Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Murrayvale Aged Care |
| Commission ID: | 2714 |
| Address: | 63 Regent Street, MOAMA, New South Wales, 2731 |
| Activity type: | Site Audit |
| Activity date: | 21 May 2024 to 23 May 2024 |
| Performance report date: | 10 June 2024 |
| Service included in this assessment: | Provider: 67 Domacwa Holdings Pty Ltd  Service: 1071 Murrayvale Aged Care |

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 Murrayvale Aged Care (**the service**) has been prepared by Denise McDonald, 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 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 31 May 2024
* other information and intelligence held by the Commission in relation to the performance of the service

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers and representatives confirmed consumers were treated with dignity and respect. Staff understood consumers’ personal circumstances, life experiences, and cultural backgrounds. Staff were observed interacting with consumers respectfully and in ways that promoted consumer’s dignity.

Consumers and representatives confirmed consumers unique cultural identities, beliefs, needs, and practices were recognised, respected, and supported. Care documentation reflected consumers’ cultural needs and preferences including, their life journey, cultural background and what is important to them. Policies on cultural safety, diversity, and inclusion guides staff practice.

Consumers and representatives advised consumers were supported to make choices on the confirmed they were their own decision maker or had formally appointed a representative. Staff gave practical examples of how consumer’s decisions were supported and how consumers were assisted to maintain relationships. Care documentation detailed consumers choices, needs, and preferences and who they want involved in their care decisions.

Consumers and representatives said consumers were supported to take risks and live life as they wished. Staff were knowledgeable of consumers who took risks and described how consumers were supported to understand possible harms and make an informed decision. Care documentation evidenced risks, such as driving, smoking and gardening in the sun, had been assessed and strategies to promote consumer safety had been planned.

Consumers and representatives confirmed they were provided with up-to-date information through care consultations, meetings, newsletters, and activities calendars. Staff described various ways information was communicated to make sure it is easy to understand and accessible for consumers with cognitive or sensory impairments. Posters of upcoming events and the menu used large font and were displayed in communal areas to support consumer choice.

Consumers and representatives confirmed consumers’ privacy was respected, and they were confident their personal information was kept confidential. Staff described how they maintain consumer privacy when providing care, keeping computers locked, and using passwords to access consumers’ personal information. Policies and procedures on privacy and confidentiality guides staff practice.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Care documentation evidenced when a consumer enters care, risks to their health, including falls, pressure injuries and malnutrition were assessed, and outcomes of these assessments were used to develop their care plan. Staff were knowledgeable of assessment processes confirming these were automated through the ECMS and guided by assessment and care planning policies. However, risk of chemical and environmental restrictive practices had not been fully assessed for some consumers. Consumers confirmed participating in assessments upon entering care.

Consumers and representatives confirmed consumer’s care preferences, including for advance care and end of life had been sought during assessment processes. Care documentation reflected consumer’s palliative care goals, end of life needs, and advance care preferences, with a copy of their advance health directive included, where this had been completed. Staff demonstrated knowledge of consumers current needs and preferences of consumers, consistent with care strategies outlined in their care documentation.

Consumer representatives confirmed they were consistently engaged in the planning and review of consumer’s care. Care documentation evidenced quarterly care consultations, with consumer and representatives were planned and undertaken as scheduled. Care documentation reflected consumer’s medical officer, allied health professionals and specialists contributed to assessment and care planning processes.

Consumer representatives confirmed they knew what was in consumer’s care plans and they received a copy. Staff confirmed they discussed outcomes of assessment, for pain, behaviour support, skin integrity and restrictive practices with consumers and their representatives. Consumers care documentation was readily accessible to staff, health professionals and medical officers via the ECMS.

Staff advised consumers care and services were reviewed and evaluated quarterly, in line with care planning policies and procedures. Care documentation evidenced reassessment of the consumer occurred following a fall, and the care plan updated with additional care strategies. Consumers and representatives confirmed care plans were reviewed regularly.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Most consumers and representatives said consumers were receiving personal and clinical care in line with their needs and preferences, whereas some said personal care was rushed, not done properly, or there was a one-off instance of adverse care being provided on a weekend. Staff were knowledgeable of consumer’s care needs, relating to the maintenance of the skin integrity or to management wounds or pain. Care documentation evidenced wound dressing regimes were followed, wounds were monitored for healing and pain was responded to when it was reported. However, documentation did not support when psychotropic medications were prescribed to modify consumer’s behaviours these were accurately identified as a chemical restrictive practice with informed consent given.

Consumers gave positive feedback in relation to the management of their high impact risks, including time sensitive medications and catheter management. Staff were demonstrated knowledge of care strategies required to be delivered by them to manage high prevalent risks, such as diabetes. Care documentation evidenced staff administered time sensitive medications as prescribed, directives were followed when diabetes parameters were exceeded, and catheter changes occurred as scheduled.

Consumer representatives said when consumers were at end of life, they were kept comfortable. Staff demonstrated knowledge of how to care for consumers at end of life, confirming they had access to palliative care specialists, if required. Care documentation evidenced consumers were administered medications to control pain and staff performed comfort cares as scheduled.

Consumers and representatives reported, and care documentation evidenced when deterioration in a consumer was identified, this was responded to in a timely manner. Staff were knowledgeable of escalation processes to ensure the consumer was reviewed quickly. Staff confirmed they had received training on responding to clinical deterioration, with policies and procedures available to guide their practice.

Consumer representatives said the consumers care plan included their condition, needs, and preferences and these had been communicated to staff as they knew what care the consumer required. Staff and allied health professionals advised the consumers care was documented and accessible via the ECMS and any changes were communicated via handover. Staff were observed handing over changes to medications and consumers care needs between shifts.

Consumers and representatives confirmed they were referred to allied health professionals, when required. Staff demonstrated knowledge of referral processes and confirmed a range of service providers were available should a referral be needed. Care documentation evidenced staff were quick to refer consumers to allied health professionals and specialists.

Staff were knowledgeable of the practices which prevent transmission of infection and gave practical examples of isolating consumers who have shared rooms when they became infectious. Staff understood the principles of antimicrobial stewardship, including the need to utilise non-pharmacological strategies to reduce the potential infections. Staff were observed practicing infection control and prevention measures including hand hygiene, however some of the sanitiser they were using had expired.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives confirmed the services and supports for daily living provided considered the consumers’ needs, independence preferences and enhanced their quality of life. Staff demonstrated knowledge of consumers’ needs and preferred activities, giving practical examples of supporting consumers to tend a vegetable patch and the adoption of a paddock to plate process with the vegetables and herbs used in cooking consumer meals. Care documentation guided staff on the supports consumers required to do the things they want to do.

Consumers advised their emotional needs were met by staff spending time with them and they are able to access church services in line with the spiritual beliefs. Staff confirmed they spent one-to-one time with consumers who do not wish to participate in group activities or when they observed their mood was low. Staff were observed providing consumers with emotional support and the activities calendar evidenced regular church services were held.

Consumers and representatives confirmed consumers were supported to participate in the internal and external community, to do things of interest to them and to maintain relationships of importance. Staff gave practical examples of arranging access to community transport as ways they supported consumers to maintain their social connections and pursue their leisure interests. Care documentation reflected consumers activities of interest and supports required to participate in these activities and in the wider community.

Staff confirmed changes to consumer’s needs and preferences was communicated verbally during handover and via alerts within the ECMS. Clinical staff advised when consumer meal or food preferences changed this was communicated to catering staff, with staff demonstrating awareness of recent changes. Care and catering documentation were observed to be consistent.

Consumers and representatives confirmed referrals happen promptly when a need for consumers to receive additional support was identified. Care documentation evidenced referrals to external organisations to support consumers social and community interaction was undertaken quickly. Staff were familiar with referral processes and confirmed access to a range of providers or volunteers to support consumers daily living needs.

Consumers and representatives said there was plenty of food, they had a variety of choices and personal meal preferences were catered. Staff demonstrated knowledge of consumers’ nutrition and hydration needs including meal size and confirmed consumers can access food at any time. Consumers meals were observed to look appealing, appetising and consumers ate all of the meal served.

Consumers confirmed their mobility aids were safe, cleaned by staff and they were well maintained. Staff were knowledgeable of processes to ensure any faults with consumer’s equipment was reported and attended to promptly. Consumer’s equipment was observed to be clean, functioning appropriately and suitable to meet consumer needs.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives confirmed they found the service environment to be welcoming, it was easy to get around and furnishing consumers rooms with their personal belongings made it feel homely. Representatives said they felt welcomed when they visited as staff always greet them and they were free to use communal areas to catch up with their loved ones. Consumers’ rooms were observed to be decorated with their personal possessions, directional signage assisted with navigation and communal areas were furnished to promote a home like environment.

Consumers and representatives confirmed communal areas and consumer rooms were cleaned daily, the service environment is well looked after, and consumers were able to move around freely, including to exit to the community. Staff confirmed processes were in place to ensure cleaning was completed routinely and any maintenance issues were reported, with maintenance documentation evidencing repairs were undertaken quickly. Consumers were observed to have free access to indoor and outdoor areas, using both to socialise with family or friends.

Consumers said the furniture, fittings, and equipment was suitable, clean and well-maintained, with any requests for repairs escalated via staff. Communal areas were observed to be furnished with a range of furniture to accommodate various consumer needs, manual handling equipment had been inspected to ensure its safety and staff cleaned shared equipment between uses. Maintenance documentation evidenced fittings, including fire safety systems were tested regularly to ensure they were in good working order.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives said they were encouraged to provide feedback at meetings or directly with staff and were supported to make complaints via feedback forms. Staff said an open-door policy encourages consumers and representatives to provide feedback and enables them to raise concerns in person. Feedback forms and collection boxes were readily accessible and consumer meetings were held bi-monthly.

Consumers and representatives were aware of advocacy services, and the Commission, confirming this information was included in the consumer handbook. Staff were familiar with external advocates and language services and have supported consumers to access these services, as required. Posters and brochures displayed promoted consumer access to advocacy, interpreter and external complaints services.

Consumers and representatives said their complaints had been promptly responded to and an apology had been received. Staff confirmed when things went wrong, the followed feedback management and open disclosure policies and procedures when handling the complaint. Complaints documentation evidenced complaints were investigated, actions taken were prompt and consumers received an apology.

Consumers said their feedback has resulted in improvements to the crockery provided and the establishment of a café. Management gave practical examples of how consumer feedback was trended and analysed to inform what improvements to meal services were required. Continuous improvement documentation contained actions initiated to improve the variety, choice and plating of meals.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Most consumers and representatives confirmed consumers calls for assistance were responded to promptly and there were enough staff to meet consumers care and support needs, however, others felt additional staff were need on weekends and at mealtimes. Management advised the number and allocation of staff has recently been increased, but care minutes were still below the legislated target. Management advised various strategies, including employing multiskilled, casual and agency staff are used to ensure consumers care needs were able to be met.

Consumers and representatives said staff were kind, caring and respectful of consumers’ preferences. Staff were observed speaking kindly to consumers and were respectful of and provided care consistent with consumers individual choices. Policies, procedures and training modules guided staff in behaviour expectations and promoted a culture of inclusion and person-centred care.

Management confirmed all staff members must meet the minimum qualifications, be registered (where relevant) and their suitability to work in aged care was checked, in line with the requirements outlined within their position description. Personnel records evidenced staff registration, vaccination status and certification were monitored to ensure currency was maintained. Education records evidenced competency for medication administration and manual handling was assessed annually.

Consumers and representatives said staff were well trained and knew what they are doing. Staff confirmed they were required to complete a mandatory training program, including elder abuse, feedback and complaints, restrictive practices, open disclosure and incident management. Education records evidenced staff had completed their orientation and mandatory training modules as scheduled.

Management advised staff performance was assessed during probation, annually and personnel records evidenced all staff had completed their annual appraisal as scheduled. Staff confirmed their ongoing performance was monitored through various means including audit results, consumer feedback and incident reports. Policies and procedures guided staff performance review practices.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives said they attended consumer meetings where they were able to voice any concerns, give suggestions and to make complaints. Management confirmed consumers and representatives contribute to the service’s operations via their input given at meetings, via surveys and through complaints mechanisms. Meeting minutes evidenced consumers had declined to participate in the consumer advisory committee when it was established.

Management advised systems and processes, including monthly reporting were in place enabling the governing body (the Board) to monitor the service’s performance and ensure the delivery of safe, inclusive quality care and services. Management outlined the organisation’s structure including the roles and responsibilities of the Board, governance committees, service management and quality management processes. Organisational information was in the processes of being updated, following a recent merger, and these had been communicated to staff through meetings, memos, and staff training.

Governance systems relating to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints were found to be effective. Consumers, representatives and staff said they were provided with or could access the information they needed. A plan for continuous improvement evidenced various sources including legislative changes, data, feedback and complaints were used to identify improvements. Staff were knowledgeable of their roles and responsibilities and confirmed funding was available to complete improvements and to meet legislative requirements.

The organisation had effective risk management systems related to managing high-impact or high-prevalence risks, supporting consumers to live their best lives, managing and preventing incidents including those of potential abuse or neglect of consumers. Staff understood risks to consumers and described reporting responsibilities under the Serious Incident Response Scheme (SIRS). Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose. Meeting minutes evidenced risks and incidents were trended, analysed and reported to the Board to inform their decisions.

The clinical governance framework included policies and procedures which promoted antimicrobial stewardship, the minimisation of restrictive practices and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, open disclosure and restrictive practices with staff describing how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place which was followed by management and staff; however, guidance on restrictive practices was insufficient to ensure all environmental and chemical restrictive practices were accurately identified.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)