Performance

Report

**1800 951 822**

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| Name of service: | Murrayvale Aged Care |
| Service address: | 63 Regent Street MOAMA NSW 2731 |
| Commission ID: | 2714 |
| Approved provider: | Domacwa Holdings Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 4 April 2023 |
| Performance report date: | 11 May 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Murrayvale Aged Care (**the service**) has been prepared by T Solomon, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the Performance Report dated 28 July 2021 following the Site Audit undertaken from 8 June 2021 to 10 June 2021, where one Requirement was found to be Non-compliant.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 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 |

Findings

Requirement 3(3)(a) was found non-compliant following a site audit from 8 June 2021 to 10 June 2021. The Assessment Team identified the service was unable to demonstrate safe and effective care was being provided to consumers in a range of areas, including the use and management of psychotropic medication, pain management and wound care.

During the assessment contact undertaken on 4 April 2023, The Assessment Team found the service was able to demonstrate consumers get safe and effective personal care or clinical care that is tailored to their needs and preferences or is best practice, specifically related to wound care, pain management and restrictive practices.

In relation to pain management as well as monitoring the effectiveness of interventions the regional manager advised the service has a new computerised clinical documentation system which provides prompts to evaluate and document the effectiveness of as required medications and non-pharmacological interventions trialled.

Consumer files indicate documentation of evaluation and review of the effectiveness of analgesia for pain occur. Consumers and/or representatives were satisfied with pain management provided at the service.

Staff know the consumers well and will inform the clinical staff when a consumer is showing signs of pain. Care staff were able to describe non-verbal signs of pain, including facial expression such as grimacing, groaning and changed behaviours and/or agitation. Care staff stated they would notify the registered nurse when they observed these signs of pain.

The service has a strong liaison with the local regional health in-reach program, who visit daily to review consumers post-operatively, as well as consumers who require blood tests or are experiencing pain. Palliative care nurses visit consumers who are at the end-of-life stage to assist with pain management.

In relation to restrictive practices the regional manager reported the service is working closely with staff to follow best practice in relation to psychotropic medication. A psychotropic medication audit tool is used for reviews three monthly, and the regional manager and clinical support registered nurse conducted a full medication audit on all psychotropic medications at the service in August 2022.

In relation to skin integrity, education is provided to staff on pressure injury via toolbox talks including preventive measures, education is also provided on wound care documentation. The wound consultant attends the service every six to eight weeks and works with the staff providing wound care. Overall, dressing charts reviewed indicate regular documented dressing changes and regular reviews of wounds including photos that clearly shows a measuring tape and labelling.

I find requirement 3(3)(a) is compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)