Performance

Report

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| Name of service: | Embracia Moonee Valley |
| Service address: | 76-86 North Road AVONDALE HEIGHTS VIC 3034 |
| Commission ID: | 4560 |
| Approved provider: | Embracia Victoria Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 27 July 2023 |
| Performance report date: | 31 August 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Embracia Moonee Valley (**the service**) has been prepared by N Wapling, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7 Human resources** | **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 |

Findings

The service was found Non-Compliant in Standard 3 in relation to Requirement 3(3)(a) following a Site Audit in April 2022 and again at an Assessment Contact in January 2023 where it was unable to demonstrate that:

* each consumer receives safe and effective personal and clinical care in relation to consumer preferred hygiene assistance and personal grooming and the need for individual assessment for restrictive practices

At the Assessment Contact on 27 July 2023, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous Site Audit.

Consumers and representatives were satisfied with the personal and clinical care provided, and they are regularly consulted and informed about consumer care needs. Staff demonstrated an understanding of individual consumer clinical and personal care needs, and strategies they use to monitor and manage pain, wounds and skin integrity, restrictive practices and personal care needs, and refer to documentation to guide their practice. Clinical management described the process for referring to external specialists when required. Care documentation demonstrated consumer personal care preferences, monitoring, interventions and evaluations, informed consent for restrictive practices, and consultations with consumers and representatives that involve medical practitioners and other specialist support staff. The Assessment Team observed the service had provided education and training to staff in relation to restrictive practices and support to consumers with cognitive impairment to maintain their personal hygiene in accordance with their care plan.

# 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 |

Findings

Most consumers and representatives were satisfied that staff are available when consumers require their assistance and are timely when they respond to call bells. Most staff described and agreed that staffing levels across the service are sufficient, and shifts are filled when there is unplanned or planned leave most of the time. Management described how they staff for planned and unplanned vacancies to meet consumer care requirements, drawing from part time and casual staff, and on an occasional basis, staff from another nearby service within the same organisation. The Assessment Team reviewed an ongoing recruitment process, a staffing roster from July 2023 that identified the majority of vacant shifts were filled, monthly call bell data that demonstrated most call bell responses were within the benchmark timeframe, and investigations that occur when outside this range.

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