

**Performance Report**

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| Name: | Murdoch Gardens Care Community |
| Commission ID: | 7261 |
| Address: | Discovery Way (access via Wagtail CI), MURDOCH, Western Australia, 6150 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 29 October 2024 |
| Performance report date: | 21 November 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 5399 Murdoch Gardens Care Community |

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 Murdoch Gardens Care Community (**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 report, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management.

The provider did not submit a response to the Assessment Team’s report.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not fully assessed |
| **Standard 3** Personal care and clinical care | **Not fully assessed** |
| **Standard 8** Organisational governance | **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 2

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| Ongoing assessment and planning with consumers | |  |
| 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

Representatives interviewed said they are notified when incidents occur and are included in ongoing care plan reviews. Clinical staff described their approach to reassessing consumers’ needs, goals and preferences, including in response to incidents and changes in consumers’ circumstances. Care plans are regularly reviewed for effectiveness, including during a ‘resident of the day’ process, to ensure all assessments and updates are completed. Bi-annual case conferences are held with consumers and their representatives to review each consumer’s care and services to ensure consumers’ current and ongoing needs, goals and preferences are being met. Care files sampled demonstrate actions taken in response to incidents or changes in consumers’ condition, including completion of further assessments, implementation of clinical observations, review of current management strategies, implementation of new strategies, referral to allied health professionals and medical officers, and family case conferences. Care staff described situations where they have noticed a change in a consumer’s circumstances, and their response, including documenting in progress notes and escalating concerns to the clinical team for review. They said they are informed of any changes to consumers’ care and services through handovers, huddles, care plan documentation and progress notes.

Based on the Assessment Team’s report, I find requirement (3)(e) 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. | Compliant |

Findings

There are processes to identify, assess, plan for, manage and review high impact or high prevalence risks relating to consumers’ care. Consumers’ care files sampled demonstrate effective management of risks relating to pressure injuries, weight loss, falls, and psychotropic medications. Care files also evidence referral to and involvement of medical officers and allied health professionals in the management of identified clinical risks. While wound care has not been consistently undertaken in line with wound management plans for 2 of 15 consumers, no adverse effects have been noted. In response, the service is working through their plan for continuous improvement to ensure best practice wound care management occurs for all consumers. This includes, but is not limited to, weekly wound care audits, education to registered nurses, and assignment of wound champions for wound review and evaluation. Consumers and representatives are satisfied with the way consumers’ high impact or high prevalence risks, including risks relating to skin integrity, diabetes, specialised nursing care needs, wounds, and nutrition and hydration, are managed and stated staff explain and reduce the impact of risks.

Based on the Assessment Team’s report, I find requirement (3)(b) in Standard 3 Personal care and clinical care 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**

Effective risk management systems and practices are in place. High impact or high prevalence risks are identified through clinical assessments, incident reports and progress notes review, with data analysed and used to create reports which are discussed at a range of meetings and used for quarterly quality indicator reporting. Consumers are supported to live their best lives through implementation of dignity of risk policies and procedures which guide staff to support consumers who wish to take risks. Consumers wishing to take risks are assessed in line with these policies, with representatives and allied health professionals involved, where appropriate. Incident data shows staff follow organisational procedures and protocols, and incident reporting processes support mandatory reports of incidents through the Serious Incident Response Scheme (SIRS) . Staff described their role in reporting, documenting, actioning and escalating incidents, in line with organisational policies and procedures. Staff said they are provided training in relation to high impact or high prevalence risks, elder abuse, reporting and SIRS, and demonstrated knowledge commensurate to their roles and responsibilities.

Based on the Assessment Team’s report, I find requirement (3)(d) in Standard 8 Organisational governance 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)