Performance

Report

**1800 951 822**

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| Name: | Medea Park Nursing Home |
| Commission ID: | 8817 |
| Address: | 17 Circassian Street, ST HELENS, Tasmania, 7216 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 24 October 2023 |
| Performance report date: | 13 December 2023 |
| Service included in this assessment: | Provider: 1093 Medea Park Association Incorporated  Service: 5089 Medea Park Nursing Home |

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 Medea Park Nursing Home (**the service**) has been prepared by N Eastwood, 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 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

Consumers and representatives confirmed they were satisfied that care is tailored to their needs and optimises their health and well-being. There was evidence that changed behaviours were being managed, staff described successful alternative non-pharmacological strategies were used to support consumers with changed behaviours. Care documentation reflected informed consent, medical oversight, triggers and strategies to inform safe and tailored chemical restrictive practices.

The service has a skin integrity and skin tear management policy in place. A review of wound charts reflected care consistent with the services policy and staff indicated where wounds were slow to heal are referred to the consumer’s medical practitioner and/or wound specialist for wound management advice.

A review of documentation demonstrated effective individualised pain management strategies. Staff had appropriate knowledge of best practice principles and there was evidence of pain management assessment, monitoring, care planning and management with regular review and input from a general practitioner.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 3(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

Consumers provided mixed responses regarding workforce levels and staff indicated more staff were needed. The service has a workforce planned to enable delivery of safe and effective care, however, identified staffing levels were not always adequate to fill planned shifts. Management identified strategies to manage shift vacancies and leave as well as a process of regular staff performance review to ensure delivery of quality care. The service demonstrated an ongoing commitment to workforce planning through an active recruitment strategy to increase care staff and clinical staff resources.

A review of the electronic rostering system demonstrated shift availability and adjustments in allocation or rostered times to accommodate most vacancies across all services. Call bell response times were mostly within one minute with 16% identified over 10minutes. Management committed to discuss call bell usage at the next consumer and representative meeting with an emphasis on the service expectation that consumers continue to use call bells to enable access to staff assistance.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations 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)