Performance

Report

**1800 951 822**

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| Name of service: | Sutton Park Assisted Aged Care |
| Service address: | 126-134 Exford Road MELTON SOUTH VIC 3338 |
| Commission ID: | 3627 |
| Approved provider: | McKenzie Aged Care Group Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 5 October 2022 |
| Performance report date: | 19 October 2022 |

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 Sutton Park Assisted Aged Care (**the service**) has been prepared by Jia Liau, 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

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **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 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The service was found non-compliant with requirement 3(3)(b) at the last visit and the focus of this unannounced Assessment Contact was to assess the service’s progress in returning to full compliance in this requirement. The service demonstrated that actions undertaken to date have fully addressed the deficits previously identified.

All consumers and representatives confirmed the service is effectively managing consumers’ risks associated with falls, pressure injuries, diabetes, continuous oxygen therapy, fluid restrictions, and reactive behaviours.

Staff demonstrated knowledge of individual consumers risks and described the processes they follow to manage identified risks for the sampled consumers. Management advised staff have completed education and training to ensure they can identify and manage consumers’ high impact or high prevalence risks appropriately.

Care documentation reflected staff follow documented policies and procedures to identify and manage high impact or high prevalence risks. For example, incidents are reported through the electronic care management system with investigations undertaken to assess the appropriateness of strategies implemented. Review of monthly analysis reports show the service is reviewing high impact and high prevalence risk and identifying opportunities for improvement.

I find this requirement is 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)