Performance

Report

**1800 951 822**

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| Name of service: | Murrenda Residential Aged Care Home |
| Service address: | 251 Mountain Highway WANTIRNA VIC 3152 |
| Commission ID: | 4428 |
| Approved provider: | Eastern Health |
| Activity type: | Assessment Contact - Site |
| Activity date: | 26 September 2023 |
| Performance report date: | 27 October 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 Murrenda Residential Aged Care Home (**the service**) has been prepared by D. Fekonja, 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 provider’s response to the assessment team’s report received 17 October 2023. The provider has accepted the findings of the Assessment Team.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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.

# 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

Consumers and representatives provided positive feedback in relation to both the personal and clinical care provided to them. Staff understand their needs and provide care in line with their needs and preferences. Staff demonstrated knowledge of individual consumer care needs, choices, preferences, and the strategies in place to provide safe and effective care. There are individualised strategies to manage and minimise restrictive practice, and effective skin integrity and pain processes.

Authorised consent is obtained for all restrictive practices with regular review and monitoring and individualised behaviour support plans in place. The service maintains psychotropic medications register which documents the consumers prescribed psychotropic medications. Staff were able to describe triggers and non-pharmacological strategies that successfully de-escalate consumers when they are experiencing changed behaviours.

Skin assessments are done on admission, during scheduled reviews and as required. Wound management plans are created which outline the treatment regime and dressing frequency of a wound. Wound care is entered onto handover sheets and clinical staff are responsible for ensuring directives of treatment, regular review and changes occur as required. There was one discrepancy in the wound care for one consumer, where handover notes were not completed when the treatment plan changed, however, the wound was attended to immediately and was found to be almost healed with no adverse impact on the consumer.

Pain is being appropriately assessed using verbal and non-verbal validated assessment tools and managed in line with the consumer’s pain management plan. The service uses both pharmacological and non- pharmacological strategies to manage pain as appropriate for individual consumers.

Based on the information provided in the assessment contact report and summarised above I find the service compliant with Requirement 3(3)(a).

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

This Requirement was found non-compliant following a Site Audit 2 to 3 May 2023 and 13 to 15 June 2023, as the service did not demonstrate effective organisation wide governance systems in relation to regulatory compliance. Specifically, consumers did not have appropriate restrictive practice authorisation forms in place and consumers subject to chemical restraint did not have appropriate documentation on file to prompt regular review.

The organisation has implemented several actions in response to the non-compliance which include:

* A review of the ‘responsive behaviour restrictive practice and psychotropic medication management’ guidelines.
* Update of the electronic care documentation system to better support psychotropic medication governance, monitoring and review.
* Communication with consumers, representatives and health professionals regarding psychotropic medication.
* Communication with the nursing workforce in relation to requirements of psychotropic medication management and providing training.

The service demonstrated that it uses non-pharmacological intervention practices with consumers, such as, engaging consumers in activities of interest, reassurance and 1 to 1 interaction, to minimise the use of chemical restrictive practice. Consumers subject to chemical restrictive practices have informed consent and individualised behaviour support plans in place.

The organisation has clinical governance systems and processes that ensure each consumer gets safe and effective care. Risks and incidents are reported, escalated and reviewed by the Eastern Heath governance framework and board. Reporting requirements relating to reportable and non-reportable events are in place and appropriate incident registers are maintained.

Based on the information provided in the assessment contact report and summarised above I find the service has made the necessary improvements to ensure it has effective governance practices in place relating to restrictive practices. I find the service compliant with Requirement 8(3)(c).

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)