Performance

Report

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| Name: | Emerald Life |
| Commission ID: | 7876 |
| Address: | 78 Kimberley Street, WEST LEEDERVILLE, Western Australia, 6007 |
| Activity type: | Site Audit |
| Activity date: | 16 January 2024 to 18 January 2024 |
| Performance report date: | 27 February 2024 |
| Service included in this assessment: | Provider: 9509 Fresh Fields Management (NSW) No 2 Pty Ltd  Service: 4883 Emerald Life |

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 Life (**the service**) has been prepared by Patricia Golledge, 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.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said staff respect their individual identity and diversity and treat them with dignity and respect. Staff demonstrated knowledge of the consumers’ life journey and cultural backgrounds. Interactions between staff and consumers were observed to be dignified and respectful. Care planning and assessment documentation sampled was found to identify cultural needs, individual preferences, and considerations of consumers.

Staff demonstrated an understanding of consumers’ cultural background and explained how they provided care and services in a culturally safe manner. Consumers and representatives considered staff were aware of consumers’ cultural backgrounds, delivered appropriate care, and supported celebration of customs and traditions. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of consumers’ cultural needs and preferences.

Representatives said consumers are supported to make and communicate decisions about their care, including who is involved in their care and decision making. Consumers and representatives said consumers were supported to maintain personal, social, and intimate relationships. Staff could describe details of how consumers wish to have their care delivered and had awareness of who consumers wish to have involved in their care and who they choose to maintain relationships with.

Consumers and representatives described how the organisation supports consumers to have choice, including when their choice involves an element of risk. Staff said consumers were supported to understand benefits and possible harm when they make decisions about taking risks. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care plans.

# Representatives said they were updated on activities, menus, any changes and up and coming events at the service on a regular basis. Information was observed to be available to consumers in a clear and easy-to-understand way to support decision-making including activity schedules in large print, and menus displayed on whiteboards. Staff said they inform consumers about activities for the day, menu choices and up and coming events and communicated information in a manner appropriate to consumers’ communication needs.

Consumers and representatives said consumers’ personal privacy was respected by staff. Staff were able to identify ways in which consumers personal privacy and confidentiality were maintained. Care documentation reflected individualised requirements for privacy as preferred by individual consumers with consents gained for photography, celebration of birthdays and identification in the service’s newsletter. Policies and procedures were in place to support consumer privacy and confidentiality of personal information.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Representatives said assessment and care planning identified risks to consumers. Staff were able to describe the care planning process and how it informed the delivery of care and services. Care planning documentation demonstrated consideration of potential risks to consumers’ health and wellbeing including, but not limited to, falls, changed behaviours, and pain. The service had policies, procedures, training, and tools to guide staff practice in the assessment and care planning process.

Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and end of life wishes as appropriate. Representatives said the assessment and planning processes addressed consumers’ current needs, goals, and preferences of, and the service had discussed and documented their preferences for their end-of-life (EOL) care.

Representatives said they are involved in the assessment and care planning process and aware of input of other providers. Clinical staff described how they partner with consumers and representatives to assess, plan, and review care and services. Care documentation reflected the inclusion of multiple health professionals and services into consumer assessments and care planning.

Representatives said they were contacted regularly and were informed in a timely manner in relation to assessment and planning and were aware they can access a copy of consumers care plan. Care planning documents and progress notes confirmed assessment and planning were communicated to consumers and representatives and a copy of consumers care plan was offered, with a copy observed to be available in consumers’ rooms.

Consumers and representatives said they were satisfied changes to care are made following any concerns or incidents. Staff advised care and services are reviewed regularly for effectiveness, or when a change occurs in a consumer’s condition needs or preferences. Review of care documentation evidenced consumer care and services are reviewed for effectiveness regularly and when incidents occur or when circumstances change.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Representatives considered consumers received safe, effective clinical and personal care which met their needs. Care planning documentation demonstrated consumers are receiving care in line with their needs to optimise their health and well-being and staff were familiar with tailored care strategies for consumers. The service had policies, procedures, and work instructions for key areas of care, including restrictive practice, skin integrity, behaviour management, pain management and other areas to support best practice personal and clinical care.

Representatives said known risks of consumers were managed effectively by the service. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place, including, falls management, pressure injuries, pain, and diabetes management. Staff were aware of individual consumers’ risks and described strategies in place to manage and minimise those risks.

Staff described how the delivery of care and services changed for consumers nearing end of life, and documentation evidenced palliative care was delivered in a way to support consumers’ dignity and comfort. A representatives said they were satisfied with the end-of-life care provided to their family member and consumers end-of life preferences were accommodated. Palliative and end of life care guidance and training was available to support staff.

Representatives expressed confidence that changes in consumer care needs were identified and addressed. Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner, and any changes in the consumer’s needs and condition are communicated to those involved in their care.

Staff described processes to ensure information regarding consumers is consistently shared and understood including hand over processes and documentation practices. Care planning documentation identified correspondence from Medical Officers and health professionals was accessible to staff on the services electronic care management system.

Representatives said the service had referred them to the appropriate providers, organisations, or individuals to meet clinical and care needs, and they are satisfied with the care delivered by those they have been referred to. Staff described referral avenues to meet consumer needs and receive training on when to commence the referral process. Care planning documentation demonstrated the service collaborates and makes timely referrals to other health professionals, or other services, to meet the care needs of consumers.

The service had policies and procedures to support staff to minimise the risk of infection and promote practices to minimise the use of antibiotics. Representatives said they observe staff taking precautions to minimise infection risks, such as washing their hands regularly. The service had an outbreak management plan and demonstrated review to identify improvements following outbreaks.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Representatives said they were satisfied the service supports consumers to do the things they want to do and were able to explain how services and supports for daily living have maintained consumers independence and well-being. Lifestyle staff could describe strategies and options to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers. Care planning documentation identified the needs, goals, and preferences of consumers.

The services activity schedule included church services, visits from religious figures and one-to-one visits for consumers. Care planning documentation encompassed the emotional and spiritual needs of consumers, along with established strategies to assist staff in meeting these needs. Staff could describe the services and supports in place to promote consumers' emotional, spiritual, and psychological well-being, such as spending one-on-one time with consumers who do not wish to participate in group activities.

Representatives advised consumers were supported to participate within their communities, have social and personal relationships, and do things of interest. Staff described the services and supports in place to promote consumers’ social interaction and relationships, such cultural celebrations, bus outings and cappuccino catch up mornings. Care planning documentation identifies activities of interest for the consumers and how they are supported to participate in these activities and in the wider community.

The service demonstrated effective communication of information of consumers’ needs and preferences including when changes occur. Representatives said information was effectively shared to support consumers’ daily living needs. Staff explained the processes used in keeping up to date records of consumer information, likes and dislikes, dietary and personal needs, and preferences.

Staff described how consumers were involved in decisions and how referrals are made, and consent for referrals are obtained. Care documentation demonstrates the service communicates with other individuals, organisations, or providers to support the diverse needs of consumers such as pastoral care visits, cultural support officers, and volunteers.

Representatives said the meals provided to consumers were of good quality and plenty of snacks were available for consumers in between meals. Representatives advised consumer requests for alternative meals was accommodated. Staff had access to consumers dietary information and described how they are informed of consumers’ dietary needs and requirements such as referring to printed information available in the kitchen. Menus are reviewed by a Dietician with input from consumers gathered from consumer and representative meetings and feedback forms.

Representatives considered equipment for consumers was safe, suitable, clean, and well maintained. Staff said they had access to supplies and equipment for daily living and described the processes in place to maintain the safety and cleanliness of equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, and well-maintained. Staff were observed cleaning equipment utilised by consumers such as mobility aids.

# 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers said they were able to personalise their rooms how they choose, and the service environment is welcoming. Consumers were observed to move freely around communal and garden areas of the service; and consumer rooms were personalised and decorated to reflect their individuality and cultural identity. Staff said they enjoy assisting consumers to personalise their rooms to reinforce their well-being, independence, and sense of belonging. Management acknowledged potential for improvement in wayfinding signage, and demonstrated improvement activities were developed to address this.

Representatives said the service was kept clean, consumers regularly access outdoor areas, and the gardens are well maintained. Consumers were observed to freely move around the service, both indoors and outdoors. Cleaning and maintenance staff were guided by work schedules. Review of the service’s maintenance records identified reactive maintenance requests were attended to promptly and preventative maintenance was completed as per an established schedule.

The service demonstrated the environment, furniture, fittings, and equipment was safe, clean and well maintained, with management demonstrating plans to replace tired or stained items. Staff described the service’s processes for identifying, reporting, and actioning maintenance issues. Records demonstrated preventative and reactive equipment maintenance, testing and tagging electrical items and logs were up to date.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they felt comfortable raising complaints and staff were very approachable. Staff interviewed described the avenues available for consumers and representatives if they wished to make a complaint or provide feedback, and how they support them to raise any issues. Management advised of the various avenues available for consumers and representatives if they wished to make a complaint or provide feedback. These avenues included, consumer and representative meetings, verbal feedback, feedback forms and surveys.

Representatives said they were aware of external bodies available to raise complaints. Management advised the service has access to interpreter services; however, the service employs multilingual staff who can assist consumers where English is not their first language. Brochures for external complaints, advocacy, and translation services was displayed throughout the service.

Management and staff demonstrated their awareness of complaints management and open disclosure processes. Representatives reported the service responds promptly to complaints and incidents and takes appropriate action including using an apology when things go wrong. The service’s feedback and complaints register demonstrated complaints were resolved in an appropriate and responsive manner using an open disclosure process.

Management described how they reviewed feedback and complaints and used this information to improve care and services. Feedback received from consumers and representatives is used to develop continuous improvement activities across the service for example the recent ordering of new furniture. Staff described how feedback and complaints have resulted in care and service improvements.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives reported there were enough staff at the service to meet consumers needs, and they felt their care was always prioritised by staff. Management advised the service has a Registered nurse on each shift providing 24 hour coverage, and rosters were reviewed every fortnight to ensure adequate and appropriately skilled staff to meet consumer needs. Staff said they had enough time to complete their duties and management described strategies employed to replace staff on planned and unplanned leave including extending staff shifts and utilising agency staff. Call bell response times are monitored, and documentation evidenced consumer requests for assistance were actioned in a timely manner.

Management has established a set of documented policies and procedures to guide staff practice. These policies cover areas such as assessment and care planning, dignity and respect, diversity and privacy. This framework provides clear guidelines for staff to support consumers' identity, culture, and diversity.

Management explained they monitor staff competency through orientation processes, including competency-based assessments, buddy shifts, and ongoing and annual competency training. Representatives said staff are knowledgeable and competent in their roles and they trust the staff who care for the consumers. Position descriptions for clinical staff are established outlining the key responsibilities, knowledge, skills, and qualifications required for each role. Review of staff records identified professional registrations; national police checks are monitored for compliance and up to date. Staff were observed treating consumers in a kind and respectful manner.

Staff considered they were appropriately trained, supported, and equipped to perform their roles. Management described various training and development opportunities provided to staff including orientation processes, buddy shifts, on-line training, and additional training. Review of mandatory training records identified training is provided on a range of topics with high rates of completion.

The service has a suite of documented policies and procedures which guide the monitoring of staff performance and the performance management of staff when issues are identified. Management described the processes for assessment, monitoring and regular review of performance of each member of the workforce. Care and Registered staff reported they had recently completed their performance appraisal and it gave then the opportunity to raise any concerns or request any further training.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said they felt the service was well run and they contributed to decisions about how care and services are delivered. Management described the mechanisms in place to engage and support consumers in providing input into the care and services delivered through participation in monthly consumer and representative meetings, feedback forms and surveys with information used to develop continuous improvement activities. Consumers advised the service recently established a Consumer Advisory Committee with monthly meetings scheduled.

Management described how the governing body was involved, and accountable for the delivery of safe, quality care and services, such as through regular meetings and communication. Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services, such as clinical indicators, quality initiatives, feedback and complaints, and incidents.

A reporting structure, policies, procedures, training, and audit mechanisms supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. For example, in relation to financial governance management advised there are processes in place to apply for and receive additional funding where a purchase may be excessive or out of the ordinary. For all other purchases the service maintains a capital expenditure account which provides access to funding for any requiring purchasing. Management uses feedback from consumers and the outcomes of internal and external reports and audits to inform purchase decisions.

Effective risk management systems and practices were supported by a risk management framework and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place. Monitoring of risks was undertaken by management, who compiled monthly reports which are analysed and shared with clinical staff, and the governing body and relevant subcommittee and used to identify areas for improvement.

The service had a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks. Records show that the organisation has a systematic approach to clinical auditing and data analysis that supports improvements in clinical care, with clinical oversight from the governing body.

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)