Performance

Report

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| Name: | Murravale Aged Care Facility |
| Commission ID: | 0330 |
| Address: | 6-10 Haydon Street, MURRURUNDI, New South Wales, 2338 |
| Activity type: | Site Audit |
| Activity date: | 19 September 2023 to 21 September 2023 |
| Performance report date: | 27 October 2023 |
| Service included in this assessment: | Provider: 1437 Murravale Retirement Home Ltd  Service: 346 Murravale Aged Care Facility |

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 G-M. Cain, 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 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 18 October 2023.

# 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 in order 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 in a way that is clear, 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

Consumers and representatives provided positive feedback, and spoke of staff always treating consumers with dignity and respect. Staff described what was important to consumers and demonstrated an understanding of each consumer's needs and preferences. Observations showed kind and respectful interactions between staff and consumers with care plans detailing individual consumers' backgrounds, personal preferences, identity and cultural practices. The service had a Diversity and Choice policy to guide staff’s practices.

Whilst the service did not have any consumers from a linguistically or ethnically diverse background, staff demonstrated any understanding of care and services that is culturally respectful. For example, staff spoke of consumers’ who had preference for female care staff and consumers confirmed this occurs. The service had a Diversity Plan which recognises the need to identify, support and connect with consumers who identify a connection to land, community and family.

Consumers confirmed they were supported to maintain the relationships they wished, decide who was involved in their care and are given a choice about when care is provided, which is respected. Care documentation included consumer preferences, who is involved in their care and how the service supports them in maintaining relationships of choice.

Consumers are supported to make choices and take risks that enable them to live their best lives. Staff described processes for supporting consumers who wish to take risks, including discussing the benefits and potential harms associated. Consumer documentation contained signed risk assessments and mitigation strategies for consumers' chosen risks.

Consumers and representatives said the service regularly communicated about consumers' care and provided current, accurate and timely information. They spoke of being informed through newsletters and engagement in the assessment and care planning process. Observations showed consumers being provided information to support decision-making, such as activities calendars and the service newsletter.

Consumers and representatives said privacy is respected and information is kept confidential. The service had a Privacy and Confidentiality policy, which outlines the service’s commitment to ensuring that staff respect the privacy and confidentiality of consumers.

# 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

Consumers and representatives said they were involved in the assessment and care planning process on entry to the service and ongoing. Care documentation demonstrated consideration of potential risks to consumers' health and well-being, and strategies to minimise risks were included in care plans.

The assessment and planning process included considering consumers' needs, goals, and preferences and care documentation identified consultation with consumers and representatives, including developing advanced care plans.

Consumers and representatives confirmed they are involved in assessing, planning and reviewing consumers' care and services. Staff described and care documentation reflected the involvement of consumers, representatives, various health professionals, and providers in assessing and planning consumers' care.

Consumers and representatives said they were regularly updated regarding outcomes of assessments and care planning and if requested, were provided with a copy of the consumer care plan. Care documentation evidenced regular communications with consumers and representatives, including annual formal case conferences. Clinical management confirmed consumers and representatives are offered a copy of the care and services plan if they wish.

Care documentation demonstrated that the regular review and update of care plans occur every month as part of a ‘resident of the day’ process, including a review by the registered nurse. Evidenced was provided by the service that consumers' care and services are reviewed when there are changes in a consumer's health or condition, when an incident occurs, or when a consumer returns from the hospital.

# 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

Overall, care documentation evidenced that care is safe, effective and individualised to each consumer including wound management and complex pain management. The service maintained a psychotropic self-assessment and a review identified there are no consumers at the service subject to a chemical restrictive practice, and the register records the reasons for the prescribing of a psychotropic medication including supported by an appropriate diagnosis.

The service demonstrated the effective management of consumers' high-impact or high-prevalence risks, including the maintenance of a risk register which records the specialised complex care needs of consumers. Care documentation identified risk mitigation strategies are in place for these, and are monitored by staff for the effectiveness of strategies. Consumers with changed behaviours are referred to behaviour support specialists and mental health services.

The service demonstrated that consumers nearing end-of-life had their dignity preserved and care provided in accordance with their needs and preferences. Care documentation, including advanced care plans outline consumers' needs, goals and preferences.

The service identifies and responses to deterioration or changes in consumers' health and condition in a timely manner, including the transfer to hospital as appropriate.

The service demonstrated consumers' needs and preferences were effectively communicated between staff, and consumers received the care they needed. Care documentation provided adequate information to support effective information sharing about consumers' conditions, preferences, and care needs. Observations showed staff communicating during shift handover and providing comprehensive information in relation to consumers care and services.

Timely and appropriate referrals are made to individuals and other providers of care, and the service is supported by telehealth service arrangements. Care documentation confirmed the referral to and input of others in consumers' care and services.

The service had policies and procedures to guide staff on antimicrobial stewardship and outbreak management, and demonstrated the minimisation of infection related risks to consumers. For example, the service screens visitors and staff prior to entry to the service and observations showed staff completing handwashing and sanitising between consumers. The service had an appointed Infection Prevention Control Lead to oversee infection control.

# 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

Consumers receive support from the service that optimises their daily living and helps meet their health and well-being needs and spoke positively of the new ‘leisure and lifestyle’ team and the services provided. Observations showed consumers engaging in music therapy with the words of songs displayed on a large screen to support consumers to engage in the activity; additional activities included card games and ball games.

Consumers' emotional, psychological, emotional and spiritual well-being to supported by the service through religious services, a social worker and referrals to specialist mental health services, and this was confirmed by a review of care documentation and observations.

Consumers and representatives spoke positively of the community connections and friendships made, speaking of ‘we are all a family here’. Several consumers at the service spoke of being childhood friends, and how the service supported them to maintain these friendships being sharing meals together and participating in activities they had in common.

Staff described various ways they communicate information regarding the consumer's condition, needs and preferences, including via daily emails and updates between the care staff and leisure and lifestyle team.

The service demonstrated timely referrals to support services and external providers of care and services including community-based programs. For example, the service refers consumers to the hairdresser and nail technician, and consumers participate in external outings to the vet when the cat who resides at the service is attending appointments. Risk assessments are completed prior to consumers attending external outings.

All consumers said they were happy with the quality, quantity, and variety of their meals, and spoke of having the menu displayed and choice between at least 2 options at every meal. The service ensures consumers' dietary needs and any changes are communicated to the kitchen by the allied health assistant and clinical team, and are displayed in the kitchen for staff reference.

Lifestyle staff spoke of having ample and suitable equipment to support the lifestyle program at the service and are supported by management with the purchase of any required items. Observations showed equipment such as games, cards and headphones to be safe, suitable, clean and well-maintained.

# 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 and representatives spoke of the service being very welcoming to visitors including gardens and outdoor areas. The service demonstrated that the environment is designed to enhance the function of consumers with declining mobility and cognitive impairment, for example, signage and handrails to support navigation. Consumers’ rooms were personalised with decorations and items of importance, and each room gave immediate access to an outdoor balcony overlooking the garden.

Overall, the service environment was clean and well-maintained, and the service had processes and systems in place to maintain the safety and cleanliness of the service environment, including cleaning schedules and mandatory maintenance and safety tests. Consumers said they were able to move freely around the service environment, both indoors and outdoors, as observed. The service demonstrated immediate actions taken in relation to the observation of a locked door which prevented access to outdoor areas, and hazardous waste bins not secured.

Consumers said furniture, fittings, and equipment were safe, clean, well maintained, and suitable for them. Staff explained how would identify, report, and respond to maintenance issues, and documentation confirmed preventative and reactive maintenance was up to date.

# 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 considered they were encouraged and supported to provide feedback or complaints, and could do so through direct feedback to staff or completing a feedback form. Staff explained how they assisted consumers in providing feedback or complaints, such as communicating consumers' concerns to management and assisting consumers in filling out feedback forms.

Consumers and representatives said they had access to advocates, language services, and other methods of raising and resolving complaints. Staff described how they assist consumers who have a cognitive impairment or difficulty communicating to raise a complaint or provide feedback, including completing a feedback form, using communication aids, or contacting the consumers’ representative. Information was observed throughout the service environment to support consumers in providing feedback and complaints, including for advocacy and external complaints pathways.

Consumers and representatives advised complaints were resolved in an appropriate manner, and in a way that aligned with the principles of open disclosure. Staff explained how they would respond to complaints or when things went wrong, including the use of open disclosure.

Management explained the processes to escalate complaints and how consumer feedback is used to inform improvements. Consumers and staff described how recent consumer feedback about activities at the service has resulted in the extension of the music therapy program and recruitment of experienced activities officers.

# 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

Overall, consumers were satisfied with the care they received and spoke of being very well cared for. Management explained the workforce planning and management strategies in place to deliver safe, quality care for consumers including regular review of the roster and staff allocations. The service was granted an exemption to the 24/7 RN responsibility and demonstrated ongoing efforts to recruit RNs and measures to ensure safe and effective care for consumers at all times.

Consumers and representatives spoke of staff being kind and caring, and staff provided examples of how they ensure dignity and respect for all consumers. Staff were observed to treat consumers in a kind and caring manner, with respect towards consumers’ identity, culture, and diversity, consistent with consumers’ and representatives’ feedback.

Consumers and representatives said staff were competent, had the knowledge to deliver care a services to meet the consumers’ needs and preferences, and did not identify any areas where staff required more training. Management described staff being supported to effectively perform their roles through various strategies and systems, such as pairing staff with an experienced staff member and providing training. Documentation demonstrated staff had the relevant qualifications and registration requirements for their role, and training for staff includes anti-microbial stewardship, open disclosure, code of conduct, and the Serious Incident Response Scheme.

The organisation had a staff performance management framework, and management explained staff performance was regularly reviewed and monitored. A review of service documentation confirmed most staff had the completion of a performance discussion within the previous year.

# 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 are involved in the development, delivery, and evaluation of care and services. Management and staff explained how consumers were engaged in the development, delivery, and evaluation of care and services, such as involvement in staff recruitment, board meetings, feedback mechanisms, and surveys.

The organisation implemented systems and processes to monitor the performance of the service, and to be accountable for the delivery of safe, inclusive, quality care and services. A quality framework ensures the expectations of the service from the board have been established, and promotes communication of improvements at the service to a board level.

Organisation-wide governance systems were effectively supported by policies, procedures, training, audits and reporting mechanisms, relating to: information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. For example, the service’s continuous improvement plan is reviewed monthly with the governing body to monitor progress and implement changes.

The service demonstrated the organisational systems and practices were implemented to manage high-impact, high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. Management and staff described how risks and incidents were identified, responded to, monitored, and reported; and the service had a dignity of risk process to support consumers to live the best life they can.

The clinical governance framework was supported by various mechanisms such as policies, procedures, clinical guidelines, clinical indicator reports, training, education, and meetings. Staff described processes in relation to the clinical governance framework, such as implementing antimicrobial stewardship strategies, minimising the use of restraint, and using open disclosure.

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)