Performance

Report

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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: | Site Audit |
| Activity date: | 4 January 2023 to 6 January 2023 |
| Performance report date: | 10 February 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 T 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 Site Audit; the Site Audit 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 30 January 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Requirement 2(3)(a)**

* Ensure 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 and is completed in a timely manner.

**Requirement 2(3)(b)**

* Ensure assessment and planning identifies and addresses the consumer’s current needs, goals, and preferences.
* Ensure assessment and planning is updated and reviewed when circumstances change to ensure it continues to identify and addresses the consumer’s current needs, goals, and preferences.

**Requirement 2(3)(e)**

* Ensure 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.

**Requirement 3(3)(b)**

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

**Requirement 3(3)(e)**

* Ensure 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.

**Requirement 4(3)(c)**

* Ensure services and supports for daily living assist each consumer to participate in their community within and outside the organisation’s service environment.

**Requirement 8(3)(d)**

* Ensure effective risk management systems and practices are in place and consistently followed by staff.

# 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 |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Consumers and/or representatives consistently reported that consumers are treated with dignity and respect. Care plans generally have information that is consistent with the consumer’s identity and culture, and the Assessment Team observed interactions with consumers to be respectful and caring.

Consumers and/or representatives described how staff respect the consumers’ culture, values, and diversity. Care planning documentation reflected consumers’ cultural needs, interests, and preferences. Consumers from diverse backgrounds indicated that the service asked about any specific cultural needs they have.

The service supports consumers to exercise choice and independence in relation to their care and services, including in relation to decisions about who and how others will be involved in decisions about their care and services. Consumers described how the service assists them to maintain relationships of choice.

Documentation completed on entry to the service informs consumers and/or representatives that they have the right to make decisions about their care and services and to indicate who and how they want others to be involved in their care. Consumers are asked to indicate this on the entry documentation.

The service supports consumers to take risks to enable them to live the best life they can. Review of documentation shows that when consumers wish to take risks, a risk assessment is undertaken in consultation with the consumer and/or representative, and measures are put in place to manage the risks.

Consumers and/or representatives indicated that they are kept informed about what is happening and have information available to them in a format that is easy to understand. The service has a range of mechanisms in place to ensure consumers are provided with current, accurate and timely information to enable them to exercise choice, including having the menu, activity calendar, brochures and other consumer information posted throughout the service.

Consumers and/or representatives consistently reported that their privacy is respected, and observations made by the Assessment Team confirmed that staff respect consumers’ privacy. Personal information about consumers is kept confidential, computerised information is kept secure and computers were observed to be locked when not in use.

# 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. | Non-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. | Non-compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | 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. | Non-compliant |

Findings

The Quality Standard is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

The service did not demonstrate that consideration of risks to consumers’ health and well-being is managed effectively. Risks are not always considered in assessment and planning to inform the delivery of safe and effective care to each consumer. Some assessments have not been completed or were not undertaken in the timeframes required by the organisation’s procedures and risks associated with behaviour and the use of chemical restraint have not been considered for some consumers.

The Approved Provider responded with a detailed plan for continuous improvement, including but not limited to a review of risk assessments and risk care plans, a review of the clinical directive register, provide education to staff on restrictive practices documentation.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. Therefore, I am satisfied that requirement 2(3)(a) is non-compliant.

Consumers had shared their goals and preferences in relation to advanced care planning and end-of-life wishes with the service. End of life/advanced care planning discussions commence at the initial care conference soon after admission to the service and are reviewed annually or as necessary. Consumers have recorded advance care directives documented in their care and service file. However, the service does not demonstrate that meaningful reassessment always occurs as the consumer’s condition changes to inform care plan review.

The Approved Provider responded with a detailed plan for continuous improvement, including but not limited to, review of the incident register to ensure updates to care plans have occurred as required, reinforce with registered nurses the need to update consumer care plans as change to care needs occur.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. Therefore, I am satisfied that requirement 2(3)(b) is non-compliant.

While staff and management stated care plans are reviewed on a regular basis, a comprehensive review is not conducted when a consumer’s condition or needs change. The regular review of care plans has not identified whether interventions have been effective in meeting the needs of consumers. A lack of comprehensive investigation of incidents means that strategies to minimise the risk of reoccurrence are not identified and actioned.

The Approved Provider responded with a detailed plan for continuous improvement, including but not limited to, incident investigation for the leadership team, comprehensive review of incident investigations to ensure adequate investigation into incident occurred.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. Therefore, I am satisfied that requirement 2(3)(e) is non-compliant.

I am satisfied the remaining two requirements of Standard 2 Ongoing assessment and planning with consumers are compliant.

The service demonstrated that assessment and planning are based on ongoing partnership with the consumer and others whom they wish to involve, including other health professionals, organisations or providers of care when appropriate. Consumers and/or their representatives stated they are satisfied with the level of consultation and input into their care and services planning. A review of care and service plans, progress notes, and care conference records showed participation and involvement of those the consumers have requested to be part of the decision-making on their care and services.

Recommendations from other services incorporated in the consumers’ care plan were evident such as speech pathology, physiotherapy, Dementia Services Australia, geriatrician, dietician, podiatrist, and other specialists.

The service demonstrates that the outcomes of assessment and planning are effectively communicated to the consumers or their representatives and documented in the care plan which is readily available and accessible to staff and representatives. The care planning documents sampled, and staff interviews indicate that consumers’ assessment outcomes are communicated through care conferences and documented in the consumer’s care plan.

The care plan is shown to consumers and representatives electronically during assessments. Consumers and representatives are asked to review and offered a copy and/or informed that they can have a copy of the document if they wish. The summary care plans contain summarised detail of consumers’ needs, goals and preferences including identified risks and agreed management strategies.

# 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. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | 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 |
| 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. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

The service did not demonstrate that high impact or high prevalence risks associated with the care of consumers are effectively managed. The Assessment Team identified a number of deficits in the management of high impact or high prevalence risks associated with consumer care including, post falls management, restraint management, behaviour management and diabetes management.

Incident management has not been best practice and post-fall assessment is inconsistent. Observations to identify early signs of deterioration, especially for consumers who are on anticoagulant medications, have not been completed such as neurological observations in accordance with the organisation’s procedures.

Staff do not follow the required observations during a hypoglycaemic episode according to the organisation’s policy and best practice guidelines. For consumers who experienced hyperglycaemia, staff do not follow instructions of escalation to the medical officer according to the diabetes management directive.

Review of falls incidents showed that incidents are consistently not investigated to identify contributing factors. Neurological observations were not completed in accordance with the frequency required by the organisation’s procedures for any consumers whose fall incidents were reviewed, including consumers at particularly high risk due them being administered anti-coagulant medications.

The Approved Provider responded with a detailed plan for continuous improvement including but not limited to, review of all high impact high prevalence risks for consumers, documentation spot audit to be conducted for the next two months, audit of BGL records for consumers to identify gaps in documentations, provide education to registered nurses on the importance of clinical directives.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. Therefore, I am satisfied that requirement 3(3)(b) is non-compliant.

There are systems in place for communicating information about the care of consumers in the service. However, care and service plans do not always contain detailed information about the consumer’s care needs and preferences, their goals and interventions to support the consumers.

The review of sampled care plans shows information that is often generic with limited information about the identification and management of appropriate consumer care. For consumers experiencing behavioural issues, no behaviour support plans have been created to direct staff on consumer’s care.

Consumers who are prescribed chemical restraints either have not had behavioural care plans developed, or the plans do not consider the use of the chemical restraints and other legislative requirements such actions to be taken by staff to ensure chemical restraint is used as a last resort.

The Approved Provider responded with a detailed plan for continuous improvement including but not limited to, provide training to staff by an external consultant for restrictive practices management, high impact high prevalence risk management including post-fall management, behaviour management and wound management.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. Therefore, I am satisfied that requirement 3(3)(e) is non-compliant.

I am satisfied the remaining five requirements of Standard 3 Personal care and clinical care are compliant.

Consumers and/or representatives consistently provided positive feedback in relation to the provision of personal care and clinical care. A review of personal and clinical care, including in relation to minimising the use of psychotropic medications, pain management, skin care and complex care demonstrated that in most instances the care provided to consumers are safe, effective, and generally tailored to their needs and optimises the consumer’s health and well-being.

The service has policies and processes in place to recognise and effectively manage consumers who are nearing the end of life to maintain their dignity and comfort and ensure the consumers’ wishes are known, and the care provided aligns with these.

Consumers and/or their representatives sampled described the processes and discussions with staff relating to advance care and end-of-life planning during care conferences. Staff provided examples of how they alter the care of consumers based on their agreed needs and preferences when they are nearing the end of life and the support they provide.

The service demonstrated that they have processes in place that facilitate recognition and response to changes or concerns about consumers’ mental, emotional, cognitive, or physical abilities. Care planning documents and progress notes reflect the identification of, and response to deterioration or changes in function, capacity, or consumer condition.

Consumer care and service documents generally reflected the identification of and timely response to deterioration or changes in condition. Consumer care plans confirmed that the identified deterioration of a consumer’s cognitive or physical health status is assessed by the clinical staff and the consumer is referred to their medical officer and an appropriate health specialist. Where appropriate, the consumer is transferred to hospital for further investigation.

Consumers and/or representatives gave positive feedback regarding the service’s effectiveness in responding to the deterioration of a consumer’s health status. Clinical staff are alerted to recorded observations and vital signs, for example, blood pressure readings that are outside the accepted limits determined by the consumer’s medical officer through the alert system. An alert triggers a registered nurse review and follow-up with the medical officer which is documented in emails, and progress notes.

The service demonstrates timely and appropriate referrals to individuals, other organisations, and providers of other care and services for consumers. Consumers and/or representatives stated timely and appropriate referrals occur when needed and that the consumer has access to relevant health professionals such as allied health professionals, medical officers, local hospital and emergency services, and specialist services when required.

Clinical and care documents indicate appropriate referrals according to the consumers’ current needs and preferences. Management and clinical staff were able to describe the process for referral to the medical officers and other health professionals. Staff advised that referrals are often made to specialists, geriatricians, dietitians, physiotherapists and speech pathologists for consumer assessment and treatment.

The service demonstrates processes are in place to minimise infection related risks and to support the appropriate use of antibiotics. Clinical staff demonstrated and understanding of antimicrobial stewardship and what this means for their day-to-day practice. Clinical staff described how they work with the care staff to prevent infection and work in collaboration with the doctors for appropriate antibiotic prescribing.

Clinical and care staff demonstrated sufficient knowledge of how infection related risks are minimised at the service. They provided examples such as environmental cleaning, including frequent cleaning of touchpoints, hand washing/hand hygiene, avoiding cross contamination, general infection control practices and appropriate use and/or donning and doffing of personal protective equipment.

The service has an outbreak management plan which was last reviewed in December 2022. Management discussed, and the Assessment Team observed, appropriate infection prevention and control practices in relation to respiratory and other infections such as rapid antigen tests for all visitors and staff who enter the service, screening upon entry, the use of appropriate personal protective equipment such as masks and handwashing.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| 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. | Non-compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

The service supports consumers to have social and personal relationships and has a program of activities available to consumers. However, the service does not ensure that consumers who are unable, or uninterested in the group activities provided by the service are supported to engage in meaningful activities.

The service does not have a system in place to ensure suitable interventions are identified and available to engage consumers requiring individual supports. Consumers are generally able to participate in life within the service and bus trips are organised. However, consumers are not permitted to visit indoor locations on bus trips which limits the opportunity to participate in activities within the community.

The Assessment Team observed group activities are provided in the memory support unit and resources such as rummage boxes are available. However, observations and reviews of the lifestyle documentation for some consumers who are unable to participate in group activities or independently pursue interests are provided with minimal stimulation and what is provided is not reflective of their interests identified in their leisure care plan.

The Approved Provider responded with a detailed plan for continuous improvement including but not limited to, review of all lifestyle assessments and leisure care plans to ensure suitable interventions are captured, consultation with consumers and/or representatives regarding increasing the scope of bus trips and community access for consumers.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. Therefore, I am satisfied that requirement 4(3)(c) is non-compliant.

I am satisfied the remaining six requirements of Standard 4 Services and supports for daily living are compliant.

Consumers and/or representatives consistently reported satisfaction with their experiences living at the service. This included support provided for their cultural, spiritual and emotional needs, support for their relationships and having things to do. Care planning documentation generally provides information about the consumer’s needs in relation to their daily living and staff are aware of these requirements.

The service demonstrated that it has systems in place to support consumers’ spiritual needs and refers consumers to appropriate services for psychological and other supports if needed. Information about consumers spiritual and emotional supports is captured in their care and services planning documentation.

The service has a pastoral carer who provides emotional and spiritual support to consumers. Most consumers identify as belonging to Christian faiths and there are two Catholic services, one Anglican service and one non-denominational service each week. The pastoral carer provides emotional support as needed, however the service also refers consumers to a psychology services as required.

The service has systems in place to ensure that information on the consumer’s condition, needs and preferences is communicated effectively. This included information about consumers’ spiritual, emotional, lifestyle needs and in relation to meals. Review of consumer documentation demonstrated that these systems are generally effective, and staff were familiar with consumers’ needs and preferences in relation to services and supports for daily living.

The service demonstrated that appropriate referrals are made to other organisations and providers of care when required.

Overall consumers and/or representatives provided positive feedback about the food and meal service. The service provides opportunities for consumers to give feedback about the food, and the feedback is then used to adjust the meals to reflect the consumers’ needs and preferences. Most care planning documentation is consistent with consumer preferences and dietary needs.

The service has food focus meetings every second month to capture feedback on the quality of the food provided and create opportunities for consumers to be involved in the development of the menu. The chef explained how they seek feedback from consumers and/or representatives regularly after meals and will amend the menu accordingly.

Consumers and/or representatives confirmed they felt safe when using the service’s equipment and that it was easily accessible and suitable for their needs. Consumers and/or representatives stated they were comfortable raising concerns if equipment needed repair. Laundry and catering staff knew the process for reporting an issue and stated items were replaced when necessary. Equipment used for activities of daily living were observed to be safe, suitable, clean, and well-maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The service environment was observed to be welcoming and comfortable. Consumers and/or representatives stated there is adequate private areas, both indoors and outdoors for consumers and visitors to utilise when socialising. All consumers have their own bedroom with an ensuite and kitchenette, which they are able to furnish with their own personal items.

While the Assessment Team did identify some environmental concerns during the Site Audit, consumers and/or representatives spoke about the service environment providing a sense of belonging, a welcoming environment was also evident through observations and interviews with management and staff.

Consumers and/or representatives stated the service is well presented and maintained. The common areas, and consumers rooms were observed to be clean, clutter free and comfortable. The maintenance officer demonstrated effective preventative and responsive maintenance systems are in place to ensure all areas of the service are safe and well maintained and attended to within an appropriate timeframe. The service promotes consumers’ independence to move freely within the service.

The Assessment Team observed the furniture, fittings, and equipment to be safe, clean, well maintained, and suitable for consumers. Consumers and/or representatives were satisfied with the furniture, fittings, and equipment. Management and staff demonstrated effective systems in place for the cleaning and regular maintenance of the furniture, fittings, and equipment.

The Assessment Team observed cleaners cleaning consumers rooms and common areas. Consumers and/or representatives expressed satisfaction with the cleaning and maintenance systems at the service.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Consumers and/or representatives stated they feel comfortable and supported to provide feedback and make complaints. Management and staff could describe process and provide examples of how they support consumers to provide feedback.

Staff interviewed consistently explained the process for supporting consumers to provide feedback, including that they would listen to consumers if a concern or issue was raised, they indicated they would try to help the consumer by addressing the issue and escalate to the registered nurse or management if needed. One staff member described how she assists consumers to fill out feedback forms for both compliments and complaints.

The minutes from resident meetings show consumers are encouraged to provide ideas and suggestions for activities and reminded of the service’s complaints and suggestion process. The service has locked feedback boxes and forms located in the reception area, dining area and activity room.

Consumers and/or representatives stated they are aware of how to access advocacy services and feel comfortable in doing so. The Assessment Team observed advocacy service brochures and posters displayed in the service at reception and on noticeboards throughout the service. The resident handbook also included information about the internal and external complaint mechanisms available to consumers.

Consumers and/or representatives expressed satisfaction that the service will address and resolve any complaints or issues raised. Staff described how they assist consumers to resolve their concerns and demonstrated principles of open disclosure.

Consumers and/or representatives reported the service gets back to them promptly when they have made a complaint and has kept them updated on the progress of resolving the complaint. This feedback aligns with the service’s feedback and complaints management policy and procedure.

Consumers and/or representatives stated their feedback is used to improve the quality of care and services. Management provided examples of how they record, monitor, and escalate complaints and feedback from consumers and representatives. The management team provided numerous examples of how consumer feedback has initiated continuous improvements in the service including related to rostering and meals.

# 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

While several consumers raised concerns about the adequacy of staffing levels, most consumers and/or representatives indicated there were sufficient staff available to me meet their care needs.

The management team stated last year the service had high use of agency staff. However, initiative such as a large recruitment campaign and the development of a regional a casual pool by the organisation has been effective in reducing the number of agency staff being used.

Review of the call bell report for 29 December 2022 to 4 January 2022 did not show excessive call bell wait times, and the residential manager monitors call bells daily and follows up and reports on excessive response times with staff.

The service is currently completing a roster review and the manager reported they will take on board the feedback provided by consumers and/or representatives during the Site Audit. On balance the service demonstrated it has a workforce that is planned with the number and mix of staff deployed to deliver and manage safe and quality care and services.

Consumers and/or representatives stated staff engage with them in a respectful, kind, and caring manner and are gentle when providing care. Staff demonstrated an in depth understanding of consumers, and this information aligned with the Assessment Team’s review of care planning documentation and the information obtained by way of interviews with consumers and/or representatives.

The service demonstrated the workforce are competent and supported by the management team. Personnel and service records evidenced staff are appropriately qualified and professional registrations are kept current. The Assessment Team observed staff to be generally competent in their roles and consumers expressed satisfaction with care and services provided.

Management stated that competency assessments of care staff are conducted by registered nurses and the quality education manager. The clinical care manager is the service’s infection prevention and control lead and reviews competencies of staff in areas such as infection control, donning and doffing PPE. The quality education manager and the clinical care manager review medication competency and the physiotherapist overseas manual handling.

Consumers and/or representatives stated they believe staff know what they are doing and do not require further training. Staff and management said the service has an education calendar that is responsive to risk and feedback. Education and training are offered both face to-face and through online learning modules.

Management provided the Assessment team with an annual education calendar that identified training for each month of 2023. Management advised the service is responsive to training needs through clinical indicators and identification of risk, for example, falls or incident management. Where a risk is identified they can add a module to the calendar or select staff or a group of staff to undertake the online learning module.

Staff confirmed they have received training in a number of training modules including Serious Incident Response Scheme, open disclosure, restrictive practice and falls management. Staff stated they have completed a performance appraisal in the past year, and management advised they monitor and review staff performance through observations and annual performance appraisals.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| 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. | Non-compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

The organisation has developed a range of risk management systems and practices. However, review of care and services demonstrates that the organisation’s systems for monitoring the implementation of the systems, which include audits and development of risk profiles have not been effective in ensuring the organisation’s policies and procedures are followed and are being implemented.

The Assessment Team identified deficiencies in relation to the implementation of the organisation’s incident management system, resulting in incidents not being captured.

The organisation’s incident management system requires the investigation, route cause analysis, review of existing strategies and where possible the development of additional measures to prevent future incidents, however the Assessment Team identified that this has not been occurring at the service.

The Approved Provider responded with a detailed plan for continuous improvement, including but not limited to a review of the clinical directive register to ensure all consumers who are subject to a form of restraint are captured, a review of all behaviour support plans, a review of all current Serious Incident Reporting Scheme submissions, a review of monthly behaviour chart entries.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. Therefore, I am satisfied that requirement 8(3)(d) is non-compliant.

I am satisfied the remaining four requirements of Standard 8 Organisational governance are compliant.

The organisation has implemented processes to engage with consumers in the development, delivery and evaluation of care and services.

The organisation has established a ‘resident advisory panel’ which enables consumers from all of the organisation’s services to nominate and participate on the advisory panel. There are over thirty consumers who have been nominated to be part of the panel and meetings are held remotely. Three meetings have been held to date and the panel participants were responsible for developing the terms of reference and minutes of meetings.

Consumers are supported by pastoral care staff at their service to attend the meetings and the meetings are facilitated by the organisation’s life enrichment and advocacy manager. The panel has been consulted about policies that are being developed. Two consumers at Emmaus Village have agreed to participate in the panel. The Assessment Team spoke to one of the consumers who confirmed they had been spoken to about the panel and have agreed to attend. The Assessment Team observed information posted around the service inviting consumers to nominate for the panel.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The governing body has processes in place to ensure they are kept informed of risks and performance of the residential services. Review of reports to the governing body and of the governing body’s meeting minutes demonstrates that the governing body is active in discussing and taking actions in relation to matters which may present a risk and that they are continually working towards services with are inclusive, responsive to the needs of consumers and proactive in ensuring a safe and inclusive culture.

The governing body receives reports about critical incidents. As a result of a review, the medication systems were reviewed, and a consulting pharmacy organisation engaged to review systems and policies. The organisation is implementing the results of the review including the introduction of an electronic medication system.

The organisation demonstrated effective organisation wide governance systems are in place and operating effectively at the service. Information systems were generally effective and fit for purpose. Staff confirmed they can easily access information they need to effectively perform their roles.

An active continuous improvement program is in place. The organisation has a system of audits and internal monitoring, feedback systems, surveys and consumer forums as means of identifying opportunities for improvements.

The organisation has dedicated staff to identify and monitor the organisation’s compliance with regulatory requirements. Management described the processes used by the organisation to ensure is complies with recently introduced requirements as part of the aged care reforms. Documentation demonstrated that improvement initiatives were raised, policies and procedures developed and reviewed, to ensure the organisation complies with the requirements.

The organisation has a comprehensive clinical governance framework in place which includes in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure

The organisation has policies and procedures to guide staff in antimicrobial stewardship. Staff were familiar with concepts and practices to support appropriate anti-microbial use, and these were noted to be implemented at the service.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)