Performance

Report

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| Name: | Melville Parkside Care Community |
| Commission ID: | 7237 |
| Address: | 15 Cottrill Street, MYAREE, Western Australia, 6154 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 18 September 2024 to 19 September 2024 |
| Performance report date: | 21 October 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 4764 Melville Parkside Care Community |

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 Melville Parkside Care Community (**the service**) has been prepared by J Wilson, 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 on 11 October 2024.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not fully assessed |
| **Standard 3** Personal care and clinical care | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 3 requirement (3)(d)**

* Ensure staff undertake required consumer monitoring or escalate to the medical officer when consumers show signs and symptoms of clinical deterioration.
* Ensure staff undertake and record consumer observations when directed by the medical officer.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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 |

Findings

There is no overall rating for this Standard as not all requirements have been assessed.

The assessment team recommended the requirement not met as the service did not demonstrate effective, consistent processes for identifying, recording and sharing consumers wishes, preferences, goals, needs and spiritual care for end-of-life care. The Assessment Team’s report included the following evidence relevant to my findings;

* Consumer’s and representatives sampled had not received any discussion from the service on end-of-life planning.
* Management confirmed that documenting and recording advanced care directives (ACDs) is by exception and could not provide care documentation which demonstrated end-of-life planning for one consumer who had recently passed. Management confirmed the service will be implementing a consolidated location for capturing ACD, end-of-life planning and palliative care in one place, however this had not implemented at the time of the assessment contact.
* Care documentation demonstrated end-of-life preferences were not documented to guide staff on what was important to each consumer for their end-of-life care which was confirmed by staff who could not identify where these preferences were documented.

The provider did not agree with the findings in the Assessment Team’s report and included commentary additional information to support their assertion.

* For 5 named consumers the provider included additional information to show assessment and planning was undertaken including end-of-life and advanced care planning.
* The provider asserts advanced care planning is undertaken on entry or as required and included an admission pathway outlining the assessment process which includes end of life and advanced care planning.
* The provider asserts and included additional information to show a continuous improvement initiative specifically relating to end-of-life planning and advanced care planning was underway at the time of the assessment contact.
* The provider included a range of lifestyle plans for named consumers that demonstrated consumers’ individual needs, goal and preferences.

I acknowledge the information included in the Assessment Team’s report; however, I have come to a different view and find assessment and planning identifies and addresses consumers’ current needs, goals, and preferences including advanced care planning and end of life care. In coming to my finding, I have considered additional information included in the provider’s response that shows for named consumers assessment and planning addressed current needs, goals and preferences specifically in relation to end of life wishes and advanced care planning. I have also considered information in the Assessment Team’s report and the providers response that shows the service was actively engaged in an improvement action in relation to advanced care planning information being included in consumer care documentation and place weight on the information that shows this was underway prior to the assessment contact visit.

Furthermore, I have considered information included in Standard 3 requirement (3)(c) and place weight on the feedback provided by three representatives which confirms consumers and representatives are satisfied with end-of-life assessment and planning, and documentation showed consumer’s needs, goals and preferences were recorded appropriately.

For the reasons detailed above, I find requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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 |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Not Compliant |

Findings

The Quality Standard is non-compliant as requirement (3)(d) is non-compliant.

**Requirement (3)(c)**

The Assessment Team recommended the requirement met as one consumer and five representatives confirmed the needs, goals and preferences of consumers nearing the end-of-life are recognised, their comfort maximised, and their dignity preserved. Staff confirmed they were comfortable having conversations with consumers and their representatives about end-of-life care and have received appropriate training. Training records confirmed clinical staff completed palliative and end-of-life care training in April 2024. Policies and procedures direct staff practices on end-of-life care to ensure consumers’ comfort is maximised and their dignity is maintained. Care documentation demonstrated consumers at end-of-life or with deterioration had actions taken to address their needs and ensure their comfort.

The provider responded to the assessment team’s report in relation to a gap within this Requirement, however I have considered this in Requirement (3)(d) of this standard where it is most relevant.

Based on the information summarised above, I find requirement (3)(c) compliant.

**Requirement (3)(d)**

The assessment team recommended this requirement not met as the service did not demonstrate deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. The Assessment Team’s report included the following information and evidence relevant to my finding;

* For one named consumer staff did not follow policies and procedures for responding to a change in a consumer’s condition and failed to escalate to a medical officer when a significant change in condition was reported in July 2024. The consumer passed away approximately 3 days after the onset of their deterioration. Clinical staff did not undertake observations consistently with care documentation demonstrating a gap of 8 hours overnight where no observations had been taken. Clinical staff did not communicate with the consumers representative in a timely manner.
* Following the incident the service implemented actions to mitigate re-occurrence including education to staff in relation to care conversations, improvement of clinical communication through alerts in electronic care documentation, and reviewing consumers preferred languages.
* Documentation showed for most consumers staff recognise and respond to change in consumer’s condition including referrals to the medical officer and other health practitioners in a timely manner.

The provider did not agree with the findings in the Assessment Team’s report and included additional commentary and information to support their assertion. For the named consumer who experienced a change in condition the provider asserts the change in condition was monitored as soon as it was observed and escalated to the registered nurse who took appropriate actions to manage a suspected recurrent urinary tract infection (UTI). The provider also asserts the consumer’s observations were at baseline levels, and clinical staff were aware of the consumer’s specialist appointment with the geriatrician scheduled the following morning. The provider included in their response a copy of the letter completed by the geriatrician during July 2024 and progress note summary that included instructions to undertake observations of the consumer four times daily.

I acknowledge the information in the provider’s response; however, I find the service did not demonstrate it recognises and responds to deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition in a timely manner. In coming to my finding, I have considered the information in the Assessment Team’s report in relation to the named consumer who had a change in condition and deterioration which showed staff did not monitor the consumer as directed by the medical officer or escalate signs and symptoms of deterioration in a timely manner. I considered the information in the Assessment Team’s report that showed on the days prior to the consumer passing away on 20 July 2024, the named consumer had shown signs and symptoms of clinical deterioration including their mobility in not being able to stand up, was found drooling on 18 July 2024 with weakness in their extremities and constantly shaking and staff did not undertake required monitoring or escalate to the medical officer. I have also considered information in Standard 3, Requirement (3)(c) where progress notes recorded the consumer was observed to have gurgling noises prior to their passing and this was not escalated further by staff.

Further, I have also considered the information in the provider’s response that shows the medical officer directed staff to undertake observations of the consumer four times daily and have no evidence before me that shows this was actioned.

For the reasons detailed above, I find requirement (3)(d) in Standard 3 Personal care and clinical care non-compliant.

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)