Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Murroona Gardens |
| Service address: | Wests Lane BOWEN QLD 4805 |
| Commission ID: | 5203 |
| Approved provider: | Bowen Old Peoples Homes Society |
| Activity type: | Site Audit |
| Activity date: | 30 August 2022 to 1 September 2022 |
| Performance report date: | 11 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 Murroona Gardens (**the service**) has been prepared by T Wurf, 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; 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
* the provider’s response to the assessment team’s report received 4 October 2022
* the following information received from the Secretary of the Department of Health and Aged Care (**the Secretary**):
  + Exceptional Circumstances determinations to continue accreditation dated 25 November 2021 and 25 May 2022.

# 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

Consumers spoke highly of staff saying they are respectful, value them as individuals, take time to get to know them and respect their privacy. Consumers said the service supports them to maintain relationships with those people who are important to them.

Consumers said they receive sufficient information to make informed choices about the care and services they receive. Information provided to consumers includes a lifestyle program, handbook and monthly newsletter. Staff said they support consumers to make informed decisions about aspects of care and services including meal choices, complementary therapies, the design of exercise programs, use of equipment and participation in activities of choice.

Management staff said that upon entry to the service, the consumer is involved in discussions about their needs, goals and preferences and that a case conference is conducted at a later date. Care plans reviewed by the Assessment Team were detailed and reflected those things that are important to consumers with respect to their identity, culture and diversity.

Staff demonstrated a sound understanding of consumers’ needs and preferences and could provide examples of how this influenced the care they provided. They described how they promote consumers’ privacy including when providing care and during handover.

Pastoral care services are available and support consumers with respect to their spiritual, emotional, cultural and psychological well-being.

Policies and procedures guide staff and address cultural safety and diversity, cultural competence, anti-discrimination and choice and dignity.

The Assessment Team observed staff approaching consumers discreetly and respectfully to discuss their needs.

# 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

Consumers considered they receive the care and services they need, staff understand their needs and preferences, and they are involved in assessment and planning processes. Consumers were satisfied they could access a copy of their care plan and staff discuss care with them.

Registered staff described the service’s assessment and care planning processes, which are commenced with the consumer/representative in the community prior to their entry to the service. Review of care plans is completed annually and more frequently as required.

Staff reported they review consumer assessments, care plans and progress notes to identify emerging concerns or unmet needs. Staff are aware of incident escalation and reporting processes relevant to their role.

Care documentation reviewed by the Assessment Team demonstrated effective assessment and planning that identified consumers’ goals, needs and preferences, including in relation to end of life care. Care documentation also included information relative to the risks to each consumer’s health and well-being (such as falls and complex care needs) and individualised strategies to manage risks.

Assessment and care planning documents reflected the involvement of consumers/representatives and input from other health professionals including dietitians, physiotherapists, speech pathologists, medical officers, audiologists, community dementia support and psychologists/psychiatrists. Care plans were reviewed on a regular basis and in response to consumers’ changed circumstances or when incidents occurred.

The organisation has a suite of policies and procedures relevant to this Quality Standard to guide staff practice, including assessment and care planning.

The Assessment Team found the service’s assessment and planning processes had failed to identify risks to some consumers subject to chemical restraint as behavioural support plans were not in place. I have considered the Assessment Team’s findings under requirements 2(3)(a) and 8(3)(c), including that:

* the service’s improvement plan had an open action to develop behavioural support plans
* care documentation for some consumers identified complex behaviours, triggers and strategies to manage those behaviours, including non-pharmacological strategies
* for some consumers without behavioural support plans, care documentation demonstrated staff provide and evaluate individualised strategies to manage behaviours, including non-pharmacological strategies
* management and registered staff monitor consumers daily and identify strategies for staff to trial for identified behaviours
* no behavioural incidents or adverse outcomes for consumers were identified in the site audit report.

I have also considered the approved provider’s response to the site audit report; a plan for continuous improvement and supporting documentation were submitted. The service has reviewed consumers prescribed psychotropic medications and identified consumers subject to chemical restraint. These consumers now have comprehensive, individualised behavioural support plans in place. Staff have received education on restrictive practices.

I am of the view that whilst there was a breakdown in the service’s processes to correctly identify consumers subject to chemical restraint and to implement behavioural support plans for some consumers, the service’s own processes had identified this as an improvement area and the service has now reviewed processes and established behavioural support plans where required. Overall, I am satisfied the service effectively undertakes assessment and planning to inform delivery of consumers’ care and services.

# 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

Consumers generally provided positive feedback about care and service delivery saying they receive the care they need and that it is delivered in a timely manner. Consumers said staff come quickly when they call for assistance and that they are comfortable.

Staff could describe consumers’ care and service needs, including any risks to consumers, and the way they deliver care in accordance with the consumers’ care plan. Staff recognised and responded to a deterioration or change in a consumer’s condition and incidents were recorded in an electronic incident management system and were escalated as required.

Registered staff said they monitor consumers and observe for evidence of increasing confusion, change in mood, change in appetite and pain. Registered staff could describe referral processes to the medical officer, other organisations and allied health services and clinical documentation evidenced involvement of dementia support services, dietitian, physiotherapist, podiatrist, psychologist, pharmacist and audiologist.

The Assessment Team reviewed the care of consumers with complex wounds, chronic disease and those who had risks including falls and weight loss associated with their care. They found that care was delivered in accordance with consumers’ identified needs, referrals were made to medical officers and health care specialists, assessments were conducted, clinical equipment was available to support care and registered nurses supervised care delivery.

For those consumers approaching end of life, care plans included information about the consumer’s preferences and palliative care champions were available to ensure consumers’ individualised care needs were being met. One representative of a recently deceased consumer said the consumer was provided ‘wonderful care’ and that staff were supportive emotionally and ensured that the consumer’s needs and preferences as well as those of the immediate family were accommodated.

The service had an outbreak management plan and staff demonstrated knowledge of antimicrobial stewardship and infection prevention strategies including hand hygiene, use of personal protective equipment and monitoring consumers for signs of infection. The service has an infection prevention and control lead and processes to monitor use of personal protective equipment, removal of clinical waste and the ordering of anti-viral medication. There are screening processes for staff and visitors and this was observed by the Assessment Team. The service facilitates vaccination programs for consumers including in relation to seasonal influenza and COVID-19 and staff have completed their vaccination requirements. Consumer and staff vaccination profiles are maintained by the service.

Policies and procedures guide staff and address clinical practice including skin care, pain management, delirium, infection control and restrictive practices.

# 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

Consumers said they feel supported to engage in activities of interest to them. They said staff provided one-on-one assistance and they have access to equipment and resources, all of which contribute positively to their well-being, independence and quality of life. Consumers provided examples of the activities they enjoy both within and outside the service; these included attending the community library, participating in the local parish, spending time with community groups, visiting with family, receiving pastoral care visits, and being involved in the Men’s Shed.

Consumers mostly provided positive feedback on their dining experience and said that meals are varied and of suitable quality and quantity. Consumers said they had noticed significant improvement in meals in recent times following the service’s engagement of a catering consultant who reviewed the quality of the meals and general catering practices. Consumers specifically mentioned the quality and presentation of texture modified diets and desserts, saying they enjoyed these. Catering staff have received training in flavour combinations, supplementing with whole foods and the preparation of texture modified meals. This has resulted in improvements to consumers’ general dining experiences.

Care and lifestyle documentation evidenced a strength-based approach that optimised consumers’ health, well-being and quality of life. Detailed information provided guidance for care staff and included the consumer’s background, likes and dislikes, preferred activities and persons of importance. Where a need was identified, for example social isolation, or a desire to learn new skills, there was evidence of referral to external organisations.

Management staff advised that regular meetings are held to share consumer information, including incidents, changes in condition and individualised needs and preferences. The Assessment Team found that staff demonstrated a sound understanding of consumers’ needs and preferences and they could describe the types of supports that consumers required to enable their participation in activities of choice.

The service supports consumers’ emotional, spiritual and psychological well-being through the provision of pastoral care services, weekly chapel and community-based referrals. Staff said they can identify when a consumer’s mood or demeanour changes and they address this by using strategies outlined in the consumer’s care plan and communicate their concerns to registered staff for further assessment.

The Assessment Team observed consumers participating in group and individual activities, sharing meals together, having ‘high-tea’, attending chapel, caring for birds and fish at the service, and receiving visitors.

Equipment was available to support service delivery, with consumers reporting that it was safe, fit for purpose and clean. Staff reported they had enough equipment to undertake their duties and meet consumer needs and described the processes they used to clean shared equipment and report any potential maintenance issues. Maintenance staff described the reactive and preventative maintenance processes and the Assessment Team confirmed that regular maintenance is undertaken across the service.

# 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

Consumers said they feel at home living within the service and described the environment as being easy to navigate and welcoming. They said the environment facilitated their independence and provided examples of how the surroundings encouraged interaction with others and created a sense of belonging. One consumer said the dining area is ‘lovely’ and provided consumers with areas to meet and chat. Another consumer said the environment provides plenty of room to facilitate consumers’ movement.

Staff described the schedules that guide their cleaning practices and routines while maintenance staff are guided by daily inspections and scheduled preventative maintenance programs. Staff advised they have sufficient equipment to undertake their role and said that shared equipment is cleaned before and after use. Staff were familiar with maintenance processes and said that equipment is subjected to regular checks to ensure it is operational, including for example the call bell system.

The Assessment Team observed the service to be welcoming, clean and well-maintained. A network of pathways connects the buildings and promote visitation amongst consumers. There are features within the service designed to support function and independence, including for those consumers with cognitive and physical impairment. These features include appropriate lighting, signage, spacious corridors, level floors, raised garden beds and handrails. Consumers were observed using individual and communal areas and could move freely and safely both inside and outside the service.

# 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

Consumers said they are encouraged and supported to provide feedback regarding care and services and were aware of the service’s mechanisms for providing feedback and making complaints, such as via feedback forms and consumer meetings. Those consumers who had previously raised complaints said that staff addressed their concerns to their satisfaction.

While most consumers were unaware of how to access external avenues to raise complaints, they said they are comfortable raising concerns directly with staff and management. The service provides written information that includes information and contact details for external complaints agencies.

Staff described the service’s complaints management process and their role in supporting consumers and representatives to raise, address and escalate feedback and complaints. They were aware of how to access advocates and language services if required. Management and staff had a shared understanding of open disclosure and how it relates to complaints resolution processes. Management provided examples of where open disclosure had been applied.

The service has various avenues available to make a complaint and provide feedback, including via feedback forms, meetings, electronically via e-mail or the service’s website, and directly with staff or management. Periodic surveys are conducted to solicit feedback from consumers and their representatives. Feedback and complaints are recorded in the service’s complaints handling system as well as actions and outcomes. The service uses feedback and complaints to make improvements at the service, and these are recorded in the service’s plan for continuous improvement. Improvements to the food and dining experience and the establishment of a dedicated space for a yarning circle for indigenous consumers were underway.

Written information about the service’s feedback and complaints processes is included in the consumer handbook provided on entry to the service, and in brochures and newsletters.

The organisation has policies that guide staff in the management of feedback and complaints and open disclosure.

# 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

Consumers reported there is sufficient staff available to meet their needs and staff are responsive to their requests for assistance. Consumers considered they receive care and services from qualified staff who have the knowledge and skills to effectively perform their roles. They also described the staff as kind and caring.

Staff considered there was enough staff to deliver care and services in accordance with consumers’ needs and preferences and they have enough time to complete their allocated workload. Management described recruitment processes and roster strategies to replace staff on planned and unplanned leave.

The service has processes to ensure the workforce is competent and to monitor and review the performance of the workforce. Position descriptions are available for various roles that establish the required responsibilities, knowledge, skills and qualifications. The service determines staff competency through processes such as skill assessments.

The service has processes to recruit, train and support the workforce. Staff described the training, support, professional development and supervision they receive. Staff complete mandatory training on a range of topics and the service has a process to track the completion of training. The service appoints and trains staff as ‘champions’ in various topic areas, for example, dementia champions who are available to support and guide staff in managing complex behaviours for consumers new to the service.

Staff performance is monitored through observations, analysis of clinical data, surveys and consumer/representative feedback. Staff receive regular performance appraisals and feedback from supervisors on their performance, including areas for further development and training.

The Assessment Team observed staff responding to call bells and attending to consumers in a timely manner. This was consistent with the Assessment Team’s review of call bell response data that demonstrated timely responses. Staff were also observed to be interacting with consumers in a kind and caring manner.

# 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

Consumers considered the service is well run and they are confident in providing feedback and suggestions to management. Management described various ways consumers are engaged including through consumer meetings, feedback and complaints and surveys. The service has established a consumer spokesperson role which is undertaken by a consumer. The organisation communicates in various ways with consumers, representatives and staff about changes to policies, procedures and legislation.

The organisation has a documented governance framework that details the organisation’s leadership structure and the overall accountability of the governing body. There are systems and processes in place to monitor the performance of the service. The Board meets monthly and reviews information relating to clinical and incident data/trends, operational and financial matters, risk reporting and feedback and complaint trends.

Improvements have been recently made to the organisation’s governance systems and processes based on recommendations made by an external consultant engaged to evaluate the organisation’s governance arrangements.

I am satisfied the organisation has effective governance systems in place relating to information systems, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Whilst the Assessment Team found deficiencies in relation to regulatory compliance based on the service’s failure to demonstrate behavioural support plans were in place for consumer subject to chemical restraint, I have come to a different view and addressed this under requirement 2(3)(a).

The organisation has a risk management framework, clinical governance framework and relevant policies in place. Staff demonstrated knowledge of these and described their practical application to their work. The service has an established incident management system and 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-1)