Performance

Report

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| Name of service: | Murwillumbah Greens Care Community |
| Service address: | Ingram Place MURWILLUMBAH NSW 2484 |
| Commission ID: | 2716 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 8 November 2022 to 10 November 2022 |
| Performance report date: | 2 December 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 Murwillumbah Greens Care Community (**the service**) has been prepared by S Turner, 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

# 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 | |  |
| 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 and representatives considered consumers are treated with dignity and respect, are supported to maintain their identity and make informed decisions about their care and services, and can live the life they choose. Consumers and representatives said staff understood consumers’ backgrounds and catered to individual preferences.

Consumers said they receive information that is timely and is clearly communicated and easy to understand and that this supports them to exercise choice. Consumers provided examples of receiving information about appointments, upcoming events and activities, and said they enjoy receiving a monthly newsletter.

There are policies, procedures and resources to guide and support staff in the delivery of care that is inclusive and culturally safe. The service has a dignity of risk policy that outlines the organisation’s commitment to supporting consumers to remain independent and to take risks to enable them to live their best life.

Consumers are supported to exercise choice and maintain their independence by making decisions about their care and services including nominating who they would like involved in their care, making connections with others and maintaining relationships of choice.

For those consumers who choose to take risks, risk assessments have been completed and communicated to the consumer. The Assessment Team found that consumers were supported to participate in activities that may include an element of risk including for example using public transport, cigarette smoking, mobilising and eating some foods.

Care related documentation identified consumers’ personal backgrounds, their family histories, their life story and highlighted what is important to consumers to maintain their identity. Information regarding representatives, family, friends and Enduring Power of Attorney details were reflected in care related documentation.

Lifestyle staff explained how the service celebrates events of personal and cultural significance including consumer birthdays, anniversaries and events such as Christmas, Easter, Bastille Day, Melbourne Cup, Diwali and Grandparents’ Day.

Staff said they are kept abreast of changes to consumers’ care and services via the electronic care management system, handover, meetings and through other correspondence. They said they respect consumers’ privacy, ensuring consumer information is protected within the service’s electronic care management system, with system access password protected.

The Assessment Team observed staff communicating with consumers about the daily menu, scheduled appointments, transport options, and upcoming activities. Lifestyle activities were displayed on a monthly calendar and displayed in various areas throughout the service.

Staff were observed knocking, waiting for response and requesting permission to enter. Care staff were closing doors before proceeding with care. In rooms housing multiple consumers, care staff displayed discretion while minimising the impact of providing care on other consumers within the shared space.

# Standard 2

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| 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

Assessment and care planning is undertaken in partnership with consumers and includes consideration of risks to consumers’ health and well-being.

Consumers said staff explain the outcomes of assessment and planning in plain language that they can understand and that they are involved in the ongoing review process. Consumers said they had been offered a copy of their care plan.

Policies and procedures guide staff in relation to assessment and care planning and management advised care plans are reviewed three monthly.

Staff said the assessment and care planning process involves discussions with the consumer and representative and that the information included in care plans guides them in the delivery of safe and effective care. Staff said if they required additional information about consumers they would approach the registered staff.

Staff were familiar with incident reporting processes and how these can trigger a re-assessment or review of care. The service monitors clinical indicators including falls, restrictive practice, pressure injuries and medication incidents.

Clinical staff described the importance of consumer-centred care planning and explained how they initiate conversations about care with consumers and representatives either face to face or via the telephone.

Consumer files demonstrated comprehensive assessment and care planning processes that identified consumers’ needs and preferences and addressed end of life planning. Documentation was individualised and evidenced the involvement of consumers, representatives, registered nursing staff, medical staff and other health specialists. External providers of care and services available to consumers included a speech pathologist, physiotherapist, podiatrist and dietitian.

# 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 |
| 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

The service is delivering safe and effective personal and clinical care in accordance with consumers’ needs and preferences. Consideration has been given to high prevalence, high impact risks such as falls, skin integrity, behaviours, weight loss and end of life care.

Policies and procedures support the delivery of care and address restrictive practice, pressure injury prevention, falls prevention and pain management. Policies include infection control, and anti-microbial stewardship and there is an outbreak management plan to support the service in the event of an outbreak such as COVID-19.

Consumers and representatives said consumers receive the support and care they require. Representatives provided examples of how the service supports consumers’ complex needs by providing assistance, implementing strategies to minimise risks such as falls and referring to allied health professionals. Representatives said the service contacts them if there is a change in the consumer’s condition or if things go wrong.

Care related documentation evidenced timely identification, effective assessment, management and evaluation of consumers’ clinical and personal care needs including for example chronic health conditions, restrictive practices, skin integrity, pain management, behaviour support and wound care. Where restrictive practices were used there had been assessments, authorisation, consent and monitoring of the consumers.

For consumers with chronic and/or complex wounds the Assessment Team found skin assessments had been completed, wound care was delivered as prescribed, wound reviews were completed and included measurements and photographs of the wound, pressure relieving devices were available and staff implemented care interventions to promote skin integrity such as regular repositioning.

Where consumers had experienced a change or a deterioration in their condition there was evidence that staff had responded in a timely manner with representatives notified of the change.

Staff could describe individual consumers’ care needs and demonstrated an understanding of the risks associated with the consumer’s care including for example high risk of falling, unplanned weight loss and knew those consumers with complex behaviours who may require additional support.

Staff said they report changes in the consumer’s condition to clinical management staff. If the consumer deteriorates outside business hours, staff can telephone the medical officer or transfer the consumer to hospital. Care related documentation indicated consumers are monitored closely and there was evidence of referrals to other health care providers when a need was identified.

The service has an effective infection control program and demonstrated how infection related risks are minimised through standard and transmission based precautions and through anti-microbial stewardship. The service has an influenza and COVID-19 vaccination program for consumers and staff and an infection prevention and control lead has been appointed. The Assessment Team observed staff following current personal protective equipment guidelines, wearing masks and using hand sanitiser. Visitors, contractors and staff were being screened for COVID-19.

# Standard 4

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| 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 are provided an assortment of leisure and lifestyle activities that are designed to support their emotional, spiritual and psychological well-being while also optimising their health and independence.

Overall consumers and representatives expressed satisfaction with the services and supports for daily living including the meal service which they said was appropriate in terms of quality, quantity and variety. Consumers and representatives said the service supported the consumers with independence and encouraged them to participate in activities which reflected their interests and lifestyle needs.

Consumers provided examples of how the service supports their emotional and spiritual well-being including through offering church services and supporting them to attend their local church in the community. Consumers said they enjoy their ability to remain connected with the community through visits into the local community of Murwillumbah, visits to Tweed Heads, going to their clubs, going shopping and attending educational programs. Consumers said they are provided with opportunities to build relationships with other consumers.

Consumers said they have access to equipment to support them, they feel safe using it and know how to report any concerns they have. Those consumers using wheeled walkers and other assistive devices said they work well, have been maintained and that maintenance staff are prompt to fix a piece of equipment if this is required.

With respect to catering, consumers are provided a choice of meals including a daily cereal or hot breakfast option, a choice of protein for lunch and hot and cold meal alternatives, sandwiches, soups with dinner and a choice of freshly made desserts. Consumers are also provided a range of fruit, cake and other options for morning and afternoon tea and supper.

Staff had an understanding of consumers’ diverse interests and understood how to promote consumer involvement. Staff described the ‘Meaningful Mates’ program where consumers can be ‘buddied’ with other consumers who may share common interests. Evidence of this program was found in lifestyle documentation.

Staff said some consumers choose not to participate in group activities and in such cases, staff try to engage consumers by providing one on one emotional support and offering consumers the opportunity of participating in the ‘Meaningful Mates’ program. Staff said that on occasion consumers may need more support than staff can provide and, in these instances, local counsellors or external service providers are engaged to provide additional emotional or psychological support. The service was able to provide an example of how a psychological services provider was engaged to support a consumer.

Lifestyle documentation identified the interests and activities important to consumers and provided information to guide staff in relation to consumers’ choices, their well-being and their preferences relating to service delivery. The information was individualised, included likes and dislikes, physical limitations, people of importance to the consumer and their preferences relating to activities and whether they enjoyed solo activities or group activities.

The Assessment Team observed consumers participating in activities that were meaningful for them including assisting staff folding linen and clearing tables, watching television, reading books, reading newspapers and going out into the community to pursue their interests.

# Standard 5

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| 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 were highly satisfied with the service environment and provided feedback including that they had been involved in decorating their room, that they enjoyed using various areas of the service to socialise with friends and that cleaning staff do a ‘wonderful job’.

The service environment was welcoming with furnishings and equipment observed to be clean, functional, safe and well-maintained. A large main lounge provides space for socialising, hosting activities or meetings and watching movies. Corridors throughout the service were wide, free of clutter and easy to navigate. Consumers have personalised rooms decorated with furnishings and personal items that reflect individual tastes and styles. The service has several outdoor garden areas and a large undercover area for use by consumers. Outside sheltered tables were accessible to consumers, including those in wheelchairs and raised flower beds and vegetable gardens were available for consumers to enjoy.

Cleaning staff were observed referring to electronic work checklists to identify tasks and follow daily schedules. Consumers’ rooms were cleaned daily, including bathroom, showers, benches and high touch points. Weekly cleaning schedules focus on floors, windows, walls fans and any other personal requests made by consumers.

A preventative and reactive maintenance program is in place and the Assessment Team found that maintenance staff were diligent and thorough in their approach to maintaining the upkeep of the service. Consumers’ maintenance requests were actioned and completed in a timely manner.

The Assessment Team observed consumers accessing the living environment, meeting with other consumers and sitting and socialising within the service.

# Standard 6

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| 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 and representatives said they are encouraged and supported to provide feedback and make complaints. They said staff and management take appropriate action in response to issues or concerns when raised.

Consumers were able to describe the various options available to them for providing feedback including speaking to staff and management personally, attending meetings, using feedback forms, electronic tablets and telephoning or emailing the service directly. Consumers were aware of external complaints mechanisms and advocacy services and information and brochures were available to them with further information provided at meetings. Consumers described how they had lodged complaints with the service and had always felt supported to do so.

Consumers provided examples of the actions taken by the service in response to feedback and complaints that had resulted in improvements to the quality of care and services. Consumers described how there had been improvements to the food and the purchase of a coffee machine in response to their feedback and said that they were now satisfied with the quality of the meals and were satisfied with their ability to access a good cup of coffee.

The service has information on complaints displayed on posters throughout the service, and information in the consumer handbook to provide the details consumers and representatives need to access complaints processes.

Staff could describe the ways they assist consumers with a cognitive impairment or who experience communication barriers including through the use of communication aids or by the involvement of the consumer’s family or representative.

Management and staff demonstrated a shared understanding of the processes to follow when a compliant is received. Staff explained how they aim to resolve issues and how the information is recorded by management.

Management said their customer relationship management system supports the intake of feedback and complaints through various avenues including electronic and paper based processes that are detailed in the Welcome Home booklet provided to consumers. Management said support is provided to consumers including interpreter services, teletypewriters and a deaf link service enabling consumers with varying communication needs to be able to access the feedback and complaints system.

The service has policies and procedures that relate to feedback and complaints, including open disclosure with the customer relationship management system used to track complaints processes. Complaints data is analysed and used to inform continuous quality improvement initiatives; these are reflected in the service’s plan for continuous improvement.

# Standard 7

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| 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

Staff interactions with consumers were observed to be kind, caring and respectful and this was confirmed by consumers and representatives. Staff responded to call bells and requests for assistance from consumers in a timely manner with interactions with consumers being purposeful and non-rushed.

Consumers and representatives said staff are available to support them and respond in a timely manner to their requests for assistance.

Consumers were satisfied with staff knowledge and skills and said that safe, quality care was provided.

Staff said there are generally enough staff to provide care and services in accordance with consumers’ needs and preferences and they have sufficient time to complete their tasks. Staff said they are provided with education and training during their onboarding on joining the service and that this support continues on an ongoing basis. Review of the service’s education records demonstrated that staff are up to date with their training and that education included topics such as the Serious Incident Response Scheme, oral and dental care, medication safety, restrictive practices and manual handling.

Staff said they had been involved in regular performance reviews that involved feedback from management on their performance and an opportunity to identify areas for further improvement and training. New staff complete a probationary period with regular reviews occurring during that period. Management said staff competency and performance is determined through skills assessments and is monitored through the performance review process, consumer and representative feedback, audits, surveys and review of clinical records and care delivery. Any issues in performance that are identified are addressed immediately and if required further performance reviews are completed or counselling processes commenced.

Management described the processes for monitoring staff qualifications and completion of mandatory training. There is a program where leaders within the organisation are identified and are provided additional training in line with their professional development requirements.

There are position descriptions and task guidelines that establish responsibilities, qualifications and knowledge and skill requirements for each role.

Care related documentation reviewed by the Assessment Team demonstrated staff use respectful language when describing consumers’ care and service needs.

The service demonstrated effective systems and processes to undertake recruitment, training and performance management of staff. Management monitor staff response to consumers through avenues such as meetings, clinical indicator data, direct feedback and call bell monitoring.

# Standard 8

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| 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 and representatives felt the service is well run and that they were supported to provide feedback and make suggestions. Consumers and representatives were satisfied with information management and how it is provided to them. Consumers were able to provide examples of improvements that had been made to care and service delivery in response to their feedback and complaints.

Management could describe how consumers are supported to be engaged in the delivery of care and services including through meetings, surveys, case conferences, conversations and other feedback avenues. Consumers and representatives confirmed that they were able to influence care and service delivery and provided examples of this.

Management described how the organisation communicates with consumers, representatives and staff regarding updates on policies, procedures or changes to legislation through mechanisms including meetings, memoranda, emails, newsletters and the provision of education.

The governing body promotes and is accountable for a culture based on a set of values that encompass compassion, respect and excellence. Monthly clinical indicators are collated each month, discussed with the regional management team who then report to the Clinical and Quality team; information is shared with Clinical Governance and the Board. Clinical data and trends across each of the organisation’s sites are reviewed and actioned. Board meeting minutes demonstrated the Board discusses monthly clinical indicators, consumer experiences, risk and compliance, strategic plan updates and the general running of the service.

A suite of governance, risk and incident management systems and processes are in place that includes regular monitoring to ensure the delivery of safe and quality care and services.

Staff said they have access to the information they need to undertake their role. The electronic care management system provides staff and contractors with access to consumer documentation that is relevant to their roles. Registered staff provide handover at the beginning of each shift and management conduct monthly staff meetings to facilitate communication. Policies and procedures are available to staff.

Management staff described the continuous improvement framework that includes processes to identify improvements including through consumer feedback and complaints, audit and survey results, clinical indicator trends and critical incident data. Improvement initiatives are tracked through the service’s plan for continuous improvement.

There are processes to manage the budget and seek additional expenditure where necessary to support consumers’ changing needs.

Workforce management processes ensure the organisation has sufficient skilled and qualified staff to deliver safe quality care and services.

The organisation receives information from various legislative services and peak bodies and communicates the updates to staff including through policies and staff training.

There is a risk management framework that includes policies and procedures that guide staff in relation to incident management and serious incident reporting. The treatment of risk and response to risk is overseen by the regional management team who report to the Board.

There are policies and procedures relating to the clinical governance framework including in relation to antimicrobial stewardship, restrictive practices and open disclosure with management and staff trained in these policies and able to explain how they apply to their work.

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)