clinical care | **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)(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 |

Findings

Overall, consumers were supported to exercise choice and independence about the way their care and services were delivered, and to remain connected and maintain personal relationships of importance. One consumer spoke of staff consulting with him and feeling he could make decisions independently. Staff demonstrated knowledge and understanding of consumers’ preferences and choices and described how each consumer was supported to make informed decisions about their care and services. Staff confirmed consumers made decisions on meal choices, activity attendance and when staff provide them with personal care. Observations showed consumers engaging in activities together, and family members joining in activities with the consumers. While the Assessment Contact Report contained information that some consumers did not believe their personal preferences were acknowledged, there is insufficient evidence to show this has resulted in consumers not being supported to exercise choice and independence.

# 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

Overall, consumers and representatives provided positive feedback about consumers’ clinical care. However, the Assessment Contact Report contained information of deficiencies in care documentation and observations made in relation to skin integrity and wound management, pain management, restrictive practices, management of changed behaviours, psychotropic medication, catheter management and falls management. I have considered this alongside the Approved Provider’s response, and have come to a different decision based on the submitted information which included:

* Incident reporting demonstrated changes in consumers skin integrity is identified and reported, and assessments related to skin changes including wounds commenced and the assessment process continues. For the named consumer who had been at the service for 15 days, the response submission evidenced immediate strategies implemented by the service to manage and identified wound; and ongoing management including referral to the medical officer and a wound specialist.
* In relation to the repositioning documentation for a named consumer not being completed, there is lack of evidence that this has impacted on their clinical care. The response submission evidenced, and it is my view that best practice/evidence-based guidelines do not identify repositioning documentation is a requirement.
* Pain management, including assessment, monitoring, charting and evaluation for the named consumer was evidenced in care documentation provided as part of the response submission. In addition, a care conversation was undertaken on 22 December 2023 with the consumer and representative which confirmed the pain management was effective.
* Consumers who present with changed behaviours are identified on entry to the service, and an interim behaviour support plan including behaviours of concern, triggers and individualised strategies is development. The response submission asserted, and it is my view that consumers who present with changed behaviours require a period of observation and behaviour charting, undertaken in collaboration with other health professionals to ensure an evidence-based and individualised approach. I am of the view it is reasonable, that consumers’ behaviours support plans take time to be finalised and I am satisfied that the interim care plan provided information to guide staff in the delivery of care and services for consumers. The service has also demonstrated referral to other health care professionals as part of the behaviour assessment process for one named consumer.
* Care documentation for a consumer, who had entered the service less than 24 hours prior to the Assessment Contact evidenced appropriate strategies to guide staff in the management and monitoring of an indwelling urinary catheter. I have placed weight on feedback from the name consumer who spoke of being happy living at the service and happy with how the staff were managing his catheter.
* The response submission provided clarifying information in relation to a named consumer who had rolled out of bed, stating that there was no evidence the consumer had experienced a fall. The service evidenced an incident report was completed including the identification of bruising on the consumer and demonstrated action including the transfer of the named consumer to hospital for further assessment. The consumers’ care documentation evidenced a falls risk management plan dated 29 November 2023 with individual strategies including environmental adjustments, use of a crash mat and scheduled toileting and other to minimise the risk of fall.

In relation to restrictive practices:

* The service has established assessment and care planning processes to ensure consumers who are, or may be subject to restrictive practices are identified, assessed and managed in accordance with the Quality of Care Principles 2014. For example, the service maintains a psychotropic register and has restrictive practice assessment and authorisation forms which are completed with the medical officer and nominated decision maker for the consumer. This process was evidence in the response submission for the named consumer identified in the Assessment Contact report, and in my view, information contained in the response submission evidenced the service has an understanding of restrictive practices, including the requirements detailed under the Quality of Care Principles 2014. The plan for continuous improvement identified immediate and planned education sessions for all staff in restrictive practices, with evidence that 100% of Registered Nurses have completed education in ‘Antipsychotic Medications and Restrictive Practices’.
* In relation to antiemetic medication, the response submission and it is my view that antiemetic medication is not classified as a psychotropic medication. Regardless, there was a lack of evidence that antiemetic medication has been prescribed for a consumer for the primary purpose of influencing behaviour.
* In relation to observations made of locked doors, the response submission provided clarifying information that consumers have access to exit doors via either use of a wireless device tag which when activated opens the door or by pressing a green button. It is my view that consumers were not environmentally restrained by these doors, and the service has taken immediate action when it was identified that one of the doors sensors did not activate the door opening.

This Requirement requires that each consumer gets safe and effective personal care and/or clinical care that is best practice tailored to their needs and optimises their health and wellbeing. Following a review of the information contained in the Assessment Contact Report alongside the Approved provider's response, I have decided that Requirement 3(3)(a) is Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The organisation demonstrated the governing body promotes a culture of safe, inclusive and quality, care and services and is responsible for overseeing the organisation’s strategic direction and policies for delivering care to meet the Quality Standards. The organisation had a strategic plan, cultural, diversity and inclusion framework, risk management framework, clinical governance framework and a range of policies and procedures. A review of meeting minutes showed the governing body informed about issues related to the delivery of care and services and has been actively involved in various initiatives, including establishing a consumer advisory board. The Assessment Contact report contained information that the service had not implemented the requirements for minimising the use of restrictive practices in accordance with the Quality of Care Principles 2014, however, as considered under my decision for Requirement 3(3)(a), I am of the view the service did demonstrate understanding of restrictive practices and has evidenced ongoing training and education for staff in the plan for continuous improvement. Some examples brought forward in the Assessment Contact report were not relevant to the requirement, while others were disproven by the Approved Provider’s response. Overall, the Assessment Contact report and written response showed opportunities for the organisation’s governing body to promote a culture of safe, inclusive and quality care and services and is accountable for their delivery. As a result, I find the service is compliant with requirement 8(3)(b).

The Assessment Contact Report contained information relating to other Requirements not assessed as part of the Assessment Contact, however, did not include specific evidence to corroborate these statements. I have not considered this information in my decision.

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-1)