Embracia Moonee Valley

Performance Report

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**Commission ID:** 4560

**Provider name:** Embracia Victoria Pty Ltd

**Assessment Contact - Site date:** 24 November 2020 to 25 November 2020

**Date of Performance Report:** 24 December 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this 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 Contact - Site report received 16 December 2020.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Not all requirements were assessed therefore an overall rating for the Quality Standard is not provided.

#### Overall, consumers and representatives described in various ways, consumer’s receive the care they need and feeling like partners in the ongoing assessment and planning of care and services. Consumers and representatives were satisfied with the process of consultation, in particular during the COVID-19 outbreak. Consumers and representatives were satisfied with communication from staff regarding changes in care needs and incidents.

Consumer documentation sampled evidenced assessment and individualised care planning. Care documentation included consideration of risk to consumers’ health and well-being, which informed the delivery of safe and effective care and services. The service demonstrated comprehensive assessments being completed and care plans that record interventions to mitigate identified risks. The care assessment and planning processes continued during the Covid-19 outbreak. The service maintained regular communication with consumers, representatives and staff via a variety of platforms. General practitioners and allied health services were maintained through telehealth. Staff demonstrated an understanding of the assessment and care planning process and described individual consumers’ risk.

The service demonstrated partnership with consumers and/or representatives. Assessment and care plan documentation evidenced planning and review of care and services with the consumer and those whom the consumer preferred to have involved. Other organisations, individuals and providers of other services were evidenced, for example hospital in the home, dietitians, speech pathologists, geriatricians and medical practitioners.

The service demonstrated 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. Staff demonstrated an understanding of review and monitoring requirements following incidents such as falls and weight loss.

The three requirements are assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Not all requirements were assessed therefore an overall rating for the Quality Standard is not provided.

Overall, consumers and representatives interviewed described in various ways they get the care they need.

Consumers’ care files evidence personal and clinical care that is safe, effective and tailored to the specific needs of the consumer. Initial and ongoing personal and clinical assessments and care plans are completed by nursing staff and are supported and overseen by a clinical care coordinator. Documentation includes input from a medical practitioner, allied health and other specialist services as required. Consumers who require the use of chemical restraint are effectively assessed and monitored and reviewed according to regulatory requirements. Consultation with representatives occurs.

The service and care documentation reviewed demonstrates consumers who may experience high impact and high prevalence risks such weight loss and falls are identified, assessed and responded to, to reduce and mitigate risks to the consumer and others. Clinical staff described and demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. Staff practice is guided by the organisational policies and procedures, practice standards and best practice guidelines.

The service demonstrated strategies to minimise infection related risks. The service has an infection control policy, COVID-10 outbreak management plan and antimicrobial stewardship policy. All staff have completed online training modules and engaged in face to face training in infection control, hand hygiene and correct donning and doffing of PPE practicals. Tool-box talks are used to reinforce messaging on correct use and application of PPE and the service has implemented an auditing tool used by up to seven registered nurses who have a role in monitoring the use of PPE. However, the Assessment Team observed PPE practices by some staff that do not align with best practices.

The three requirements are assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(g) Compliant

*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.*

The Assessment Team recommended this requirement as not compliant based on observations of PPE practices that do not align with service infection prevention and control policies, procedures and training. This included face mask practices by some staff, set up of some donning/doffing stations within the service and some missing signage.

The Approved provider’s response included additional information in relation to the deficits identified by the Assessment Team. The response also described the service’s processes for ensuring staff are aware of their responsibilities and use of PPE; processes for the ongoing monitoring of, and reinforcing, staff practice; and, the organisation’s policies and procedures in relation to minimising infection control risks.

Taking into consideration the above, I find on balance the service meets this requirement.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Not all requirements were assessed therefore an overall rating for the Quality Standard is not provided.

While majority of consumers and representatives expressed no concerns in relation to workforce, two consumers and one representative described on occasion there are not enough staff rostered on the afternoon shift.

The service demonstrated the workforce is planned to enable the number and mix deployed to deliver and manage safe and quality care and services. Most staff are satisfied they have sufficient time to complete their workload. Documentation demonstrated shifts are filled and that call bells are answered in a timely manner.

**T**he service demonstrated the workforce is recruited, trained and supported to deliver the outcomes required by the Quality Standards**.** Staff complete training modules and in-person training about PPE, infection control and hand hygiene, including practicals.

The two requirements are assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Not all requirements were assessed therefore an overall rating for the Quality Standard is not provided.

Overall consumers and representatives are satisfied with the way the service is run and were satisfied consumers are receiving the care they need. Consumers/representatives could provide examples of how they are involved in the development, delivery and evaluation of care and services.

The organisation has an overarching risk management framework. Risks are reported, escalated and reviewed by management at service and executive management level. The service demonstrated components of the risk management system which includes ‘incident and clinical governance reporting’ incident reports, use of risk authorisation forms, monthly audits, meetings with consumers, representatives and staff. Feedback is communicated through service and executive meeting cycles and leads to improvements to care and services for consumers.

The organisation has clinical governance systems and processes based on best practice guidelines. There are clear roles and responsibilities for clinical staff, management and executive management. The service demonstrated antimicrobial stewardship and use of antibiotic policies and procedures. The organisation has a restraint policy and procedure. The organisation has an open disclosure framework.

The two requirements are assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.