Embracia Moonee Valley

Performance Report

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**Commission ID:** 4560

**Provider name:** Embracia Victoria Pty Ltd

**Assessment Contact - Site date:** 5 April 2022 to 6 April 2022

**Date of Performance Report:** 3 May 2022

# Performance report prepared by

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# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(b) | Non-compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* The Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The Approved Provider’s response to the Assessment Contact - Site report received 28 April 2022.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed one requirement under this Quality Standard and found it Non-compliant.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team found that not all consumers are receiving appropriate and safe personal or clinical care, tailored to their needs and according to best practice.   
  
The Assessment Team provided information about a consumer who has a high risk of falling. The consumer uses a recliner chair in the communal areas. Three staff confirmed that as a falls prevention strategy they turn off the chair’s controls when they are unable to supervise the area, to prevent the consumer attempting to get out of the chair to walk. This practice has not been identified as a mechanical restraint.

A second consumer has the use of a low-low bed listed on their care plan to prevent falls as assessed by the physiotherapist. This has not been identified as a mechanical restraint. The consumer’s representative stated that while the use of a low-low bed was discussed with them a few months ago, they have advised the service that they do not wish such a bed to be used for the consumer. The Assessment Team identified a third consumer who also uses a low-low bed as a falls prevention strategy as assessed by the physiotherapist. This has also not been identified as a mechanical restraint.

The Assessment Team identified one consumer who is prescribed regular antipsychotic medication to manage the behavioural and psychological symptoms of dementia. This has not been recognised as a chemical restrictive practice by the service and appropriate informed consent had not been obtained. Another consumer, whom the Assessment Team found had been identified as having chemical restrictive practices in place, did not have a record of informed consent having been obtained. However, the representative interviewed stated that they discussed and were provided with information about the consumer’s medications.

The Assessment Team also provided examples of three consumers whose clinical records indicate that wound care has not consistently been managed in accordance with best practice, or the consumer’s needs and directives. Specifically, records indicate that wound dressings had not changed as frequently as directed. The Assessment Team noted that one consumer did not receive required pressure area care during the time of the site visit.

The Assessment Team identified two consumers who did not have showers as frequently as their preference noted on their care plan.

The response submitted by the Approved Provider acknowledges that turning off the controls of the consumer’s recliner chair is a restrictive practice and is not an acceptable falls prevention strategy. Staff have been counselled and all staff have agreed to follow the consumer’s current documented falls prevention strategies.

In relation to the use of low-low beds the response notes that these are used as a safety measure and falls prevention strategy, assessed by the physiotherapist and discussed with the consumer/representative. In relation to the second consumer the response notes that the physiotherapist had assessed the consumer and had obtained consent from the consumer’s representative. In relation to the third consumer the Approved Provider’s response notes that the consumer is able to adjust the height of the low-low bed independently.

In relation to the consumer that is on a psychotropic medication to manage their behavioural and psychological symptoms of dementia, the response disputes that it was not recognised as a chemical restrictive practice. The response states that informed consent was obtained by the general practitioner and that the consumer is listed on the psychotropic medication list. The response also provides evidence of informed consent for the medication being given by the substitute decision maker.

In relation to management of skin integrity, the response refutes the findings of the Assessment Team and demonstrates that pressure area care was provided as required for one consumer discussed in the Assessment Team’s report.

The response asserts that the deficits identified by the Assessment Team in relation to consumers’ wound care was a documentation issue only, with the registered nurse not completing the wound charts correctly. The response states that the consumers’ wound care is provided as required.

In relation to the consumers who have not being receiving showers as frequently as requested, the Approved Provider’s response discusses issues in relation to the two consumers identified by the Assessment Team, including behavioural issues and refusal of assistance with hygiene and personal care. The response notes that when the consumers have refused showers sponge baths have been given twice daily.

I have reviewed all the information provided and on balance I find this requirement Non-compliant. I am not satisfied that the Approved Provider has an understanding of mechanical restraint and that a low-low bed used to restrict a consumer’s movement is considered a mechanical restraint. I am also not satisfied that the Approved Provider has an understanding of chemical restrictive practice. Approved Providers are expected to apply the restrictive practice legislation to the circumstances of each consumer and understand when restrictive practice is present and ensure appropriate assessments are conducted, informed consent is obtained, and ongoing monitoring and review occurs.

However, I am satisfied that the Approved Provider provides appropriate management of consumers’ pressure injuries and other wounds. I note that the service currently has three consumers with active wounds. While the Assessment Team did identify issues with documentation of wound care provided, the Assessment Team did not demonstrate that consumers’ wounds are not healing as expected.

While acknowledging that the consumer noted by the Assessment Team may have had pressure area care during the visit as outlined by the Approved Provider’s response, I also note that the same consumer is prone to incontinence associated dermatitis and has not received showers as frequently as requested on their care plan. While the Approved Provider’s response notes behavioural assessments that indicate consumers are resistive to personal care, no information was provided regarding further assessment to determine appropriate interventions to ensure these consumers’ hygiene needs are consistently met. I am therefore not satisfied that consumers receive the personal care that they require.

# STANDARD 4 NON-COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Assessment Team assessed one requirement under this Quality Standard and found it Non-compliant.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(b) Non-compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

The Assessment Team found that consumers are not satisfied that the service supports them to maintain their emotional and psychological well-being. The service supplies some support, but it is not tailored to meet the individual consumer’s emotional needs. Consumers’ emotional well-being is not effectively monitored following incidents of verbal or physical aggression by other consumers.

The Assessment Team provided an example of one consumer, who experienced two incidents of unreasonable use of force. Incident reports for the two incidents were incomplete. However, the consumer’s progress notes on the day of the first incident record that the consumer was emotionally distressed following the incident. The consumer’s representative also discussed their distress following incidents with a consumer.

A second consumer was involved in a medication incident involving an intimate procedure. The consumer’s representative reported that the consumer was distressed following the incident and that the service had not provided emotional support. Staff reported that the consumer had been very emotional since the incident.

A third consumer reported to the Assessment Team that a consumer had tried to hit her several weeks prior to the site visit, that she feels frightened, does not leave her room for meals and does not feel emotionally supported as no-one has come to talk with her about the incident. The Assessment Team were not able to find any documentation related to this incident. However, management confirmed that a consumer with the aggressive behaviour is currently in hospital for treatment. The third consumer also stated that following the recent death of a close friend, they do not feel supported emotionally by the service. Progress notes indicate limited involvement of lifestyle staff with the consumer during this time.

The response submitted by the Approved Provider notes that the manager in charge at the time of the incomplete incident reports is undergoing performance management. The response also outlines actions taken to address reporting requirements and to support the consumer’s representative.

In relation to the second consumer the response acknowledges the consumer’s distress following the medication incident. The response notes that two site managers supported the consumer immediately after the incident occurred and that a family meeting took place where the incident was fully discussed, and an apology provided. The response also notes a directive from the consumer’s general practitioner requesting that management do not visit the consumer and staff do not discuss the incident. The response notes that a referral to a psychologist was made from the general practitioner and supported by the service. The response notes that the staff involved in the incident have been counselled and that other regular staff have been attending the consumer where ever possible since the incident.

In relation to the third consumer the Approved Provider’s response notes that the incident had not previously been reported by the consumer. The response refutes that the consumer has not left her room for meals since the incident. The response outlines actions taken to support the consumer during her friend’s palliation and after her death.

I have reviewed all the information provided and on balance I find this requirement Non-compliant. Two consumers were distressed by the aggressive behaviour of another consumer. While the consumer with the aggressive behaviour is currently in hospital for treatment, I find that the Approved Provider did not address the concerns and distress of the consumers involved in aggressive incidents in a timely manner. Another consumer who was involved in a distressing medication incident did have psychological support organised, but it is unclear how the Approved Provider is ensuring staff provide appropriate and ongoing support for the consumer, other than ensuring regular staff attend them where possible.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Assessment Team assessed one of the three specific requirements under this Quality Standard and found it Compliant.

Consumers expressed satisfaction with the cleanliness and maintenance of the service environment. They described being able to move freely indoors, outdoors and externally to the service. Reactive maintenance occurs as required and there are recurring schedules for maintenance and cleaning with regular checks of equipment conducted.

An overall rating for the Quality Standard is not provided as not all specific requirements were assessed.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team assessed one requirement under this Quality Standard and found it Non-compliant.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-compliant

*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.*

The Assessment Team found that the service has an overarching risk management framework. However, the service did not consistently manage consumers’ individual risks related to the use of restrictive practice as outlined in evidence reported under Requirement (3)(3)(a).

For example, management had not identified that staff were applying mechanical restraint to a consumer when turning off the recliner chair controls to prevent them from walking. The use of low-low beds was not identified as a mechanical restraint. Clinical staff did not consistently identify consumers who have chemical restrictive practices in place.

The response submitted by the Approved Provider disputes the Assessment Team’s finding and refers to information provided in relation to deficits identified under Requirement (3)(3)(a).

I have reviewed all the information provided and on balance I find this requirement Non-compliant. The Approved Provider was unable to demonstrate how risks associated with the use of restrictive practice are identified and managed effectively to ensure consistent and safe staff practice.

# 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.

* Ensure all consumers who have been identified as requiring mechanical or chemical restrictive practices have appropriate assessments completed, informed consent obtained, and monitoring and review of the use of the restrictive practice undertaken as required.
* Provide training to all staff regarding appropriate use of restrictive practices.
* Ensure all consumers’ skin integrity is maintained and that appropriate pressure care and personal care is provided.
* Ensure consumers’ wound management is undertaken and recorded as directed.
* Ensure all consumers receive appropriate emotional support, particularly following allegations and/or incidents involving aggression from other consumers or inappropriate staff practice.
* Ensure risk management systems and practices identify, escalate and effectively manage and monitor risks associated with consumers’ care particularly in relation to the use of restrictive practice.
* Ensure SIRS reporting is completed and submitted as required.