Performance

Report

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| Name: | J E Murray Home |
| Commission ID: | 7062 |
| Address: | 16 Deerness Way, ARMADALE, Western Australia, 6112 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 20 June 2024 |
| Performance report date: | 9 July 2024 |
| Service included in this assessment: | Provider: 1436 Dale Cottages (Inc.)  Service: 4590 J E Murray Home |

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 J E Murray Home (**the service**) has been prepared by M Glenn, 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.

# 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, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others;
* the provider’s response received 8 July 2024 acknowledging the assessment team’s report; and
* a performance report dated 14 December 2023 for an assessment contact undertaken from 6 November 2023 to 7 November 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not fully assessed |
| **Standard 7** Human resources | **Not fully 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

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| 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

Requirement (3)(b) was found non-compliant following an assessment contact undertaken in November 2023 as high impact or high prevalence risks associated consumers’ care, specifically specialised nursing care needs, pain, restrictive practices and behaviours were not effectively managed. In response to the non-compliance, the provider implemented a range of improvements, including, but not limited to, scheduling internal audits relating to high impact or high prevalence care risks; transitioning monthly weight reviews from dietitians to the clinical nurse manager; reviewing all nutritional supplements in consultation with dietitian, registered nurse, and kitchen staff; and creating worklogs to monitor consumers on nutritional supplements.

At the assessment contact undertaken in June 2024, effective systems to identify, assess, plan for and manage high impact or high prevalence risks were demonstrated. Care files show effective management of risks relating to falls, behaviours, pressure injuries, and unplanned weight loss. Care files also evidence involvement of general practitioners, allied health professionals and specialist services in the management of identified risks. The service conducts monthly clinical governance committee meetings attended by service management, clinical staff, and allied health professionals (physiotherapist and occupational therapist), which include discussions and monitoring of clinical indicator reports and high risk clinical incidents.

Based on the assessment team’s report, I find requirement (3)(b) in Standard 3 Personal care and clinical care compliant.

# Standard 7

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| Human resources | |  |
| 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 |

Findings

Requirement (3)(c) was found non-compliant following an assessment contact undertaken in November 2023 as the workforce was not sufficiently competent nor did they have the knowledge to effectively perform their roles. In response to the non-compliance, the provider implemented a range of improvements, including, but not limited to, providing staff with in-depth training and toolbox talks on restrictive practices, behaviour support plans, referral processes, pain management, nutrition and hydration, and unplanned weight loss management; conducting staff performance evaluations and identifying training to upskill and refresh their skills and knowledge; conducting registered and enrolled nurse meetings to discuss pain management, with an emphasis on use of non-pharmacological interventions; and creating a new clinical nurse role to identify gaps in documentation and provide reminders and education to registered nurses and care staff. The provider’s response also indicates since the assessment contact, skillsets required in leadership roles have been reviewed and changes to existing roles implemented. Additionally, an experienced general manager residential role has been introduced.

At the assessment contact undertaken in June 2024, consumers and representatives said they have confidence in the workforce and staff are competent and skilled. Staff described how they work within their skills and qualifications and are aware of policies and procedures for ensuring safety and quality care for consumers, and observations of staff practice show staff are competent in providing care within their scope of practice. There are processes to monitor professional registrations, banning orders, and police checks. Medication competency records show staff have been assessed before being rostered to administer medications and then annually, with retraining conducted in response to medication incidents. Staff position descriptions and code of conduct have been reviewed and updated.

Based on the assessment team’s report, I find requirement (3)(c) in Standard 7 Human resources compliant.

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)