Performance

Report

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| Name: | Catholic Healthcare Emmaus Village |
| Commission ID: | 0265 |
| Address: | 85 Bakers Lane, KEMPS CREEK, New South Wales, 2178 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 3 April 2024 |
| Performance report date: | 2 May 2024 |
| Service included in this assessment: | Provider: 1191 Catholic Healthcare Limited  Service: 281 Catholic Healthcare Emmaus Village |

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 Therese Solomon, 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 (performance assessment) – 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 10 April 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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 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)(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 |

Findings

Requirement 3(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The Assessment Team found the service is providing consumers with safe and effective personal and clinical care that is tailored to their needs and is optimising their health and wellbeing. The service demonstrated identification, assessment, management, monitoring of consumers’ clinical care, pain management, wound management, and restrictive practices.

Consumers who are diabetic are monitored and strategies are developed to ensure blood glucose levels are managed as per medical officer’s instructions. Strategies include a supper meal, regular blood glucose level testing and where insulin is prescribed, it is administered by the registered nurse. Consumers who have complex care needs, including catheters, oxygen therapy, pain management, and fluid restrictions have care tailored to their needs.

Consumers are assessed to identify and manage their skin integrity. Care documentation reviewed showed strategies are in place to maintain consumers’ skin integrity and manage any wounds and pressure areas. Wound charts set out the requirements for treatment and review of wounds, and showed wounds are consistently managed according to their treatment plan. This included regular review with photographs and measurements recorded. Management advised they monitor the treatment of wounds closely and they have access to a wound consultant as needed.

The service has processes in place to ensure the use of restrictive practices are assessed, planned, and reviewed to minimise usage. Consumers have consent forms in place and detailed behaviour support plans containing side effects of medication and strategies in place to support consumers. Staff monitor consumer behaviour through behaviour charting, and consumer representatives reported satisfaction with the level of communication provided by the service in relation to changing behaviours.

Requirement 3(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service demonstrated effective systems in place to manage high impact/high prevalence risks associated with the care consumers. Documentation shows that risks are managed appropriately, including risks related to behaviour management, falls management and unplanned weight loss. Management and staff can identify high risk consumers and outline strategies in place related to each risk identified.

Consumers who experience behaviours of concern have behaviour management plans in place that provide individualized strategies to reduce behaviour of concern. Care documentation is reflective of this, and staff were observed to provide care in line with documented strategies. Staff monitor and document any behavioural episodes in the consumer’s behaviour chart, including what the behaviour was, what strategies they tried to deescalate the behaviour and whether the strategies were successful. Consumers are referred to Dementia Support Australia and recommendations made are reflected in consumer care and service plans.

Consumers are assessed to identify and manage their falls risk. A review of care documentation showed a falls risk assessment tool had been completed for each consumer and information populated into their care plans to guide staff on mobility and falls minimisation strategies. Consumers who experienced falls were treated in accordance with the service’s falls management policy and procedures. Assessments and observations were conducted, the medical officer and person responsible were notified, and the consumer transferred to hospital as appropriate. The incident was documented and reviewed by the management team. Assessment of pain after a fall was also recorded in care documentation, and staff described the strategies they use to minimise the risk of falls and the process for responding to falls.

Requirement 3(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service demonstrated appropriate recognition of consumers who have experienced a change in their condition, cognitive or physical function, capacity, or mental health. Consumers have their needs recognised and responded to in a timely manner. Management and staff stated when a consumer’s condition deteriorates, the registered nurse on duty liaises with the consumer’s medical officer to ensure timely and appropriate care is provided. Consumers and/or representatives are informed of the changes and contacted for consultation and communication purposes. Documentation within clinical notes is reflective of this process. Consumers and/or representatives told the Assessment Team that they are happy with the communication and responsiveness of the staff when additional clinical care is required.

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)