Performance

Report

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| Name of service: | Emerald Hill Residence |
| Service address: | 203 Napier St SOUTH MELBOURNE VIC 3205 |
| Commission ID: | 3064 |
| Approved provider: | Claremont and Southport Aged Care Limited |
| Activity type: | Site Audit |
| Activity date: | 2 August 2023 to 4 August 2023 |
| Performance report date: | 11 September 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 Emerald Hill Residence (**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.
* the Approved Provider’s response to the Site Audit report, received on 21 August 2023.
* 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 said staff treated them with dignity and respect and valued their individual identity and culture. Staff knew what was important to individual consumers and were observed interacting in a dignified, respectful manner. Care documents reflected consumers’ culture and identity.

Consumers and representatives provided feedback that consumers’ identity, culture, and diversity was valued. Staff were aware of consumers from different cultures and could explain how care and services were tailored to ensure their culture was valued. The Assessment Team reviewed policies and care documents which supported the cultural needs of consumers.

Consumers confirmed they could make decisions about their care and maintain personal relationships. Staff described how they supported consumers to make independent choices and maintain relationships of importance. Care documents identified consumers’ individual choices regarding when care was delivered, who was involved in their care, and how the service supported them to maintain relationships.

Consumers confirmed they were supported by the service to take risks to enable them to live the best life they can. Staff outlined the supports provided to consumers who chose to engage in activities which included an element of risk. Care documents showed the service had collaborated with consumers to identify and manage risks.

Consumers said the service provided them with information in a way they could understand. Staff could describe the ways in which information was provided to consumers in an easy and accessible way. The Assessment Team observed the service communicated through printed information, verbal reminders, consumer meetings, and email correspondence.

Consumers said the service protected their privacy and confidentiality. Staff described the practical ways in which they maintained consumers’ privacy when providing care. The Assessment Team observed staff conducting their roles in a way that protected consumers’ privacy.

# 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

Consumers said the service considered their individual risks as part of the care planning process. The service had a comprehensive care plan assessment process, including procedural guidance for staff, which was available on its intranet site. Consumer care files identified consumers’ current needs and risks.

Consumers and representatives confirmed their involvement in conversations regarding advance care planning. Staff said advance care planning and end of life (EOL) care was discussed with consumers and representatives on admission, or as care needs changed. Care documents contained an advance care plan for sampled consumers, including EOL care if applicable.

Consumers and representatives reported they were involved in assessment and planning on an ongoing basis. Relevant staff could explain their roles in relation to care planning and assessments. Care documents showed evidence of involvement from a range of services, including medical officers (MO) and allied health professionals.

Consumers and representatives said they understood what was included in their care and services plan, and confirmed it met their needs, goals, and preferences. Staff detailed processes whereby they informed consumers and representatives of the outcomes of care planning and assessments. The Assessment Team observed the service used an electronic care management system (ECMS) to record all care planning and progress notes and care plans were readily available if requested.

Consumers and representatives confirmed care and services were reviewed regularly for effectiveness and when circumstances changed. Staff could describe how and when care plans were reviewed for effectiveness. Care documents confirmed the service conducted regular 3-monthly reviews of consumers’ care plans.

# 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 the service delivered safe and effective personal and clinical care tailored to their needs. The service had policies and procedures to guide staff in delivering care and these were consistent with best practice. Care records showed that staff delivered care that was safe, effective, and tailored to consumers’ specific needs and preferences.

Consumers and representatives confirmed advance care planning, including consumers’ EOL wishes, were discussed with them. Staff could describe how they adjusted care to support the needs and preferences of consumers receiving palliative and EOL care. Advanced Health Directives (AHD), or other EOL directives, were reflected on the consumer’s care plan.

Consumers and representatives expressed satisfaction with the service’s recognition of deterioration or changes in the consumer’s condition. Staff described the ways in which they responded to a change in a consumer’s condition. Care documents, progress notes and charting demonstrated deterioration in a consumer’s health, capacity and function were recognised and responded to appropriately.

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Consumers and representatives said they were satisfied that their care needs and preferences were documented and communicated between staff. Staff described how information was shared and communicated throughout the service. Care documents included input from MO and allied health professionals. Care plans and handover reports provided adequate information to support effective and safe care.

Consumers confirmed the service had referred them to appropriate providers, organisations, or individuals to meet their needs. Staff were able to describe referral processes both internally and externally in consultation with consumers and representatives. Care documents included timely referrals to various health professionals when required.

Consumers and representatives said they were satisfied with the measures the service had in place for the management of COVID-19 and the minimisation of other infection-related risks. Staff could describe how they applied infection control practices in the service. The service had policies and procedures which underpinned their infection, prevention and control processes related to antimicrobial stewardship (AMS) and infection control management. The Assessment Team observed the service was following appropriate infection minimisation practices.

# 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 said the service supported them to pursue activities of interest. Staff could describe how they supported consumers to maintain a good quality of life in alignment with their preferences. Care documents included information about consumers’ lifestyle interests, preferences, and goals.

Consumers said the service supported them to maintain important social, emotional, and religious connections. Care plans accurately captured consumers’ emotional, spiritual, and psychological needs. Staff described strategies they used to support consumers’ emotional and psychological well-being.

Consumers said they were supported 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. Care documents showed records of consumers participating in their chosen activities.

Consumers confirmed staff were aware of their needs and preferences. Staff explained how they stayed informed about changing consumer needs and preferences and identified where they could access up to date information about consumers.

Consumers confirmed they were supported by other organisations, support services and providers of other care and services. Staff demonstrated an understanding of how they worked with other individuals, organisations, and providers of other care and services. Care documents identified engagement with other organisations and services.

Overall, consumers said they were satisfied with the quality and quantity of food at the service. Consumers at the service with dietary needs were accommodated and all staff were knowledgeable regarding their needs. The service had feedback mechanisms which allowed consumers to provide feedback on the performance of the kitchen.

Consumers said they had access to equipment, including mobility aids, to assist them with their daily living activities. Staff knew the service’s processes for ensuring equipment was safe, clean, and well-maintained. During the Site Audit, the service’s equipment was observed to be 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

Consumers said the service environment was welcoming, easy to understand, and made them feel at home. Management and staff described various aspects of the service environment which made consumers feel welcome and optimised their sense of independence, interaction, and function.

Consumers and representatives confirmed the service was cleaned to a satisfactory standard. The Assessment Team observed the service environment was safe, clean, well maintained, and allowed consumers to move freely both indoors and outdoors. Staff provided an overview of the service’s cleaning processes to ensure the service environment remained clean and safe for consumers.

The Assessment Team observed furniture, fittings and equipment was safe, clean, well maintained, and suitable for consumer use. Staff described the processes in place to ensure equipment was kept safe, clean, and well-maintained. Consumers confirmed they felt comfortable utilising the service’s equipment.

# 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 confirmed the service encouraged them to provide feedback and make complaints. Staff demonstrated an awareness of feedback and complaints processes. The service had various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, consumer meetings, surveys, or emailing the care manager.

Consumers and representatives said they were aware of other avenues for raising a complaint, both internally and externally. Staff could describe how they accessed language and advocacy services on behalf of the consumer. The Assessment Team observed information displayed throughout the service relating to advocacy services, language services, and external complaints avenues.

Consumers and representatives said management promptly responded to and sought to resolve their concerns after they made a complaint. Staff demonstrated an understanding of open disclosure and complaint management processes. Review of the complaints data from the past demonstrated the service took appropriate and timely action in response to complaints.

Consumers and representatives said their feedback was used to improve the quality of care and services. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions are generally documented and changes at the service are communicated with consumers.

# 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

Most consumers said they were satisfied with the number of staff at the service. Staff confirmed they had enough time to complete their tasks, including medication rounds and activities for daily living. The service’s rosters and call bell response data showed adequate staffing and call bell response times.

Consumers and representatives felt staff were kind and respectful when delivering care. Staff demonstrated they were familiar with consumer's individual needs and preferences. The Assessment Team observed kind and respectful interactions between staff and consumers.

Consumers and representatives felt staff performed their roles effectively. Staff at all levels expressed confidence in their knowledge and skills to perform their roles. All staff had the relevant qualifications to perform the duties outlined in their position descriptions.

Consumers and representatives felt confident staff were sufficiently skilled to deliver the care and services consumers required. Staff confirmed they received ongoing training and support to perform their roles. The Assessment Team reviewed documentation which demonstrated the workforce was recruited, trained, equipped, and supported to deliver the outcomes required by Quality Standards.

Staff confirmed they had participated in recent performance appraisals. The service had documents setting out its performance appraisal process, and its records showed it was up to date with appraisals for 96% of staff. The service had a range of electronic systems to support the performance review process.

# 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

*Requirement 8(3)(c):*

The Assessment Team recommended the service had not met Requirement 8(3)(c). Specifically, the Assessment Team provided evidence to support a finding that the service had not adhered to its regulatory obligations concerning its use of restrictive practices. The Site Audit Report noted the service could not provide evidence to show it had obtained informed consent to place 2 consumers under chemical restraint. The Site Audit report noted a further 5 consumers were subject to chemical restraint but still awaiting diagnoses from a MO to support the use of psychotropic medication.

The Approved Provider provided a response on 21 August 2023 which addressed the Assessment Team’s findings:

* In relation to the 2 consumers subject chemical restraint without consent, the service provided evidence which showed the prescribing GP had discussed the restraint with the consumers’ families and obtained consent prior to their admission to the service. The consumers also had behaviour support plans in place prior to admission.
* In relation to the 5 consumers for whom the service was awaiting diagnoses for the use of chemist restraint, the service provided evidence of obtaining diagnoses from MO and consent from consumers and/or representatives for the use of the specified chemical restraint.

I have considered the evidence within the Assessment Team’s report and the Approved Provider’s response. The Assessment Team’s report provided evidence to support a finding that the service was not meeting its regulatory obligations concerning the use of restrictive practices. However, the service’s response provided information and evidence to support a finding that the service was compliant with Requirement 8(3)(c). I am satisfied there is no ongoing risk to the identified consumers as the service has satisfactorily demonstrated it has fulfilled its legislative obligations concerning the Assessment Team’s findings. I have therefore formed the view that the service is compliant against Requirement 8(3)(c).

I am satisfied the service is compliant with the remaining requirements of Quality Standard 8.

Consumers said they felt involved in the design, delivery, and evaluation of care and services. Management advised that all feedback and suggestions made by consumers and representatives were included in the service’s PCI. Documentation review showed consumers were meaningfully engaged in the evaluation of services through consumer meetings, feedback mechanisms, and surveys.

The service’s governing body used information derived from the service’s reporting structure to manage the service’s operations. This included using data from a range of sources to drive improvements and innovations. Multiple communications between the governing body and the service corroborated that the governing body retained oversight of the service’s operations.

Staff confirmed they analysed incidents to identify issues and trends, and these were reported at governance committee meetings. The service had a wide range of frameworks, policies, and procedures to support the management of risks and incidents. In addition to reporting incidents falling under the Serious Incident Response Scheme (SIRS), the service maintained an incident register.

The Assessment Team noted the service had documented policies and procedures to guide staff practice which addressed antimicrobial stewardship, the minimisation of restraints and open disclosure practices. Staff demonstrated a shared understanding of these policies and their application in a practical setting.

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)