Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Moran Roxburgh Park |
| Service address: | 3 Wedgwood Road ROXBURGH PARK VIC 3064 |
| Commission ID: | 3935 |
| Approved provider: | Moran Australia (Residential Aged Care) Pty Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 18 July 2023 |
| Performance report date: | 25 August 2023 |

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 Moran Roxburgh Park (**the service**) has been prepared by N Wapling, 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 - Site; the Assessment Contact - 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

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | 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

|  |  |  |
| --- | --- | --- |
| 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The service was found non-compliant in Standard 3 in relation to Requirements 3(3)(a), 3(3)(b) and 3(3)(g) following a Site Audit in June 2022 where it was unable to demonstrate that:

* each consumer receives clinical care tailored to individual care needs in relation to wound management and pain management.
* effective management of high-impact and high-prevalence risks associated with each consumer, particularly related to skin integrity, weight loss and the management of consumer care post falls.
* effective strategies are consistently practiced by staff to prevent and control infection risks to consumers.

At the Assessment Contact on 18 July 2023, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous Site Audit.

Consumers and representatives were satisfied that personal and clinical care provided such as pain and wound management meet consumer needs and preferences and provided examples. Clinical and care staff demonstrated knowledge of individual consumer needs related to wound and pain management, and non-pharmacological strategies related to restrictive practices. Care documentation demonstrated individualised care strategies, daily monitoring needs and consultations with other professional practitioners such as a wound consultant related to pain and wound management, and behaviour support care plans and informed consent that were completed in line with the legislative requirements. Staff education documentation demonstrated education was provided for the assessment and management of pain and wounds, and restrictive practices. Staff are guided by a range of clinical care policies and work instructions for key areas of care, including but not limited to restrictive practices, wound and pain management.

Consumers and representatives were satisfied that consumer care needs related to high impact and high prevalence risk such as skin integrity, weight loss and post fall management are managed. Clinical and care staff demonstrated they were able to identify consumers at particularly high risk when discussing the management of skin integrity strategies, falls, weight-loss, responsive behaviours, and catheter management, and provided specific examples of individual consumer strategies. Care documentation demonstrated effective monitoring and management of high impact and high prevalence risks for consumers including recommendations to guide staff made by other professional practitioners for example, a medical officer, physiotherapist and dietitian.

Consumers were satisfied with infection prevention and control measures at the service and regularly observed staff performing hand hygiene and wearing masks. Management and staff described a range of infection prevention and control measures in place such as entry screening procedures for staff and visitors, practicing hand hygiene, wearing personal protective equipment (PPE) such as masks and frequent cleaning of high touch points. Staff receive regular training related to infection control procedures, hand hygiene and PPE. The service has three staff who are certified and employed as infection, prevention and control (IPC) leads. The IPC lead during the Assessment Contact described the outbreak management plan (OMP) and the approach to managing infectious outbreaks in the first 24 hours with specific allocated roles. The Assessment Team observed throughout the service; staff adhering to PPE procedures including wearing masks correctly and hand hygiene, sanitising wipes, hand sanitiser and PPE available for use, posters promoting infection minimisation, cough etiquette and social distancing, visitors and staff participating in service entry screening, a detailed OMP, policies relating to ICP, and education records demonstrating IPC training for management and staff for various dates in 2023.

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)