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: | 6 November 2023 to 7 November 2023 |
| Performance report date: | 14 December 2023 |
| 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 Dubovinsky, 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; and
* the provider’s response to the assessment team’s report, including a plan for continuous improvement, received 30 November 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not Applicable as not all requirements assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Applicable as not all requirements assessed** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Applicable as not all requirements assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standards 3 requirement (3)(b)**

* Ensure staff effectively manage, monitor, and provide appropriate care relating to high- impact or high-prevalence risks, including specialised nursing needs, pain, restrictive practices and chemical restraint, challenging behaviours, and weight management, including managing fluid overload and effective implementation of nutritional supplements.
* Monitor staff compliance with the service’s policies, procedures, and guidelines in relation to management of high-impact or high-prevalence risks.

**Standard 7 requirement (3)(c)**

* Ensure staff competency, skills and knowledge are assessed and monitored to ensure staff are competent to undertake their roles.
* Ensure policies, procedures, and guidelines in relation to management of high-impact or high-prevalence risks are followed.
* Ensure staff are aware of strategies to manage consumers’ high-impact and high-prevalence risks and follow strategies developed in care planning documentation.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |

Findings

Requirement (3)(d) was found non-compliant following an assessment contact undertaken in June 2023, where it was found not all consumers were supported effectively to undertake risks safely. A range of improvements were completed in response to the non-compliance, including, but not limited to, a review of the relevant policies and procedures; provided training to staff on consumer dignity and choice; and reviewed all consumers who undertake risks.

At the assessment contact in November 2023, the assessment team recommended requirement (3)(d) met. Four consumers said they are supported to take risks with examples provided in relation to risks associated with wound management and use of an electric mobility aid. Staff were aware and supportive of consumers to undertake risks and exercise choice. Documentation demonstrated consumers are supported to exercise choice and are involved in decision making, and records viewed confirmed staff received training on consumer choice and risk management.

For the reasons detailed above, I find requirement (3)(d) in Standard 1 Consumer dignity choice compliant.

# 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

Requirement (3)(a) was found non-compliant following an assessment contact undertaken in June 2023, where it was found assessment and planning processes had not been consistently undertaken to enable risks to consumers’ health and well-being to be identified and appropriate management strategies were not implemented, including in relation to alcohol consumption, leaving the service unaccompanied and safe swallowing. A range of improvements were completed in response to the non-compliance, including, but not limited to, implementation of the new Electronic Care Management System; and training for all staff on dysphagia, malnutrition and dehydration.

At the assessment contact in November 2023, the assessment team recommended requirement (3)(a) met. A range of assessments, including validated assessment tools are used to identify risks to individual consumers. Six consumer files showed risks associated with pressure areas, falls and other medical risks have been identified. A 28-day assessment process is used when a consumer first enters the service, and an interim care plan is developed prior to the full care plan to guide staff.

However, evidence was also presented for two consumers with the evidence more closely aligning with Standard 3 Requirement (3)(b) and has been considered in that finding. For Consumer A, charting was not being undertaken to monitor the consumer’s nutritional intake as part of weight management and for Consumer B, pain charting was not being monitored or assessed prior to provision of activities of daily living to support effective pain management. For both Consumers A and B, behaviour charting did not show the trialling of alternative strategies and non-pharmacological interventions consistent with the behaviour support plan to support effective management of changed behaviours.

For the reasons detailed above, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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. | Not Compliant |

Findings

Requirement (3)(b) was found non-compliant following an assessment contact undertaken in June 2023 where it was found risks associated with choking, aspiration and pressure injures were not effectively managed. A range of improvements were completed in response to the non-compliance, including reviewing a range of clinical policies; engaged dietitians and speech pathologists to review consumers at risk of choking or malnutrition; and undertook an audit to ensure pressure area care is being undertaken consistent with assessed needs, goals and preferences.

At the assessment contact undertaken in November 2023, the assessment team recommended requirement (3)(b) not met as effective management of high-impact or high-prevalence risks, specifically for two consumers was not demonstrated. The assessment team’s report provided the following evidence gathered through interviews and documentation relevant to my finding:

Consumer A

* Consumer A was being administered two medications used in the form of chemical restraint, however, non-pharmacological strategies were not always documented prior to the administration of chemical restraint medication and when strategies were documented they were generic. Behaviour support plans developed contained individually tailored strategies which were not being implemented.
* Consumer A has a specialised nursing need and a history of infections, however, staff have not reviewed the need for the specialised nursing need or considerd the potential impact.
* Consumer A experienced significant weight loss in the month prior to the assessment contact and documentation does not demonstrate the consumer’s nutritional intake is being effectively monitored. The consumer has a specific high-impact risk associated with their medical condition and documentation does not show the condition is being effectively managed or considered in the context of managing the consumer’s weight and overall health. The consumer has been recommended to have supplements, however, a number of supplements were observed to be open with management confirming staff provide and sign for the supplement but do not monitor the consumption of the supplement.

Consumer B

* Consumer B has a diagnosed pain condition and whilst the behaviour support plan identifies pain as a potential trigger for changed behaviours and lists a range of strategies, staff interviewed, and documentation viewed did not demonstrate the strategies were being effectively implemented. During the same period, the consumer experienced ongoing episodes of changed behaviours.
* Documentation showed Consumer B was administered medication used in the form of chemical restraint, however, staff did not document the use of non-pharmacological strategies prior to the use of chemical restraint and strategies used were not consistent with the behaviour support plan.

The provider’s response acknowledged the assessment team’s recommendation stating whilst a number of improvements were implemented, they recognise and acknowledge there remains work to do to ensure compliance against the Standards. The response included plans for continuous improvement relating to management of high-impact and high-prevalence risks specific to the clinical deficits identified and further improvements, including in relation to medication management, clinical documentation and implementing further training.

The response included actions undertaken specifically for Consumer A and their specialised nursing needs, restrictive practices and weight management; and Consumer B and using and documenting effective behaviour management strategies with no further incidents of changed behaviours or medications used in the form of chemical restraint.

Based on the assessment team’s report and the provider’s response, I find the service did not demonstrate effective management of high-impact or high-prevalence risks associated with the care of each consumer. Specifically for Consumer A and risks related to their specialised nursing need, pain, and restrictive practices and for Consumer B, risks specific to restrictive practices and effective pain and behaviour management. I acknowledge the provider’s response and the planned improvements, however, the planned improvements are yet to be implemented and are in their preliminary stages. I have also considered the provider has acknowledged the assessment team’s recommendation and evidence.

For the reasons detailed above, I find requirement (3)(b) in Standard 3 Personal care and clinical care non-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. | Not Compliant |

Findings

Requirement (3)(c) was found non-compliant following an assessment contact undertaken in June 2023 where it was found the workforce was not sufficiently competent or had the knowledge to effectively perform their roles. A range of improvements were completed in response to the non-compliance, including training on high-impact high and high-prevalence risks, including falls, pressure injury management and restrictive practice.

At the assessment contact undertaken in November 2023, the assessment team recommended requirement (3)(c) not met and provided multiple examples for two consumers where the workforce was not competent nor had the knowledge to effectively perform their role. This included staff not following policies, procedures and care plans or understanding restrictive practices impacting the delivery of safe and quality care and services. The assessment team’s report provided the following evidence gathered through interviews and documentation relevant to my finding

* For Consumers A and B, staff did not demonstrate effective behaviour management as strategies consistent with behaviour support plans were not being implemented. Staff did not document the trialling of alternative strategies prior to administering restrictive practices in the form of chemical restraint.
* Staff did not effectively manage Consumer B’s pain as they did not follow strategies developed.
* Staff had an inconsistent understanding of when a refferal is required to an allied health provider.
* Consumer A’s weight and associated nutritional intake was not effectively monitored and managed.
* Staff did not follow internal policies and procedures in relation monitoring the effectiveness of strategies, specifically in relation to restrictive practices and chemical restraint.
* The service was able to demonstrate some understanding of this requirement with care and nursing staff having the relevant qualifications and staff being provided a range of mandatory and toolbox training.

The provider’s response acknowledged the assessment team’s recommendation and recognised and acknowledged there remains work to do to ensure compliance against the Standards. The response included plans for continuous improvement relating to reviewing the training calendar and providing further training to staff, reviewing policies and procedures and implementing a range of audits.

Based on the assessment team’s report and the provider’s response, I find the service did not demonstrate the workforce was sufficiently competent and had the knowledge to effectively perform their roles. In coming to my finding, I have considered outcomes for Consumers A and B outlined in my finding in requirement (3)(b) in Standard 3 Personal and clinical care indicative of deficits in staff competence and skills. Deficits in staff skills and competence related to management of high-impact and high-prevalence risks, including restrictive practices, pain management, specialised nursing needs, weight management and staff not following strategies identified and developed for both Consumers A and B.

For the reasons detailed above, I find requirement (3)(c) in Standard 7 Human resources non-compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

Requirement (3)(d) was found non-compliant following an assessment contact undertaken in June 2023 where it was found effective risk management systems and practices, specifically in relation to supporting consumers to live the best life they can was not demonstrated. A range of improvements were completed in response to the non-compliance, including, but not limited to, implementation of the new Electronic Care Management System and review of policies and procedures in relation to the management of falls, nutrition and hydration and pressure injuries.

At the assessment contact undertaken in November 2023, the assessment team recommended requirement (3)(d) met. The assessment team found the improvements addressed the previous deficits and governance systems were effective, however, acknowledged the deficits related to two consumers reflected in Standard 3 requirement (3)(b) and Standard 7 requirement (3)(c). The assessment team, however, acknowledged effective overarching risk management systems which includes the collection and analysis of clinical data, clinical meetings, a range of risk registers, audits and benchmarking processes. Policies and procedures support consumers in taking risks and exercising choice, incidents are recorded in the incident management system and opportunities for improvements are identified. Processes support identifying and responding to abuse and neglect of consumers, and staff are aware of using decision making tools to identify if incidents are required to be reported through the Serious Incident Response Scheme.

For the reasons detailed above, I find requirement (3)(d) in Standard 8 Organisational governance 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)