Performance

Report

**1800 951 822**

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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 20 February 2024 |
| Performance report date: | 21 March 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 M Waniczek, 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.

# Assessment summary

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| 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 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

While the Assessment Team noted some negative feedback regarding communication and the quality of consumer personal hygiene, overall consumers and representatives were satisfied with personal and clinical care. The Assessment Team also noted some inconsistencies in the number of consumers receiving psychotropic medication compared to those identified or reported as being subject to chemical restraint. Documentation required further information regarding relevant diagnoses in relation to behavioural symptom management and/or the risk associated with restrictive practices.

There was inconsistency across pressure relieving strategies with clinical staff unable to provide rationale for 4-hourly pressure area care compared to 2-hourly. The Assessment Team noted that care plan documentation did not consistently guide staff practices in relation to the frequency of pressure area care.

A review of progress notes demonstrated in some instances staff performed pain assessments using a validated, objective pain assessment tool and score. However, the effectiveness of those interventions was not always assessed utilising the same assessment process.

The Approved Provider submitted an extensive response to the Assessment Team report. The response included additional context and supporting evidence related to named consumers and current practise. I acknowledge and accept the Approved Providers assertion regarding the transition to a centralised clinical management system and the progress toward this. The response demonstrates an effective clinical governance framework is in place to support clinical care.

I note the additional information and clarification related to named consumers particularly where evidence was provided to support current practices related to the administration of psychotropic medication, nutrition support, behaviour management, pain assessments and wound management.

I have considered the Approved Provider response and the Assessment Team’s recommendation based on information reviewed at the time of the Assessment Contact. The Approved Provider submitted compelling evidence to refute the team’s findings and acknowledged the challenges associated with accessing all relevant information when unfamiliar with internal systems. I am reassured that the service has also considered and acted on observations provided by the Assessment Team and find that following consideration of the information and evidence provided Requirement 3(3)(a) is compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |

Findings

The majority of consumers interviewed expressed satisfaction that the services they receive are safe, effective and support them to optimise independence, health, and wellbeing.

The lifestyle program is a monthly calendar of group activities based on the preferences of consumers. Social and lifestyle care plans are individualised, and individual support is provided for consumers who do not wish to participate in group activities. Ongoing evaluation of the program occurs through meetings and verbal feedback.

Clinical and lifestyle staff demonstrated knowledge of individual consumers, their preferences, choices, and the support required to allow consumers to do the things they enjoy. The Assessment Team reviewed care documentation that contained leisure and lifestyle plans noting consumer’s preferences, interests, and activities. They also observed consumers engaging in a variety of social, leisure and lifestyle activities and being supported to maintain their abilities to engage where possible.

Care documentation and progress notes included a focus on weight management and allied health assessments where required.

With consideration to the information above I agree with the Assessment Team’s observations and recommendation and find the service compliant with Requirement 4(3)(a).

# 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 service was previously found non-compliant with this requirement following a Site Audit performed between 11 October 2023 and 13 October 2023. At the time the service did not demonstrate they had sufficient staff to provide adequate care and services including response to call bells, assistance in consumers personal care, and the delivery of meals.

The service implemented a roster review process and a comprehensive recruitment process. A mixture of employment types is utilised to ensure all vacant shifts are identified and filled, in order to meet care needs.

Consumers expressed their confidence in the ability of staff to care and support them safely. The service has dedicated staff to review rosters and ensure that vacant shifts are filled. A dedicated afternoon meeting with management and clinical staff occurs to review consumer care needs, in line with rostering requirements. Staff interviewed confirmed staff levels and rostering practices were appropriate and well managed.

A weekly call bell report is reviewed by management and the quality team. Management engages in ongoing discussion with clinical and care staff around the expediency of call bell response, ensuring that consumer care needs are met. The Assessment Team observed staff responding to call bells in a timely manner throughout the Site Audit.

With consideration to the information above I agree with the Assessment Team’s observations and recommendation and find the service compliant with Requirement 7(3)(a).

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)