Performance

Report

**1800 951 822**

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| Name of service: | Murravale Aged Care Facility |
| Service address: | 6-10 Haydon Street MURRURUNDI NSW 2338 |
| Commission ID: | 0330 |
| Approved provider: | Murravale Retirement Home Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 5 July 2023 |
| Performance report date: | 26 July 2023 |

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 Murravale Aged Care Facility (**the service**) has been prepared by E Woodley, 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 conducted 5 July 2023; 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.
* the provider’s response to the assessment team’s report received 17 July 2023.
* the Performance Report dated 23 June 2022 following the Site Audit undertaken from 26 April 2022 to 29 April 2022.
* the Performance Report dated 3 January 2023 following the Assessment Contact undertaken from 22 November 2022 to 23 November 2022.

# Assessment summary

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| 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 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 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

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the five specific Requirements has been assessed and found compliant.

The service was previously found non-compliant in Requirement 2(3)(e) following a Site Audit conducted 26 April 2022 to 29 April 2022 and Assessment Contact conducted 22 November 2022 to 23 November 2022. Deficiencies were identified in relation to care and services not regularly being updated following changes in consumer’s circumstances and needs.

At the Assessment Contact conducted 5 July 2023 the Assessment Team found continuous improvement action implemented had been effective in rectifying the non-compliance. The service demonstrated systems and processes in place to review consumer care and services on a scheduled basis, and when changes occur. Sampled consumer files demonstrated care is reviewed and updated regularly, and incidents are reviewed, investigated and evaluated to support safe care and services.

I find Requirement 2(3)(e) is compliant.

# 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Five of the seven specific Requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 3(3)(a), Requirement 3(3)(b), Requirement 3(3)(c), Requirement 3(3)(d) and Requirement 3(3)(e) following a Site Audit conducted 26 April 2022 to 29 April 2022 and Assessment Contact conducted 22 November 2022 to 23 November 2022, due to gaps in clinical care delivery.

At the Assessment Contact conducted 5 July 2023 the Assessment Team found continuous improvement action implemented had been effective in rectifying the non-compliance across this Quality Standard. This included improvements to psychotropic medication processes, clinical oversight, incident analysis, pain assessment and management processes, assessment processes for consumers on comfort care, and updates to consumer care planning.

The Assessment Team found consumer clinical and personal care delivery was effective, safe, meeting consumer needs and optimising their well-being. This included in relation to the management of diabetes, wounds, unplanned weight loss, and restrictive practices. Consumers and representatives interviewed by the Assessment Team indicated satisfaction with the clinical and personal care consumers receive. The high impact and high prevalence risks for consumers were being effectively managed. For consumers sampled, this included risks associated with choking and falls.

The Assessment Team found the service has effective processes to identify and address consumer’s needs and preferences regarding end of life care, including when referral to palliative care is required. For consumers receiving palliative care during the Assessment Contact the Assessment Team found evidence of pain management, counselling and spiritual support, ongoing communication with the consumer and their family, and processes to maximise comfort.

The service demonstrated consumers who have experienced a deterioration or change in their condition have their needs recognised and responded to in a timely manner. This includes communication with the consumer representatives and medical officer, and referral to external services to assist in the management of the deterioration as required. The service demonstrated they communicate the consumer's condition, needs and preferences well within the organisation and with others where responsibility for care is shared. For example, dietary needs changed following a dietician or speech pathology review, and documentation and communication of consumer appointments and special requirements.

I find the following Requirements are compliant:

* Requirement 3(3)(a)
* Requirement 3(3)(b)
* Requirement 3(3)(c)
* Requirement 3(3)(d)
* Requirement 3(3)(e)

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Three of the seven specific Requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 4(3)(d), Requirement 4(3)(e) and Requirement 4(3)(f) following a Site Audit conducted 26 April 2022 to 29 April 2022.

At the Assessment Contact conducted 5 July 2023 the Assessment Team found continuous improvement action implemented had been effective in rectifying the non-compliance across this Quality Standard. The service has processes in place to document and share information about consumer’s needs and preferences for daily living, within the organisation and with others when required. Consumers and representatives interviewed indicated information regarding consumer’s daily living, choices and preferences is effectively communicated, and staff who provide daily support understand their needs and preferences. The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services to enhance the lifestyle of consumers. This included referrals to music and pet therapy, religious ministers, and dementia support services.

The service demonstrated they provide meals that are varied and of suitable quality and quantity. Consumers interviewed gave positive feedback saying the food cooked onsite is hot, they have variety, and there is enough to eat. Consumers said they generally enjoy the meals provided. Nutrition and hydration information, including dietary requirements and preferences, were consistent with information recorded by kitchen staff and with consumer and staff feedback.

I find the following Requirements are compliant:

* Requirement 4(3)(d)
* Requirement 4(3)(e)
* Requirement 4(3)(f)

# 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 |
| 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

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Two of the five specific Requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 8(3)(d) and Requirement 8(3)(e) following a Site Audit conducted 26 April 2022 to 29 April 2022. At this Site Audit the Assessment Team found organisational governance was not effective in relation to the prevention and management of incidents, and guidance and policy support on the identification and response to abuse and neglect of consumers, antimicrobial stewardship and restrictive practices.

At the Assessment Contact conducted 5 July 2023 the Assessment Team found continuous improvement action implemented had been effective in rectifying the non-compliance across this Quality Standard. This included improved links between operational and organisational risk management, risk management systems and practices, incident analysis and reporting, increased clinical experience across the governing board, and clinical governance policies and protocols.

The service demonstrated the organisation’s risk management systems and practices were effectively implemented at the service to manage high impact and high prevalence risks, identify abuse and neglect of consumers, and support consumers to live the best quality of life they can. The service’s incident management system effectively manages and acts to prevent future incidents and mitigate risk. The organisation demonstrated through interview with the chairperson of the board and review of board meeting minutes that there is effective organisational oversight of the service’s incident and risk management system. The board has implemented a governance system where there is a comprehensive link between operational level and governance level risk management.

The service demonstrated the organisation’s clinical governance policies and protocols are effectively implemented at the service. These encompass antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The governing body demonstrated oversight and reporting processes to ensure clinical governance is being met at the service.

I find the following Requirements are compliant:

* Requirement 8(3)(d)
* Requirement 8(3)(e)

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)