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: | Assessment Contact - Site |
| Activity date: | 1 August 2023 |
| Performance report date: | 23 August 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 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 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

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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 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 |

Findings

Consumers and representatives said consumers were treated with dignity and respect and were supported to maintain their identity and culture. Consumers provided detailed examples of how their beliefs, preferences and relationships were valued by staff.

Staff demonstrated a sound knowledge of consumers’ backgrounds and preferences and their knowledge aligned with information provided by consumers and included in care documentation.

The service had policies and procedures in place to guide staff in providing care and services that respected diversity and inclusion.

Lifestyle staff engaged in discussions with consumers following entry to the service to identify their history and any preferences they may have. Lifestyle staff said a recent review of consumers’ care documentation had been completed to identify any changes or capacity to participate in activities. Language in care documentation was respectful and contained information relating to consumers’ spirituality, life stories and preferred activities.

Staff were observed interacting with consumers in a kind and respectful manner and addressed consumers by their preferred name.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers and representatives said staff knew how to look after consumers, including those with high impact and high prevalence risks and had the knowledge to support consumers’ care needs. They said consumers felt safe being at the service.

The service had policies and procedures that supported the delivery of care in relation to infections, restrictive practices, pressure injury prevention, unplanned weight loss and pain management.

The service managed high impact, high prevalence risks for consumers with an initial assessment on entry to the service conducted within the first 24 hours and a subsequent full care plan developed within 28 days. A detailed care plan was developed to manage risks associated with the consumer’s care and was accessible to staff who provided care. High impact high prevalence risks were monitored through care delivery and through incident data with a monthly clinical indicator report developed detailing all high impact and high prevalence risks at the service with trending to ensure effective management. This information was tabled at the monthly Clinical Governance Meeting with the organisation’s overarching clinical governance team for review and recommendations. Evidence was brought forward of a reduction in falls for the period June-July 2023 as a result of falls prevention strategies that had been introduced.

Care documentation confirmed the service identified risks associated with the care of the consumer and implemented actions to remove or minimise the risk. Risks and actions were documented and communicated to staff.

Where consumers had experienced unintended weight loss, monitoring of food and fluid intake was commenced, regular weighs were conducted, discussions were held with the consumer, family and medical officer, and changes were made to the consumer’s dietary preferences. Reviews were conducted by allied health professionals including a dietitian and/or speech pathologist; high protein and high energy drinks were provided; food was fortified and texture modified where a need was identified. One consumer who had experienced weight loss provided positive feedback about how the staff had supported their nutrition and weight management. Care staff confirmed there were enough staff to support the provision of personal assistance at meals for consumers who cannot feed themselves. Staff were observed sitting with consumers supporting them to eat in an unrushed and dignified manner.

Registered staff assessed consumers for their risk of falling on entry to the service, following a fall and when there were changes to a consumer’s condition. A physiotherapist was involved in reviewing consumers with a history of falls or who were at risk of falling. Interventions to minimise falls were included in care documentation and reinforced with consumers and staff. Strategies included use of the call bell, elimination of environmental hazards, sensor equipment and staff observations.

Consumers at risk due to toileting needs and continence care were assessed on entry to the service and when their condition changed. Continence care plans were detailed and included strategies to promote skin care for those consumers who experienced incontinence. A dedicated continence champion maintained stock levels of continence aids which were allocated to consumers in accordance with care plans. One consumer who required support with their continence said they were happy with how their continence was managed and that staff knew how to provide care for them in line with their needs and preferences.

Staff demonstrated an understanding of individual care and service needs, including for consumers who were at high risk of falling while mobilising, consumers who had recent unplanned weight loss and consumers who required continence support and support for meals and hydration.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Consumers and representatives were satisfied with the environment and consumers’ ability to enjoy the outdoors and participate in the broader community.

The service was ground level with a central courtyard. Doorways provided fresh air and light and provided access to the internal courtyard with pathways leading to gazebos and garden areas.

Consumers and representatives provided examples of how the service environment supported consumers’ independence. One consumer said they regularly left the service and enjoyed outings in the community and a representative said their family member enjoyed eating with other consumers in the dining room and socialising in the outdoor areas.

Staff described the process for reporting a safety or maintenance issue and said they documented their concerns in maintenance folders located at the nurses’ stations. A maintenance officer was responsible for reactive maintenance and the preventative maintenance program. A review of the maintenance folders demonstrated the majority of items had been completed.

Cleaning staff utilised an electronic cleaning system through an external provider who provided a daily task list to be completed seven days a week. Items not completed were included in reports to the service’s General Manager in order to monitor cleanliness; additionally, the organisation completed regular cleaning audits.

# 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 |

Findings

Consumers and representatives were satisfied with the way staff attended to consumers’ care needs and assisted with meals in a timely manner; consumers said they did not have to wait long for their call bell to be answered. Consumers and representatives provided feedback that included staff looked after consumers well, they were happy with the care, and staff weren’t rushed.

There were processes to ensure the workforce was planned, the number and skills mix of staff enabled the delivery of quality care and services and that planned and unplanned leave was managed appropriately.

Staff said they had sufficient time to get their work completed and shifts were usually covered when unplanned leave occurred. Staff said they were asked to come in early or extend shifts and could be asked to assist in other areas. Staff provided feedback that included ‘We are a pretty good team, we pitch in and help where needed, and we like to go home feeling like we have done the best for consumers.

Management advised registered staff were rostered on duty 24 hours per day and said the roster was based on current occupancy. Management described the strategies the organisation is using to improve recruitment including offering six-week traineeships; they reported difficulties recruiting staff but said the present pool of staff was sufficient to meet consumers’ care needs. Management advised call bell response times were monitored daily and investigated where response times were above 10 minutes; they said they speak with the consumer and staff to identify any implications or changed needs.

The service had a registered staff member onsite as a dedicated educator to ensure the workforce had the appropriate skills to undertake their roles. The educator advised staff completed mandatory training modules annually via an electronic training program and this was monitored monthly. Automatic alerts were provided to the staff member, General Manager and educator when training was overdue. A new orientation process has been implemented with all new staff travelling to the organisation’s office in Tweed Heads to complete a more hands on orientation. Clinical data was monitored to identify potential areas for skills improvement and recently an external provider delivered an inhouse food and nutrition session to staff in response to a number of consumers identified with weight loss.

Staff were observed respectfully sitting in various areas of the service assisting consumers with their meals in an unrushed manner during lunch.

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)