Performance

Report

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| Name: | mecwacare Susan Barton House |
| Commission ID: | 4575 |
| Address: | 58 Grey Street, DARLEY, Victoria, 3340 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 9 July 2024 |
| Performance report date: | 7 August 2024 |
| Service included in this assessment: | Provider: 964 MECWA  Service: 22868 mecwacare Susan Barton House |

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 Susan Barton House (**the service**) has been prepared by L Glass, 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 30th July 2024.

# 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** |

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)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The Assessment Team found the service demonstrated care and services are reviewed regularly for effectiveness including when circumstances change. Consumers and representatives are kept informed regarding changes to consumer health and when incidents occur. Clinical staff undertake a review process following an incident or change to consumers' condition. Care staff identify and report changes in a consumer’s condition and staff are kept informed through handovers, progress notes, and care plan updates when a change to a consumer care plan has been made.

Consumer care files reviewed, demonstrated evidence of care plan reviews, for effectiveness of care including when there are changes in consumer care and service needs or as part of the service’s 2- monthly resident of the day, care review process. If there is a change in condition or an incident, care and services are reviewed more frequently. The consumer electronic care files demonstrated how information obtained through assessments are communicated in the consumer’s electronic care plan. Care files reviewed demonstrated up to date and accurate consumer care plans.

# 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 service demonstrated effective identification and management of high-impact and high prevalence risk associated with consumer care. Management at the service’s identified current high-impact and high-prevalence risks including falls and pressure injuries. Consumers and representatives were satisfied staff manage consumer care needs well. Care documentation demonstrated the engagement of other health professionals to support the management of high-impact, high prevalence- risks.

The clinical care coordinators engage the support of external health professionals in managing risk and delivering care to consumers with complex clinical care needs including, speech pathologists, physiotherapists, dietitians, and wound consultants. Clinical staff described the process for accessing the services of these health professionals through urgent and non-urgent methods. The service demonstrated it has a range of policies and procedures to guide staff in managing high-impact, or high-prevalence risks associated with the care of consumers.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The Assessment Team recommended Requirement 4(3)(f) is not met. I have come to a different view. I find Requirement 4(3)(f) Compliant. While the Assessment Team found consumers and representatives provided mixed feedback regarding the choice and quality of meals at the service some of this evidence was not corroborated sufficiently to demonstrate that the requirement is not met and management’s response to the identified deficits was not always articulated.

The Assessment Team found many consumers and representatives expressed dissatisfaction with the quality and temperature of food and the meal options. Staff were knowledgeable about individual consumers’ preferences and dietary requirements, however, were not consistently referring to the consumer meal list for the day. The service recently implemented a new electronic catering system to manage consumers’ dietary needs. Documentation within the kitchens and serveries included consumers' meal choice, dietary requirements, and allergies which the Assessment Team observed to be inconsistent with care plan documentation. The Assessment Team found the food focus meeting minutes and the complaints register identified similar complaints identified by the Assessment Team. Observations included meals not delivered to rooms in a timely manner and not remaining warm.

In response to the Assessment Team report the service provided a detailed written response (the response). The response refuted the findings of the Assessment Team and identified several errors of fact and unsubstantiated evidence. The response demonstrated the service undertakes continuous improvement and provided evidence of Resident’s and Review meetings, minutes and responses, menu choices and menu planning indicating a seasonal menu rotation and a four-week menu cycle with a variety of food offered and the approach to catering for individual needs.

Evidence in the response also provided information about appropriate referral to allied health professionals when dietary review is needed. Documentation provided also demonstrated no deterioration in consumer’s physical health.

The response provides evidence of closure of food related complaints and notes some of the concerns raised by the Assessment Team have not been raised before despite opportunities and consumer and representative attendance at relevant meetings. While contesting that food temperature is an issue an education program and survey have been implemented to ensure food safety is adhered to and consumer’s preferences are identified and met. Toolbox education has also been conducted for staff to support consumers nutrition and to report any uneaten meals so further investigation can be undertaken with the consumer. Consumer feedback is sought and responded to. Results from a July survey indicate overall consumer satisfaction with the taste, size, temperature and presentation of the meals served at the service.

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)