Performance

Report

**1800 951 822**

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| Name of service: | McGregor Gardens Aged Care |
| Service address: | 11 McGregor Road PAKENHAM VIC 3810 |
| Commission ID: | 4355 |
| Approved provider: | Menarock Aged Care Services (Victoria) Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 27 April 2023 |
| Performance report date: | 23 May 2023 |

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 McGregor Gardens Aged Care (the service) has been prepared by V Stephens, 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 - Site; the Assessment Contact - 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 on 4 May 2023

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | 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 4** Services and supports for daily living | **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 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 |

Findings

The service was found non-compliant with Requirement 2(3)(a) following a site audit conducted from 1 August 2022 to 4 August 2022. The service at the time did not demonstrate assessment and planning, including the consideration of risks to the consumer’s health and well-being informed the delivery of safe and effective care and services, specifically in relation to the use of bed poles.

The service has implemented several actions in response to the non-compliance identified at the site audit in August 2022 including implementing a bed pole register, auditing procedure and delivering staff education and training in the identification of risks associated with the use of bed poles.

During this assessment contact management advised that no consumers at the service were currently using bed poles. The service demonstrated how they undertake assessments when consumers first enter the service and there is a consistent process to capture all relevant information including risks. Assessors reviewed five consumer care files and found that care planning documentation demonstrates a range of validated clinical risk assessment tools are completed on entry and that referrals to allied health professionals occur as necessary. All consumers and/or their representatives expressed satisfaction with the improvement in assessment and care planning processes at the service. Accordingly, I find the service compliant with Requirement 2(3)(a).

The service was found non-compliant with Requirement 2(3)(b) following a site audit conducted from 1 August 2022 to 4 August 2022. The service at the time did not demonstrate assessment and planning meets the current needs of consumers, specifically in relation to changing behaviours, pain management and palliative care needs. The service has implemented several actions in response to the non-compliance identified at the site audit in August 2022 including delivering staff education and training, reviewing assessments for palliating consumers and updating end‑of-life care plans.

During this assessment contact assessors reviewed advance care directives for seven consumers and palliative care plans for two consumers and found documentation to be accurate. The service provided assessors with the admission procedure checklist for both permanent and respite consumers which includes pain charting and pain assessment considerations. Assessors observed care plans that were personalised and identified areas of importance to consumers as well as detailed individualised interventions in behaviour support plans to guide staff. Staff demonstrated understanding of the application of these supports. Accordingly, I find the service compliant with Requirement 2(3)(b).

The service was found non-compliant with Requirement 2(3)(c) following a site audit conducted from 1 August 2022 to 4 August 2022. The service at the time did not demonstrate assessment and planning was based on ongoing partnership with the consumer, their representatives and/or other individuals or organisations the consumer wished to be involved in their care. The service has implemented several actions in response to the non-compliance identified at the site audit in August 2022 including scheduling three-monthly care consultations with consumers and their representatives.

During this assessment contact, the service demonstrated that they undertake care planning consultations when consumers first enter the service and three-monthly thereafter. Four sampled consumers confirmed they worked in partnership with the service and others when planning care and services. Accordingly, I find the service compliant with Requirement 2(3)(c).

# Standard 3

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| Personal care and clinical care | |  |
| 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 |

Findings

The service was found non-compliant with Requirement 3(3)(c) following a site audit conducted from 1 August 2022 to 4 August 2022. The service at the time did not demonstrate that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed and that consumer comfort nearing the end of life is maintained. The service has implemented remedial action in response to the non-compliance identified at the site audit in August 2022 including an audit to identify palliating residents and delivering staff training on palliative care, medication administration and pain management.

During this assessment contact, sample file review for two consumers demonstrated that the service recognised and addressed the needs, goals and preferences of consumers nearing the end of life. Accordingly, I find the service compliant with Requirement 3(3)(c).

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Requirement 4(3)(g) was also assessed during this assessment contact. Overall, consumers and staff were satisfied that they have access to suitable and well-maintained equipment. Consumers and staff were comfortable raising issues if equipment needed repair, understood the process for reporting an issue and stated items are repaired or replaced quickly when required. Equipment used for activities of daily living was observed by assessors to be safe, suitable, clean, and well-maintained. Accordingly, I find the service compliant with Requirement 4(3)(g).

# 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)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Requirement 7(3)(a) was also assessed during this assessment contact. Overall, consumers expressed satisfaction with staffing numbers. Review of a recent staff roster covering a two‑week period demonstrated that the service replaced unplanned leave by clinical and care staff. Assessors observed staff responding to call bells in a timely manner throughout the assessment. Accordingly, I find the service compliant with Requirement 7(3)(a).

The service was found non-compliant with Requirement 7(3)(e) following a site audit conducted from 1 August 2022 to 4 August 2022. The service at the time did not demonstrate regular assessment, monitoring and review of workforce performance is undertaken as the service had not conducted performance appraisals since 2020. The service has implemented remedial action in response to the non-compliance identified at the site audit in August 2022 including implementing an appraisal schedule and conducting audits to ensure appraisals are completed.

During this assessment contact, the service demonstrated effective processes to regularly assess, monitor and review workforce performance. Performance review for new staff occurs six months after commencing employment, then annually thereafter. Current staff are notified when their performance appraisals are due. A review of the appraisal schedule demonstrated that 32 staff appraisals have occurred from January 2023 to April 2023. Accordingly, I find the service compliant with Requirement 7(3)(e).

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)