Performance

Report

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| Name of service: | Performance report date: |
| Murray Mudge | 21 July 2022 |
| Commission ID: | Activity type: |
| 6017 | Site audit |
| Approved provider: | Activity date: |
| Uniting Communities Incorporated | 31 May 2022 to 3 June 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 Mudge (**the service**) has been considered by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 conducted from 31 May 2022 to 3 June 2022; 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.
* Information provided by the Secretary concerning the service’s and Approved Provider’s compliance and complaint history.
* the Approved Provider’s response to the site audit report, received on 28 June 2022.

# 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 | | Compliant |
| 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 said staff always treated them with respect and dignity. Consumers and representatives confirmed staff supported consumers to maintain their identities and to make informed choices. Staff were described as valuing the diversity, cultures, and individual identities of consumers. Consumers described the ways staff supported them to maintain relationships with people important to them, said staff knew what was important to them and encouraged them to be independent. Consumers and representatives said staff were always respectful of consumers’ privacy.

Staff showed respect both when talking to and about consumers and were aware of consumers’ backgrounds and preferences for care and service delivery. Staff gave examples of matching their care practices with consumers’ cultural backgrounds and needs. Staff demonstrated their awareness of consumers engaged in risk and outlined the processes and conversations had with consumers, to ensure consumers made informed choices and maintained dignity of risk in their lives. Staff described practical ways in which they respected consumers’ personal privacy.

The Assessment Team observed care planning documents that reflected things important to consumers and their cultural, relationship, spiritual, emotional and diversity preferences. The service demonstrated it responded promptly to substandard behaviour by an agency staff member and dealt with the issue quickly and effectively. The staff handbook outlined mandatary staff behaviour guidelines, including showing courtesy to consumers. The service provided training to all staff on topics such as cultural diversity, privacy, respect and dignity. Minutes of meetings and consumer feedback indicated consumers were treated with dignity and respect. The service showed it used policies and procedures to assist consumers with maintaining their dignity of risk, which included risk management documentation and ensured consumers could make informed choices. The service had established privacy policies and processes in place.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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, which 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 participated in initial assessments and ongoing planning of care, including advance care planning. Consumers and representatives confirmed they had access to care plans. Consumers and representatives confirmed the service sought input from other providers who participated in consumer care, including general practitioners, allied health professionals and other services. Consumers and their representatives advised care plans were reviewed regularly and were updated when incidents or changes to consumers’ conditions occurred.

Staff confirmed how they used care planning documentation to provide safe and effective care and services to consumers and described the ways care plans informed them of consumers’ goals and preferences, as well as relevant cultural or diversity factors. Staff understood the importance of providing culturally-considerate services to consumers and gave examples of how they did this in the past. Staff described how they consulted with both consumers and representatives when making care plans and how this included other people, such as medical professionals or service providers. Staff explained the care plan documentation review process and said they discussed issues with consumers and their nominated representatives where appropriate. Staff showed how they reviewed care plans every six months or as needed and spoke of how updates were communicated amongst relevant staff and consumers.

The service’s documentation showed consumer assessments and care plans were comprehensive and included assessments appropriate to individual consumer’s needs, preferences and risks. The service’s assessment and planning processes demonstrated the involvement of representatives and health professionals and captured consumers’ needs, goals and preferences, which included cultural, religious, language, special needs, end-of-life care, preferences, health, and wellbeing of consumers. Staff explained the care plan documentation review process and showed how they spoke with consumers and nominated representatives where appropriate.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

Consumers said the care and services provided were safe and right for them and their care plans identified their needs, preferences and goals. Consumers and representatives said they had access to medical and other health professionals as needed. Consumers and representatives acknowledged staff were aware of, and effectively managed, elevated risk and high prevalence risk within the service. Consumers were confident their end-of-life wishes would be respected and conducted as they wished. Consumers and representatives said they felt information management practices were excellent and all relevant staff were kept informed regarding changes in condition or needs of consumers.

Management and staff ensured that consumers’ care planning guided the care and services they provided. Staff displayed their awareness of risks within the service and showed how they managed these risks on a daily basis. Staff confirmed information-sharing practices were effective, which included making sure all relevant staff were aware of changes including end-of-life preferences of consumers. Staff received training on infection control within the service, which included antimicrobial stewardship and ensuring antibiotics were only used as a necessity. The service had a series of policies and procedures to guide staff, which ensured positive outcomes were achieved in the provision of care and services.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 said they were happy with the activities available at the service and described activities as enjoyable and relevant to them. Consumers said they were assisted to stay in touch with people important to them through various means, both at the service and in the community. Consumers said staff knew their backgrounds, demonstrated respect towards them, their emotional, spiritual, and psychological needs were met, and staff respected their choices of involvement in activities. Consumers advised they could access equipment as needed, and it was well maintained and clean. Consumers advised they enjoyed the meals provided as they were of excellent quality and met their dietary needs.

Staff were knowledgeable about and understanding of consumers’ backgrounds and explained how they supported consumers to achieve their needs and goals. Staff spoke of different activities available and how they adjusted them to suit individual consumers, including the use of technology for consumers to maintain contact with family members during Covid lockdown. Staff discussed how they communicated changes to consumers’ care needs and conditions, through verbal and written handover processes as well as regular, three-monthly updates to consumers’ care plans. Staff had access to a range of service providers and established relationships to ensure consumers’ needs were met. Hospitality staff gave details of how they ensured meals were delivered to a high standard and ways they sought feedback from consumers to ensure they enjoyed meals as well as meeting their dietary requirements.

Staff said they could access equipment they needed when they needed it and was always in good order.

The service showed how it provided services which met consumers’ needs, goals, and preferences and maximised their independence, well-being and quality of life. Care plans identified the emotional, spiritual and psychological well-being of consumers were all considered in care planning processes. The service shared information regarding consumers care needs as well as changes in their conditions and made timely and appropriate referrals to other health professionals as needed. Observations showed meals were enjoyed by consumers. Equipment within the service was well maintained and the service had processes in place which ensured maintenance and cleaning was conducted as required.

**Standard 5**

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| Organisation’s service environment | | Compliant |
| 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 said they felt comfortable in the service, the environment was clean and well maintained, visitors were welcome and they were assisted by staff. Consumers confirmed they could move about freely within the service, including outdoor areas and garden areas. Consumers described the service as easy to navigate, with good signage and handrails in place. Consumers advised staff kept the service environment in good condition and the furniture and fittings were in good order and staff maintained them well.

Staff described features of the environment which were designed to encourage and support consumers to move around safely, which included environmental features to accommodate consumers requiring memory support. Staff described how they raised maintenance requests and advised consumers could raise matters themselves. Maintenance staff described the processes and procedures they used for ensuring equipment was well maintained and kept in good condition, which included scheduled maintenance and repairs. Staff confirmed equipment met consumers’ needs and was always kept in good condition.

The service’s environment promoted independence and feelings of safety and belonging for consumers. The Assessment Team observed how consumers personalised their rooms through displays of photographs, decorations, and items of personal importance. The service had clear signage, handrails, and other features which ensured safety and easy navigation. The Assessment Team reviewed the service’s maintenance logs and noted maintenance issues were promptly addressed and the environment was monitored, hazards identified and promptly communicated and rectified.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 said they were encouraged and supported by staff to provide feedback and lodge complaints through various channels, such as feedback forms, consumer meetings and speaking directly with staff and management. Consumers and representatives said they felt comfortable in providing feedback, had never experienced negative consequences as a result and gave examples of improvements made following their feedback. Consumers said staff practised open disclosure when things went wrong. Consumers and representatives were aware of internal and external complaint and feedback channels, as well as language and advocacy services available to them.

## Staff were aware of their roles in the feedback and complaints process, which included listening to and responding appropriately to feedback or complaints. Staff received training in the complaints process, which included principles of open disclosure. Staff gave examples of how they supported consumers and representatives to provide feedback, which included consumers from diverse backgrounds. Staff also spoke of helping consumers engage with language services and advocacy organisations. Staff described how they used the service’s electronic complaints register for recording feedback and complaints and gave examples of how that information was used to identify continuous improvement opportunities.

The service had documented policies and procedures for complaint and feedback. These policies and procedures showed a commitment by the service to encourage and support consumers to provide feedback and to seek opportunities for improvement, including assistance for consumers from diverse cultural and linguistic backgrounds to lodge complaints and feedback. The welcome pack provided to consumers and representatives upon admission to the service contained information on how to provide complaints and feedback and how to access advocacy and language services. The service maintained an electronic complaints and feedback system that informed continuous improvement within the service, as well as ensuring feedback and complaints were recorded and responded to in a timely and appropriate manner.

**Standard 7**

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| Human resources | | Compliant |
| 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

Consumers said staff consistently treated them well and staff were well trained and equipped to do their jobs. Consumers said staff were kind and caring in the ways they interacted with consumers. Consumers and representatives reported they felt there were enough staff at the service and they did not experience delays or poor-quality care at any time due to a shortage of staff.

Staff advised they were happy with the levels and mix of qualified staff rostered on at the service and they felt confident they provided consumers with safe and effective care. The Assessment Team observed staff interacting with consumers and treating consumers appropriately, including with dignity and respect. Staff confirmed they were well trained and knew how to use the service’s care management systems and how to access online training.

Management demonstrated the service’s online system for induction training and external training for all staff, which tracked mandatory training, including completion. Staff advised management assessed, monitored, and reviewed staff performance and encouraged staff to adopt a best practice approach in their engagement with consumers.

The service demonstrated it had systems in place which ensured staff were trained and skilled to perform their roles to a high standard. The Assessment Team noted the service tracked staff completion of mandatory training modules and conducted regular monitoring and review of staff performance. The service had robust staff recruitment processes and induction procedures designed to ensure staff were skilled for their roles. The Assessment Team observed the rostering system and workforce planning for unplanned absences appeared to work well and indicated the service had an appropriate mix of staff, with a sufficient quantity of staff available.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 and representatives advised they were involved in the development of care and service delivery within the service and felt the service was professionally managed.

The service’s management demonstrated accountability for a culture of safe, inclusive and quality care. Management demonstrated it acted on feedback and issues raised and provided updated information to consumers regularly when changes occurred. Management demonstrated how it monitored and managed Key Performance Indicators. Staff showed they used and understood the service’s clinical governance framework, which included policies on minimising the use of restrictive practices, promoting antimicrobial stewardship, and applying open disclosure. Staff were able to access these policies online, including the service’s risk management framework.

The service had a clinical governance framework and risk management framework in place, which included a risk register used to identify and manage high impact and high prevalence risk within the service. The service had an electronic consumer care system and management and staff explained how to access and use the system within the service.

The service’s executive met regularly and had oversight of complaints, serious incidents, regulatory compliance, clinical governance, antimicrobial stewardship and use of restrictive practices.

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-2)