Performance

Report

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| Name of service: | mecwacare Park Hill |
| Service address: | 160 Mornington-Tyabb Road MORNINGTON VIC 3931 |
| Commission ID: | 3543 |
| Approved provider: | MECWA |
| Activity type: | Assessment Contact - Site |
| Activity date: | 15 August 2023 to 16 August 2023 |
| Performance report date: | 7 September 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 mecwacare Park Hill (**the service**) has been prepared by C Spiller, 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 5 September 2023

# Assessment summary

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

The Assessment Team conducted a monitoring assessment of this requirement on 15 and 16 August 2023.

All interviewed consumers and representatives said the service effectively manages risks to the consumers’ health and wellbeing including in relation to responsive behaviours. Interviewed staff could identify responsive behaviours as a high impact, high prevalence risk and demonstrated how they effectively manage responsive behaviours and explained how they monitor consumer wellbeing and review consumers’ care needs after an incident. Clinical and care staff demonstrated sound understanding of the effective management of high impact and high prevalence risks in general and specifically in relation to individual consumers. They showed good understanding of managing responsive behaviours, restrictive practices, and SIRS. A review of interviewed consumers’ care file documentation reflects the service has processes and practices enabling an effective approach to the management and prevention of behavioural incidents.

The provider submitted additional information in response to the Assessment Team report which gave further clarity around the reporting and management of incidents for the consumers sampled. They also submitted their plan for continuous improvement (PCI) which detailed planned education for staff in incident reporting, a review of consumers who were self-administering medications, and staff education about managing consumers who self -administer their own medication.

In light of the information available to me, which is summarised above, the service demonstrated it is effectively managing high impact or high prevalence risk. Therefore, I assess the service as compliant with this Requirement.

# 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

The service was found non-compliant in this requirement during a site audit in February 2023 with the service unable to effectively demonstrate a consistent approach to cleaning and the management of ambient temperature and comfort across the service. Some consumer room doors were found difficult to use.

In response to this finding, the service implemented several initiatives as evidenced in the service’s PCI, which have been effective. Actions have included but were not limited to the following; a review of the heat protection policy to ensure appropriate risk assessment of consumers during days of extreme heat, a review of cleaning audit tools both internal and by the contracted cleaning service to include consumer feedback, observation and documentation review and covers fitted over air conditioning controls to prevent settings being changed, enabling the maintenance of ambient temperatures throughout the facility.

During the Assessment Contact on 15 and 16 of August 2023, overall feedback from interviewed consumers and representatives was positive in relation to the cleanliness and comfort of consumer rooms. Management explained they have revised the cleaning contracts and improved auditing and monitoring systems for cleaning. Cleaning staff demonstrated how they use checklists and daily routines to ensure a high standard of cleaning is maintained.

The Assessment Team reviewed the cleaning schedule checklist for May, June, and July 2023, indicating regular cleaning of the service, including consumer rooms, occurs as per the schedule. The agenda and minutes for the ‘resident meeting’ for June 2023, noted consumers said there was a noticeable improvement in cleanliness, one consumer commented about how clean their room was and requested to thank the cleaning staff.

During the visit, the Assessment Team observed the cleaners interacting kindly and respectfully with the consumers and attending to special requests in relation to cleaning. Equipment was stored away, corridors were easy to navigate, and external doors were unlocked. Consumers were able to move about freely indoors and outdoors. The outdoor environment and equipment were observed to be clean and well maintained. Consumers were observed sitting in the sun with family members and several commented to the Assessment Team they were happy to have such a nice clean and well-maintained environment to entertain visitors.

The provider submitted additional information in response to the Assessment Team report and provided their PCI, describing how they are improving communication with consumers and improving documentation where consumers choose to assist cleaning their own rooms.

With the information available from the Assessment Team report and the provider response, the service has made improvements that effectively demonstrate the service environment is safe, clean, well maintained and comfortable and enables consumers to move freely, both indoors and outdoors. Therefore, I assess the service is compliant with this Requirement.

# 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

The Assessment Team conducted a monitoring assessment of this requirement on 15 and 16 August 2023.

Consumers and their representatives gave mixed feedback relating to staffing levels. Overall, they said there were shortages, especially during the weekends, however impact on care and services was low. Management are in the process of recruiting additional care and lifestyle staff. Staff said there are shortages, and they are aware management are currently recruiting. Staff shortages had limited impact on consumers as staff work together as a team to ensure consumer needs are prioritised. Rostering and allocation documentation show where there is unexpected leave, shifts are backfilled with staff working a reduced shift to back fill where needed.

Management explained the rostering, allocation and backfill process. Call bell response times are analysed and investigated monthly. The staffing model is based on consumer care minutes and level of care needs of consumers residing in the 4 wings. Allocation is based on consumer centred care. Gender mix of staff is also considered in addition to skill levels when allocating staff, as is continuity of care.

The minutes of the most recent ‘resident and representative’ meeting record an update to the consumers by the service manager on ongoing staff recruitment. New staff introduced included clinical care coordinator, administration/reception, nursing, laundry and care staff.

The provider submitted a response, describing a number of strategies to ensure staff number and mix is appropriate, such as having unplanned leave processes in place and collecting and monitoring of organisational KPI data on recruitment, terminations, injuries and leave liabilities.

Whilst I acknowledge the mixed feedback, there appears to be no significant impact on consumer care and the service has systems, processes and strategies in place to ensure the workforce is planned and effectively deployed to provide safe and quality care and services. Therefore, I find the service is compliant with this Requirement.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

The Assessment Team conducted a monitoring assessment of this requirement on 15 and 16 August 2023.

The service has frameworks, policies, and procedures to support management of high impact high prevalence risks and response to incidents. The service can demonstrate the implementation of these frameworks, policies, and procedures. Management provided examples of risks and how they are managed within the service. Incident reports demonstrate staff are following the processes in accordance with their job role. However, there was a medication incident identified after a conversation with a consumer representative that had not been recorded as an incident.

In relation to the medication incident noted in the Assessment Team Report, the providers response clarified how this was followed up and managed. They stated that it was reported in the integrated quality system, the GP was informed, appropriate consumer follow up was completed and a staff improvement action was highlighted at the time.

Staff described what they would do if they saw any evidence of abuse and neglect of a consumer and outlined their level of reporting responsibilities and duty of care based on their position in reporting of incidents. The Assessment Team viewed the policies and procedures including dignity of risk and choice and decision making which outline the consumer’s right to live the best life while supported by management, staff and health professionals; incident reporting and management; and responding to abuse, neglect and assault. Training records were also viewed demonstrating that staff were educated in these. A sample of incident reports including SIRS, medication incidents, behaviour, and falls, slips and trips without injury were viewed demonstrating, management and staff are following the risk management and incident recording processes. Clinical staff confirmed they have received training in relation to SIRS and were able to demonstrate their understanding of reporting requirements including the process to be followed if an incident occurs out of hours.

The providers response included further improvement actions planned, with relation to incident reporting, such as education, and ensuring incidents are closed on the electronic system. They submitted their PCI, with actions including, policy reviews and improve data set analysis.

With the information available to me and clarification regarding the medication incident reporting, I find the service is compliant with this Requirement.

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)