Performance

Report

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| Name: | Mooroopna Place Residential Aged Care Service |
| Commission ID: | 3359 |
| Address: | 30-50 Knight Street, MOOROOPNA, Victoria, 3629 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 8 October 2024 |
| Performance report date: | 4 November 2024 |
| Service included in this assessment: | Provider: 1665 Shepparton Retirement Villages Inc  Service: 2117 Mooroopna Place Residential Aged Care Service |

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 Mooroopna Place Residential Aged Care Service (**the service**) has been prepared by N Chahal, 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 2 Ongoing assessment and planning with consumers | Not applicable as not all Requirements assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all Requirements assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all Requirements 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)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |

Findings

The Assessment Team report reflects assessment and planning consider risks to consumer health and well-being and inform the delivery of safe and effective care. Consumers and representatives expressed satisfaction with the care received and confirmed risks relating to falls, skin integrity, restrictive practices and pain are identified and managed. The service uses a 28-day planner to ensure all domains of care are assessed, and initial assessments and interim care plans are completed. The service uses a suite of standardised tools to aid in risk assessment, and information from relevant parties such as allied health and medical practitioners is incorporated where appropriate. Assessment outcomes including identified risks are documented in care plans and to guide staff in the provision of safe and effective care. Risks relating to falls, pressure injury development, weight loss, swallowing difficulties and changed behaviours were all observed to be recorded. Interventions to minimise risk are incorporated into consumer care plans.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 2(3)(a).

# 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

The Assessment Team found personal and clinical care are individualised and safe, and that wounds, pain, restrictive practices and complex needs are generally effectively managed.

Positive representative feedback was obtained in relation to wound management. Wound care is generally provided in accordance with care plans and incorporates weekly reviews by a registered nurse. The medical practitioner and wound specialist are consulted for complex wounds. Wound charting for one consumer revealed scheduled dressings were missed; in response to feedback from the Assessment Team management committed to providing further education to clinical staff and added this to the service’s plan for continuous improvement (PCI).

Consumers and representatives were satisfied with the management of consumer pain. Staff work collaboratively with medical practitioners and physiotherapists, and pain management plans are documented. The use of non-pharmacological strategies is incorporated. While the Assessment Team found that overall pain is managed effectively, deficits were noted in the monitoring of pain in accordance with the service’s policy. In response to feedback management acknowledged gaps in pain charting and monitoring and demonstrated they are providing ongoing education to all staff in relation to pain management. The PCI was amended to ensure further education and training is provided.

The service ensures informed consent is obtained for the use of chemical restraint. Consumers subject to restraint have behaviour support plans, and staff are aware of the strategies contained within these plans. Regular reviews occur.

While consumer feedback regarding the management of complex care needs was positive, one consumer raised concerns regarding call bell response times. In response to feedback management advised they are monitoring response times ad providing further education to staff regarding the importance of responding to call bells within the service’s 15-minute target.

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 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

Consumers and representatives expressed satisfaction with the quality, quantity and variety of meals provided at the service. Consumers confirmed they receive meals in accordance with their dietary preferences and requirements, and they have choice. Consumers have the opportunity to influence the menu via attendance at food focus meetings and resident and relative meetings, the provision of feedback immediately following meals, or submission of written feedback. The service has a dietitian-approved seasonal menu. Food is cooked offsite and transported to the service, where it is heated and served hot from a bain-marie. The service has implemented improvements to ensure meals served to consumers in their rooms are of a suitable temperature. Staff are knowledgeable about consumers’ dietary requirements and preferences, and these are captured within care documentation. The Assessment Team observed some inconsistencies between documents but noted these did not have any impact on consumers. In response to feedback regarding these deficits management acknowledged the issues and committed to provided additional training to staff, adding this to the PCI.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 4(3)(f).

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)