Emerald Life

Performance Report

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**Commission ID:** 7876

**Provider name:** Adhumic Nominees Pty Ltd

**Assessment Contact - Site date:** 29 July 2020

**Date of Performance Report:** 9 September 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** | **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 Approved Provider did not submit a response to the Assessment Team’s report.

# STANDARD 3 COMPLIANTPersonal 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

The Assessment Team assessed Requirements (3)(a) and (3)(b) as part of this assessment contact visit. No other Requirements within this Standard were assessed.

The Assessment Team found both Requirements met. Based on the Assessment Team’s report I find both Requirements Compliant. The reasons for my decisions are detailed under the specific Requirements below.

### 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.*

During interviews with the Assessment Team consumers and representatives reported staff are very good, and the care is tailored to meet consumers’ assessed needs. They reported they are consulted about their care and services and are contacted if any changes or incidents occur. Specific information includes the following:

* A representative reported the consumer prefers their shower in the morning between 9.30 and 10.00am. The Assessment Team observed the consumer being taken to the shower during this time. The representative told the Assessment Team they help the consumer to walk 100 metres after their shower, and when they cannot visit staff assist the consumer to walk. The consumer’s care plan details their shower preference and the after-shower walk.
* Another representative reported satisfaction with the care provided. They spoke of the consumer’s condition declining rapidly, and of a hospital-acquired pressure injury healing.

The Assessment Team reviewed the organisation’s written policies and procedures which are available to staff on the intranet to guide the clinical and personal care provided. Information about changes to policy, procedure and practice are provided to staff at handover and staff meetings.

Documents reviewed by the Assessment Team include progress notes, care plans, behaviour charts and pain and risk assessments. Progress notes showed clear records of care and routine evaluation of the care provided, such as following the identification of weight loss, following a fall or when specific clinical issues are identified. Care plans reflected consumers’ assessed needs and preferences. The information collected on behaviour charts is used by registered nurses to develop care strategies and to review the ongoing effectiveness of the strategies implemented. Risk assessments have been completed for consumers with a preference to have bed rails. A validated pain assessment tool is being used to assess consumers’ pain. A pain audit conducted in May 2020 showed 100% compliance for pain assessments, pain care plans and pain evaluations.

During interviews with the Assessment Team staff described the clinical and personal care they provide to consumers. In relation to a consumer who is intermittently restrained in a chair staff said the soft belt restraint is only used occasionally and an extra carer is on duty during the morning shift to support this consumer, further reducing the need to apply the belt. Staff said they refer to individual care plans for each consumer and are informed of changes to care through shift handover, by nurses and through the electronic care system. Care staff reported the clinical and registered nurses support them when required and any concerns they report to clinical staff, about consumers’ personal or clinical care, is followed up. Therapy and care staff confirmed they have received specific education in minimising restrictive practices and as a result, the two consumers who do have restraints applied have them applied rarely.

The Assessment Team observed care, clinical and therapy staff providing care consistent with consumers’ care plans.

The Assessment Team reviewed evidence confirming the service has processes in place, including completion of a range of audits, to monitor compliance with this Requirement.

For the reasons detailed above I find the service Compliant with Standard 3 Requirement (3)(a).

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

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

During interviews with the Assessment Team all consumers and representatives interviewed reported satisfaction with behaviour, pain, incident and risk management, including being notified of incidents such as falls, infections, medication changes, wounds, pressure injuries and restraints. Consumers provided the following specific feedback:

* Two consumers said their pain is well managed. One consumer said staff provide them with heat packs whenever requested and they are very effective in managing their pain.
* Two consumers reported their medication is administered correctly and on time.

The Assessment Team reviewed documentation confirming all high impact and high prevalence clinical and personal risks for consumers are recorded in assessments, care plans and progress notes. Assessments are completed by registered nurses and allied healthcare professionals and recommendations are documented in care plans. Recommendations by external service providers such as Dementia Services Australia were noted to be included in care plans. Incidents are recorded, and a root cause analysis completed to understand what happened and what action followed, and to determine what additional strategies and interventions can be implemented to avoid a recurrence. Psychotropic medication assessments are completed for all consumers prescribed these medications and consumers’ medical practitioners regularly review this aspect of their care.

During interviews with the Assessment Team clinical staff reported an additional doctor now supports the service; three doctors and one nurse practitioner are available to review consumers and staff reported consumers can have their own doctor if they wish. Staff spoke of two consumers who have been prescribed psychotropic medication long-term. They confirmed the need for the medication is reviewed by the medical practitioner monthly.

The Assessment Team observed staff providing care using strategies outlined in consumers’ care plans.

The Assessment Team reviewed evidence confirming the service has processes in place, including the collection of clinical indicator data and regular meetings to discuss findings and identify trends and improvement opportunities, to monitor compliance with this Requirement.

For the reasons detailed above I find the service Compliant with Standard 3 Requirement (3)(b).

# STANDARD 8 COMPLIANTOrganisational 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

The Assessment Team assessed Requirement (3)(e) as part of this assessment contact visit. No other Requirements within this Standard were assessed.

The Assessment Team found Requirement (3)(e) met. Based on the Assessment Team’s report I find Requirement (3)(e) Compliant. The reasons for my decision are detailed under the specific Requirement below.

## Assessment of Standard 8 Requirements

### 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.*

During interviews with the Assessment Team consumers and representatives said consumers receive safe, effective, quality clinical care that is right for them. Consumers and representatives also said relevant staff discuss their clinical care with them, including the risks and benefits of any clinical treatment.

The Assessment Team reviewed guidance documents including policies, procedures and governance frameworks relating to clinical care, anti-microbial stewardship, minimising the use of restraints and open disclosure.

During interviews with the Assessment Team staff accurately described open disclosure and anti-microbial stewardship. Staff confirmed they received training in restraint management and gave examples of strategies and interventions to reduce the periods of time physical restraints are in place.

Documents reviewed by the Assessment Team include the ‘Restraint Use’ form which confirmed the ‘as required’ application of restraints as reported by staff. Completion of this form is monitored by the registered nurse. The Assessment Team noted evidence of appropriate authorisation and consent for the use of restraints in compliance with legislation. Records showed the use of restraint is always as a last resort, the application of a restraint is documented, and the safety and well-being of the consumer is monitored. Physical restraints are reported as clinical indicators and discussed at relevant meetings.

The Assessment Team reviewed evidence confirming the service has processes in place, including completion of audits and collection of clinical indicator data, to monitor compliance with this Requirement.

For the reasons detailed above I find the service Compliant with Standard 8 Requirement (3)(e).

# 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.