Performance

Report

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| Name of service: | Embracia in Reservoir |
| Service address: | 65a Glasgow Avenue RESERVOIR VIC 3073 |
| Commission ID: | 3563 |
| Approved provider: | Embracia Victoria Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 28 February 2023 to 2 March 2023 |
| Performance report date: | 12 April 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 Embracia in Reservoir (**the service**) has been prepared by A. Douglas, 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
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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 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

Consumers and representatives stated they were treated with dignity and respect and supported to maintain their identity and diversity. Care planning documentation identified consumers’ backgrounds, preferences, identities and cultural practices.

Consumers and representatives indicated the service recognised and respected their cultural backgrounds and provided care that was consistent with cultural traditions and preferences. Staff identified consumers from culturally diverse backgrounds and described how they tailored care that met their cultural needs and preferences.

Consumers considered they were supported to exercise choice and independence, make their own decisions and maintain personal relationships. Staff described strategies for supporting consumers to exercise choice and independence by providing care in accordance with consumers’ preferences.

Care planning documentation demonstrated risks were identified by the use of risk assessments and appropriate measures were taken to ensure consumers were provided with information to make informed decisions regarding the care and services they received. Staff were aware of consumers who engaged in activities that contained an element of risk and supported their right to make choices which enhanced their independence and well-being.

Consumers and representatives indicated they received information that was current, accurate, timely and communicated in a way that was clear, easy to understand. The Assessment Team observed information regarding the activities calendar, complaint mechanisms and advocacy services on display throughout the service.

Consumers felt their privacy was respected and were confident their personal information was kept confidential. Staff described strategies for ensuring privacy and confidentiality, including ensuring conversations regarding consumers were held in private and knocking on consumers’ doors prior to entering.

# 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)(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. | Compliant |

Findings

Care planning documentation included the consideration of risks to the consumer’s health and well-being. Management and staff described the assessment and planning process which included the identification and acknowledgment of key risks to consumers.

Consumers and representatives indicated the assessment and planning process identified and addressed their current needs, goals and preferences, including their advanced care preferences, if the consumer wished.

Consumers and representatives felt they were involved and partnered in the assessment, planning and review of the consumer’s care and services, and the service included other organisations or providers as required. Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning and when required, staff sought input from health professionals.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them. Staff detailed processes whereby they informed consumers and representatives of the assessment and planning outcomes and offered them copies of their care plans.

Care planning documentation confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or when incidents occurred. The service had policies and procedures to guide staff practice in relation to regular reviews of care and services.

# 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)(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. | 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

Consumers said they received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. The service had policies and procedures in place to support the delivery of care.

Care planning documentation noted high impact or high prevalence risks were identified and effectively managed by the service. Staff detailed the processes in place regarding the identification of high impact or high prevalence risk associated with the care of each consumer through ongoing assessment and planning.

Care planning documentation for consumers nearing end of life demonstrated their needs, goals and preferences were recognised and addressed, with their comfort maximised and dignity preserved. Staff outlined the processes in relation to the assessment of consumers nearing end of life and detailed the procedural requirements for those requiring this assessment.

Deterioration or changes in consumers’ health was recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff described the process they followed in the event they noticed a deterioration in the health and well-being of a consumer.

Care planning documentation provided adequate information to support effective and safe care. Staff outlined how changes in consumers’ care and services were communicated through shift handover, meetings and notes within the electronic care management system.

Consumers and representatives were satisfied with the timely and appropriate referrals to individuals, other organisations and providers of other care and services. Care planning documentation evidenced several examples of timely and appropriate referrals to individuals and other organisations.

The service had processes in place to promote the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. Staff detailed strategies to reduce the inappropriate prescription of antibiotics such as increasing fluids, completing pathology testing and providing personal hygiene to prevent infection.

# 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. | 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

Consumers were satisfied they received services and supports that met their needs, goals and preferences and enabled them to maintain their independence and quality of life. Care planning documentation captured the consumer’s life story and identified their needs, goals and preferences.

Staff outlined how they supported the emotional, psychological and spiritual well-being of consumers by providing one-on-one time with those consumers who chose not to participate in group activities. Care planning documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers and the strategies in place to support and promote these needs being met.

Consumers and representatives advised the service assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. The Assessment Team observed the monthly activity program displayed in all communal areas within the service.

The service utilised an electronic care planning system and shift handovers to ensure consumers’ needs and preferences were shared. Staff advised they were made aware of any changes to a consumer's needs through verbal and documented handover process, information available in the care management system, the communications book, and dietary folders.

Care planning documentation identified the involvement of other organisations and providers of care and services to support the diverse needs of consumers. Consumers indicated that when required, they were referred to other individuals, organisations and providers of care and services in a timely and appropriate manner.

Consumers indicated the meals were varied and of suitable quality and quantity. Staff demonstrated they were aware of consumers’ nutrition and hydration needs and preferences including meal size, dietary or cultural needs and any meal assistance support they required.

Consumers felt safe when using equipment and were aware of how to report any concerns they had regarding the service’s equipment. The Assessment Team observed that where equipment was provided, it was safe, suitable, clean, and well maintained and maintenance staff undertook ongoing monitoring to ensure the equipment was fit for purpose.

# 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

Consumers and representatives indicated the service environment was welcoming and optimised their independence, interaction and function. Staff stated that consumers were encouraged and supported to personalise and decorate their rooms with photos, memorabilia, personal furniture, and any other personal items they chose.

Consumers and representatives advised the service environment was safe, clean, and well maintained and allowed consumers to move freely both indoors and outdoors. The Assessment Team observed consumers moving freely throughout the facility, both indoors and outdoors.

A review of the maintenance request logs by the Assessment Team evidenced all requests were attended to within a timely manner. Consumers stated the furniture and equipment they used was safe, clean, well maintained and suitable for use.

# 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

Consumers and representatives advised they felt comfortable to provide feedback or make a complaint if necessary. The Assessment Team observed information displayed around the service to encourage the provision of feedback as well as feedback forms available in various areas of the service.

Staff described how they provided information to consumers and representatives in relation to advocacy services and external complaints services. The service had documented policies on consumer feedback and the use of interpreter and advocacy services.

Consumers and representatives indicated the service took appropriate action in response to complaints and staff understood and utilised an open disclosure process in dealing with complaints. Staff provided examples of actions taken in response to complaints received by consumers which included writing the information on a feedback form and submitting it to management or logging it in the electronic documentation system for further feedback.

The service demonstrated that feedback and complaints provided to the service were reviewed and used to improve the quality of care and services. Consumers and representatives felt that feedback and complaints provided at consumer meetings and through other mechanisms were used to improve the quality of care and services.

# 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

Consumers and representatives were satisfied the workforce was planned to enable the delivery and management of safe and quality care and services. The Assessment Team observed staff to be available when consumers needed them.

Management described various ways in which workforce interactions with consumers were monitored at the service. Staff demonstrated an understanding of consumers’ needs and preferences and this information aligned with feedback provided by consumers and representatives.

Consumers and representatives expressed confidence with the ability of staff to perform their roles and meet their care needs. The Assessment Team reviewed position descriptions and competency documentation and identified staff had completed their mandatory training and most had completed their annual competencies, online education, toolbox trainings and face-to-face trainings.

Consumers indicated staff were knowledgeable and did not believe there were any areas of care where staff required additional training. A review of documentation evidenced staff were recruited, trained, and equipped to support and deliver care and services in line with the Quality Standards.

The Assessment Team sighted a documented policy on staff performance management that included guidance for performance and competency review of staff, and the management of staff whose performance was below standard. Management detailed the process followed for performance appraisals which included a self-reflection tool and the opportunity for staff to identify any areas they wished to develop their skills further.

# 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. | 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

Consumers considered the service was well run and they were involved the development, delivery and evaluation of care and services. Management described the ways in which consumers were encouraged to be engaged and involved in decisions regarding the delivery of care and services, such as through various surveys and feedback mechanisms.

The service’s governing body promoted, and was accountable for, the delivery of quality care and services and a culture of safe and inclusive care for consumers. The service had various committees and meetings which reviewed information and data regarding the quality and safety of the care delivered.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Staff were able to describe key principles of the organisation wide governance systems such as feedback and complaints, and regulatory compliance.

The service had risk management systems implemented to monitor and assess high impact or high prevalence risks associated with care of consumers. Staff outlined the service’s risk management processes, including key areas of risk for consumers and the strategies in place to mitigate potential risks.

The Assessment Team sighted policies regarding the service’s clinical governance framework which included infection prevention, antimicrobial stewardship, restrictive practices, and open disclosure. Staff demonstrated a shared understanding of the application of these policies in a practical setting.

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