**Performance**

**Report**

**1800 951 822**

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| Name of service: | Murray Mallee Aged Care- MURRAY BRIDGE |
| Service address: | 2 Myall Avenue MURRAY BRIDGE SA 5253 |
| Commission ID: | 600053 |
| Home Service Provider: | Murray Mallee Aged Care Group Inc |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 13 October 2022 |
| Performance report date: | 25 October 2022 |

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 Murray Mallee Aged Care- MURRAY BRIDGE (**the service**) has been prepared by S Bickerton, 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.

# Services included in this assessment

**Home Care Packages (HCP):**

* Murray Mallee Community Aged Care Packages, 18548, 2 Myall Avenue, MURRAY BRIDGE SA 5253

**Commonwealth Home Support Programme (CHSP):**

* Meals, 4-7XNDRMW, 2 Myall Avenue, MURRAY BRIDGE SA 5253
* Social Support - Group, 4-7XNIUAR, 2 Myall Avenue, MURRAY BRIDGE SA 5253
* Social Support - Individual, 4-7XNIUDJ, 2 Myall Avenue, MURRAY BRIDGE SA 5253
* CHSP Transport, 4-7XNIUIU, 2 Myall Avenue, MURRAY BRIDGE SA 5253
* Home Maintenance, 4-7XNIUN2, 2 Myall Avenue, MURRAY BRIDGE SA 5253
* Home Modifications, 4-7XNIUPV, 2 Myall Avenue, MURRAY BRIDGE SA 5253

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others

# Assessment summary for HCP

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **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 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

# Assessment summary for CHSP

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **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 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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.

# Other relevant matters:

Non-compliance of requirements 2(3)(b), 3(3)(a), 8(3)(c) was identified during a quality audit conducted on 11 April 2022.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | Compliant |

Findings

At the time of performance report decision, the service was:

* Evidencing assessment and planning identifies and addresses consumers current needs, goals and preferences including advanced care planning and end of life planning

A number of consumers described in different ways that the service assesses their needs and plans services that align with their goals and preferences. Service management demonstrated contemporary assessment process for CHSP consumers, designed to capture consumers needs, goals and preferences.

Assessment and care planning documentation evidenced strategies to meet consumers individualised needs, goals and preferences, including consumer end of life preferences.

Service management demonstrated a range of improvement actions had been undertaken and embedded at the service to address the previously identified non-compliance at a quality audit conducted in April 2022. For example:

* Development of a clinical supervision policy and procedure that introduces regular internal auditing of nursing reviews to ensure risks are identified, appropriately managed, and documented in service plans
* Training delivered to service consultants on risk management, care planning, goal setting, and behaviour support planning
* Development of CHSP policies and procedures to improve goal setting for consumers and guide staff undertaking this task
* Development of CHSP assessments to ensure comprehensive care planning and service planning documentation.

Service management demonstrated all CHSP consumers have been assessed using new methodologies and documentation, capturing personalised needs, goals, preferences, and strategies on how to help consumers achieve them.

Service management demonstrated assessment process for all consumers include discussions around advanced care planning and end of life planning.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Not applicable |

Findings

At the time of performance report decision, the service was:

* Evidencing the provision of safe and effective consumer care that is best practice, tailored to individual needs, and optimises health and well-being

One consumer described that they had confidence the clinical care received from the service is safe and of high quality. Clinical staff and service management described various safeguards utilised to ensure personal and clinical care is safe, tailored to individual needs and best practice.

Service management demonstrated a range of improvement actions had been undertaken and embedded at the service to address the previously identified non-compliance at a quality audit conducted in April 2022. For example:

* Development of a clinical supervision policy and procedure which introduced regular internal auditing of nursing reviews to ensure risks identified are appropriately managed and documented in service plans
* Review of wound management guidance to provide specific information regarding wound dimensions, dressing regime changes, and developing separate care plans for wounds
* Review of wound assessment records to include wound photographs dimensions
* Development and implementation of a catheter care policy and procedure to improve processes and introduce effective monitoring
* Development of behavioural support plans for all consumers with behaviours of concern that present high risks to themselves or others
* Formal and informal training in wound care, catheter care, behavioural support and antimicrobial stewardship

The service evidenced staff training is delivered to provide wound management, catheter care, behavioural management and antimicrobial stewardship. Additionally, clinical staff delivering wound care have technique assessments to ensure competence.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| 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 | Compliant |

Findings

At the time of performance report decision, the service was:

* Demonstrating effective governance systems are embedded to ensure accountability for service delivery

The service demonstrated effective organisation-wide governance systems are embedded in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

In relation to workforce governance:

Service management demonstrated a range of improvement actions had been undertaken and embedded at the service to address the previously identified non-compliance at a quality audit conducted in April 2022. For example:

* Development of a brokerage agreement with catering providers to ensure food safety precautions are undertaken, including clearly set out roles, responsibilities, requirements and documentation standards
* Delivery of education to catering providers to ensure compliance with food safety protocols in aged care environments
* Embedded governance practises to monitor catering provider compliance with food safety audit outcomes, food safety training, COVID-19 vaccinations, and police certificates
* Development of CHSP policies and procedure that ensure venues have valid and satisfactory fire and emergency safety audits prior to being engaged for CHSP social support group activities
* Requesting fire safety audits from existing service venues

In relation to information management:

* Service staff explained they can access the information they need including policies, procedures and resources to deliver safe care. They described weekly toolbox meetings where information can be shared between staff and management

In relation to continuous improvement:

* Service management demonstrated that continuous improvement remains a fixed agenda item on all meetings including toolbox meetings and consumer reference groups
* Clinical staff demonstrated that all clinical care is documentation and audited to inform training needs for staff and improve clinical care for consumers

In relation to financial governance:

* Service management demonstrated processes for identifying, tracking and reporting unspent consumer funds. Where unspent funds are identified the service works on strategies to increase consumer services
* The service evidenced policies and procedures to inform practices regarding financial management of consumer services

In relation to feedback and complaints:

* Service management advised the feedback and complaints register automatically trends compliments, feedback and complaints. Individual complaints and feedback data are discussed at the service’s continuous quality improvement committee

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)