Performance

Report

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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: | Site Audit |
| Activity date: | 2 November 2022 to 4 November 2022 |
| Performance report date: | 16 December 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 Grace Hope-Simpson, 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated clearly, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Sampled consumers said they were treated with dignity and respect. Staff knew, respected and valued their identity and cultural background, and encouraged their diversity. For example, staff knew which topics to avoid when talking to consumers, used their preferred names, and embraced consumers' identity and culture.

The service provided culturally safe care and services. Information regarding consumers’ cultural and spiritual needs was captured in service and care planning documents. Staff knew which consumers were from culturally diverse backgrounds and how to tailor care accordingly. Care planning documents showed collaboration to understand cultural preferences.

Consumers were supported to choose would be involved in their care and how they would like their care and services delivered. The service encouraged consumers to make connections with others and supported them to maintain relationships, including intimate relationships. Staff supported consumers with how they wanted their care delivered.

Consumers said the service supported them to take risks to enable them to live the best life they could. Staff were aware of the consumers who took risks, and supported their right to do so. Care planning documents demonstrated the service used risk assessments and took appropriate measures to ensure consumers were provided with the knowledge and information to make informed decisions.

The service provided information to each consumer and representative in a range of ways. Consumers reported they were involved in discussions and meetings, were encouraged to raise concerns and that the service kept them informed about any changes through phone calls and regular emails. Information was clear, easy to understand and enabled consumers to exercise choice. Staff reviewed consumer care plans to ensure they were current and relevant.

The service followed processes to ensure that consumers’ privacy was respected, and their personal information was kept confidential. Staff knocked on consumers’ doors, requesting permission before entering, and consumer information was kept in an electronic care planning system that required password access. The service had a Consumer Dignity, Privacy and Choice policy, which governed how it maintained and respected the privacy of consumers’ information.

# 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 |
| 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 |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service assessed risks to the consumer’s health and well-being. Assessment outcomes were documented in care plans and discussed with staff, which guided staff to provide consumers with safe, effective care. Sampled consumers said the service managed risks to promote consumers’ independence and safe care. Consumer care plans showed the service identified key high-impact and high-prevalence risks, such as falls, pressure injuries, weight loss, swallowing difficulties and unresponsive behaviours. The service had a consumer admission process that involved assessing consumers on entry to the service.

Sampled consumers said the service’s assessment and planning processes captured their care needs, goals and preferences, including advance care planning and end of life care. Assessments included information about consumers’ preferences concerning sleep, personal hygiene and communication, among other aspects of care. All sampled care plans contained end-of-life care, and advance-care directives. Consumers received advance-care directive paperwork when they entered the service, enabling them to make decisions about advance-care, if they chose. Generally, staff knew how consumers wanted their care delivered.

Consumers reported satisfaction with the quality of care and services they received. They felt they were partners in care planning, with the service and with other professionals of their choice. Where appropriate, staff referred consumers to relevant allied health professionals, such as physiotherapists and occupational therapists. Sampled care plans showed multidisciplinary team members provided input, including medical practitioners, physiotherapists, dieticians and podiatry services.

Sampled care plans had been frequently updated and were relevant to consumers’ needs, goals and preferences concerning mobility, nutrition/hydration, pain, behaviour management, sleep, communication, and in other areas. Staff were sensitive to the communication preferences of consumers when providing feedback – they communicated verbally, allowing time for questions, involved representatives and monitored for signs of pain in the event a consumer was non-verbal. Sampled consumers said the service communicated assessment outcomes to them and most said they knew where to access a copy of their care plan if needed.

Consumers said the service engaged with them when incidents occurred, such as falls, pressure injuries, or medication incidents, or when their circumstances changed. Staff were aware of their reporting responsibilities and recorded incidents in the service’s electronic system, updating care plans and reporting events as per the Serious Incident Response Scheme (SIRS). Clinical incidents were reviewed monthly at both the service and organisational level, to identify strategies to minimise risk of reoccurrence, and to identify improvements.

# 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| 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. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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

Consumers said the service’s care met their needs and optimised their health and well-being. Staff demonstrated they understood consumers’ unique personal and clinical needs. Sampled care plans reflected care that was safe, effective and tailored to the specific needs and preferences of the consumer. The service had policies and procedures to support care provision in key areas, such as in wound management, restraint practices, falls prevention, skin integrity and pressure injury prevention, among others.

The service demonstrated that risks for each consumer were effectively managed, including concerning falls, weight loss, skin integrity, and others. Sampled consumers were satisfied that Sutton Park effectively managed high impact, high prevalence risks. Care plans contained effective strategies to manage key risks.

Consumers nearing end-of-life received appropriate care. Sampled consumers stated that the service tailored care to their needs, goals and preferences and that staff had spoken to them about advance-care planning and end-of-life preferences. During advance-care, staff attended to mouth care, skin care, and pain management, and they involved families during palliation. Sampled care planning documents detailed consumers’ advance-care planning information, including choices and end of life preferences.

Sutton Park responded to changes in consumers’ care needs in a timely manner. Sampled consumers said they were satisfied with the service’s care and that the service recognised deterioration and change in consumers’ conditions. A review of care planning documents, progress notes and charting demonstrated that the service recognised and responded to deterioration in consumers’ health, capacity or function.

The service effectively documented and communicated information about consumers’ care. Staff communicated changes in consumers’ care and services through verbal handovers, meetings, care plans, daily task reports and electronic messages. Consumers were satisfied with their care, including how the service communicated with them about changes to their condition. Progress notes and care plans identified adequate and accurate information to support effective and safe communication about consumers’ care.

Sutton Park made timely and appropriate referrals to other practitioners involved in consumers’ care. The service adhered to procedures for its referrals and consumers report they were satisfied with the service’s referral processes. Consumers’ care plans showed involvement from other medical practitioners, including podiatrists, physiotherapists, geriatricians, dieticians and others.

The service had an Infection Prevention and Control Lead who worked with senior clinical management to oversee infection control. Sutton Park had also increased its education and training pertaining to COVID-19 precautions, and service staff knew how to reduce infection though hand hygiene, appropriate personal protective equipment (PPE) and outbreak management, among other methods. Staff knew how to minimise the need for antibiotics and ensure they were used appropriately. The service had policies on antimicrobial stewardship, infection control, handwashing, and others.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Sampled consumers provided positive feedback indicating that the care the service delivered was safe and supported consumers’ activities of daily living. Consumers also reported that staff supported their well-being and quality of life. Reviewed documents showed that staff assessed and identified consumers' needs, goals and preferences, and optimised their health and well-being.

The service supported consumers’ emotional, psychological and spiritual well-being. Staff understood the spiritual and emotional needs of consumers and had strategies to support their physiological well-being. For example, lifestyle staff encouraged consumers to continue their religious and cultural practices, and upon identifying a change in mood or behaviour, staff provided emotional support, or referred consumers to relevant external supports.

During interview, consumers said they felt supported to participate in activities of interest to them, and to continue their connections in the community. Care plans identified community engagement, personal relationships and things of interest for individual consumers. The service reviewed and updated care plans regularly, to remain current with consumers’ preferences and needs. Local church volunteers, pet therapists and guest speakers regularly attended the service.

The service effectively communicated information about consumers’ conditions, needs and preferences between its staff, and with others who shared responsibility for their care. Staff were aware of consumers’ conditions, needs and preferences and were guided by care plans, task lists, handover sheets and morning handover meetings. Care plans contained information to support safe and effective care as it related to services and supports for daily living.

The service made timely and appropriate referrals to providers of other care, to enhance consumers’ lifestyles. For example, staff referred consumers to an on-site hairdresser, who attended the service once per week. They also assisted with organising maintenance for motorised scooters and other resident-owned mobility equipment. Staff additionally contacted external organisations, such as Dementia Australia, to request assistance with developing care strategies for consumers living with dementia.

Consumers were satisfied with the quality, quantity and variety of food served. The service endeavoured to provide varied meals of suitable quality and quantity, and consumers were offered a choice for each meal. Consumers contributed to menu planning and menus were approved by a dietician to ensure consumers received adequate nourishment.

The service’s equipment to support consumers’ lifestyles was safe, suitable and clean, and service staff were adequately trained to use it. While on site, the assessment team observed equipment such as walkers, hoists and activity equipment, which were clean and in adequate condition. The service also had a system for ensuring shared equipment was cleaned by staff following use, and it additionally supported consumers to maintain their own equipment.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers reported the service environment was welcoming and optimised their independence, interaction and function. Consumers furnished their room and surroundings with their personal items, which they reported made the service feel like home. Representatives, family and friends could utilise common areas such as smaller lounge rooms, outside areas, a private dining room or the café.

Consumers said Sutton Park was safe, clean, well maintained and comfortable. Consumers were satisfied with how their personal rooms and common areas were cleaned and maintained. They reported that the service responded to maintenance requests quickly and that the service’s fixtures and fittings were safe. Consumers said they could move freely in and outside the service. Staff assisted consumers to access all areas of the service and were particularly attentive to consumers who resided in the memory support wing.

Consumers said the furniture and equipment they used was suitable, clean, well maintained and safe. Consumers said the personalised equipment they used, such as walkers, mobility scooters and recliner chairs, was tailored to their needs, was not shared by other consumers and was maintained and cleaned by the service when needed or requested.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives reported they felt comfortable providing feedback or making a complaint directly to the service, either verbally, through feedback forms or via email. As part of the site assessment, Sutton Park furnished evidence that demonstrated its approach to feedback and complaints. For example, staff demonstrated the feedback and complaint handling process, which included open discussions with consumers, and reacting quickly to consumers’ concerns about the quality and safety of care.

Consumers had access to advocates and could raise concerns verbally with care staff and management. Feedback forms were available at stands around the service. Consumers and representatives could access advocacy services and other external agencies to resolve issues and concerns. For example, the Assessment Team observed four separate wings, with each having a nurse’s station equipped with a noticeboard, advocacy information such as the Aged Care Quality Standards, and signage including the Aged Care Charter of Rights.

During interview, consumers stated that, when they raised deficiencies in their care, they were provided with honest explanations, apologies, and reassurance. The service had a complaint management system in place, which included open disclosure practices. Staff understood their responsibilities with respect to the open disclosure process within the service.

Interviewed staff reported how feedback and complaints were monitored, analysed and used to improve the delivery of quality care and services. Following a complaint, the service shared a plan of action with consumers and provided them with opportunities to give feedback and suggestions prior to implementation. Reviewed documents, including continuous improvement logs, showed that systems were in place and new initiatives were being introduced to improve the quality of care and services.

# 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service ensured staffing levels were sufficient to meet the changing needs of consumers, and that they were regularly monitored. For example, rostering sheets showed the service allocated a mix of different care staff for low needs and high needs consumers, clinical staff, team leaders, lifestyle staff, kitchen staff and managerial staff. Staff reported they most often looked after the same consumers, to provide continuity of care and build relationships.

Consumers reported most staff were kind, caring and respectful. Staff knew consumers’ specific needs and preferences, and could articulate an in-depth knowledge of consumers’ clinical and medical requirements, including strategies to help behaviours of concern. Reviewed documents showed the service’s commitment to diversity, including, for example, the service’s employee’s handbook, which contained a diversity statement that read, ‘We value each person’s identity, culture and diversity, and support them to maintain that identity’.

Consumers felt staff were competent and could address their social, cultural, religious, spiritual, psychological and medical needs. Staff used their knowledge and skills to meet the requirements of their role and implement policies, procedures and practices within the service. Sighted documents showed that staff were qualified to provide effective, safe and quality care and services.

Consumers were confident in the Sutton Park workforce’s ability to deliver care and services. Staff received ongoing training, support, professional development, supervision and feedback to carry out their role and responsibilities. Reviewed documents showed evidence that recruitment and selection processes were aligned with the Aged Care Quality Standards and relevant regulatory compliance requirements.

The service regularly assessed, monitored and reviewed the performance of each member of its workforce. This included a process whereby care staff performed self-reviews, and follow ups with managers; regular performance reviews; and regular training and professional development.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers said they were satisfied with Sutton Park’s development, delivery and evaluation of care and services. The service encouraged them to take part in consumer engagement meetings and provide feedback through different channels, to improve their care. Interviewed staff reported that resident and representative meetings occurred every month at Sutton Park. Reviewed documents showed participation of consumers and representatives in meetings and care planning.

The service’s governing body was composed of a team of experts within care services, business management, governance, compliance, and assisted living, and promoted a culture of safe, inclusive and quality care. The service had implemented systems to evaluate the performance of its care, and was regularly monitored by management, quality and clinical staff. The governing body used data from the service to identify the service’s gaps, and initiate improvement actions. Documents sighted showed evidence that the service promoted a culturally safe and inclusive space for its consumers and others.

The service demonstrated effective organisation-wide governance systems for information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints.

The service had effective risk management practices and systems. Clinical staff demonstrated processes and strategies for managing high impact, high prevalence risks associated with the care of consumers, including managing weight, falls and UTI infections, among other risks. The service additionally had an in-place incident management system. Reviewed documents showed evidence of daily general staff meetings, monthly advisory meetings, falls management meetings, regular clinical meetings and other meetings that contributed to the service’s risk management strategy.

The service had a clinical governance framework in place, and evidence demonstrated that antimicrobial stewardship, minimisation of restrictive practices and open disclosure was embedded in the organisation's policies, procedures and practice.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)