Performance

Report

**1800 951 822**

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| Name of service: | Catholic Healthcare Emmaus Village |
| Service address: | 85 Bakers Lane KEMPS CREEK NSW 2178 |
| Commission ID: | 0265 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 16 June 2023 |
| Performance report date: | 8 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 Catholic Healthcare Emmaus Village (**the service**) has been prepared by Katrina Platt, 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.
* the provider’s response to the assessment team’s report received on 26 June 2023.
* the Performance Report dated 10 February 2023 for the Site Audit conducted on 4 January 2023 to 6 January 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | 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 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Requirement.

# 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 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)(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

Requirements 2(3)(a), 2(3)(b) and 2(3)(e) were found non-compliant at a Site Audit conducted from 4 January 2023 to 6 January 2023. An Assessment Contact occurred on 16 June 2023, and I acknowledge there have been several continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Consumers interviewed confirmed their involvement in care planning and discussions with staff about risk which supported their decision-making. Case conferences were conducted with consumers and consumer representatives, with their medical officer in attendance to ensure safe and effective care and service delivery. The Assessment Team reviewed dignity of risk forms for several consumers and found they were current, were reviewed every 6 months and contained consumer preferences and risk mitigation strategies. Risks managed included falls, pressure injuries, skin integrity and weight loss. Risk assessments were evidenced on admission and reviewed after 21 days, and risks for new consumers were discussed during staff handover.

Consumers and consumer representatives interviewed described the opportunities provided for discussions about end of life planning. One consumer discussed how their shower preferences were honoured regularly and staff confirmed awareness of the consumer’s preference. For another consumer, a preference for hospital transfer after a fall was evidenced. The Assessment Team observed documentation confirmed end of life discussions occurred on admission and at case conferences. For one consumer file reviewed, an advance care directive evidenced end of life wishes and preferences which were captured and carried out.

Consumers and consumer representatives interviewed provided positive feedback about the regularity of review of their care needs and services. The Assessment Team observed care documentation reflected reassessment and changes to consumer needs and preferences when required. Incidents were reviewed and documented and any subsequent changes to consumer needs and preferences were reviewed in consultation with consumers and their representatives. Consumers who experienced weight loss were referred for dietician review and medical officers and allied health specialists were engaged for consumers following falls. Following hospitalisation, consumers were reviewed by medical officers and updated risk assessments completed to capture changes in needs and preferences.

# 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 |
| 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 |

Findings

Requirements 3(3)(b) and 3(3)(e) were found non-compliant at a Site Audit conducted from 4 January 2023 to 6 January 2023. An Assessment Contact occurred on 16 June 2023, and I acknowledge there have been several continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

The Assessment Team found high-impact and high-prevalence risks were effectively managed and monitored for falls, behaviours, infection control, medications, weight, skin integrity, pressure injuries and wounds. Risks were identified and discussed daily and risk mitigation strategies were implemented and reflected in care planning documentation. Skin integrity and wound care incidents were reported and assessed, with wound charts commenced, regular monitoring through photographs and the use of pressure relieving devices and repositioning strategies evidenced. Consumers were monitored for weight management variations through the ‘resident of the day’ program and consumers with significant weight loss were referred for dietitian review. Diabetes management plans and blood glucose levels were reviewed for 10 consumers and documentation reflected regular checks occurred and diabetic diets were considered.

Consumers interviewed were satisfied with the communication and discussed staff awareness of their care needs and preferences. The Assessment Team observed comprehensive handover procedures between shifts and consumer documentation shared with external providers of care and services. Clinical management are kept informed about consumer needs and preferences through communication with clinical staff, with consumer risks also discussed during shift handovers.

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

Requirement 4(3)(c) was found non-compliant at a Site Audit conducted from 4 January 2023 to 6 January 2023. An Assessment Contact occurred on 16 June 2023, and I acknowledge there have been several continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Consumer lifestyle plans were generated in consultation with consumers and consumer representatives and included their life stories and leisure interests. Consumers interviewed were generally satisfied with their participation in community within and outside the service, and 2 consumers discussed the different activities available for them. Consumers with cognitive impairment were supported by an individual well-being program and one-to-one visits from the lifestyle team.

Lifestyle staff interviewed were knowledgeable about individual consumer needs and preferences and described strategies to support consumers, both individually and through group activities. Community activities included regular shopping trips, school group visits, community visitor scheme visits and various religious services. Family and friends were encouraged and supported to maintain visits with consumers and special days like anniversaries were celebrated. Lifestyle plans reviewed by the Assessment Team for 2 consumers contained detailed consumer information which included family and career backgrounds, leisure activity preferences, cultural heritage and social activity charts showed consumer engagement.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

Requirement 8(3)(d) was found non-compliant at a Site Audit conducted from 4 January 2023 to 6 January 2023. An Assessment Contact occurred on 16 June 2023, and I acknowledge there have been several continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

The Assessment Team found a risk management framework was demonstrated. A risk dashboard monitors identified consumers risks and incidents were investigated and root cause analysis completed, with daily risk monitoring reflected in ‘9@9’ meeting minutes and monthly clinical risk meetings. Risk and incident data was analysed and oversight reports were prepared for clinical indicators.

Risk minimisation strategies for high-impact and high-prevalence risks for falls, weight loss and skin tears were discussed at clinical meetings and review of clinical documentation confirmed effective risk management was undertaken. Incidents identified under the Serious Incident Response Scheme were reviewed and analysed, and managed in accordance with legislative requirements. Staff received training and additional education on risk management for high-impact and high-prevalence risks and the Serious Incident Response Scheme.

Policies were demonstrated which supported consumers to make informed choices and management discussed the risk assessment completed for one consumer to participate in activities outside the service. Risks were identified and acknowledged by the consumer and risk mitigation strategies were in place.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)