Performance

Report

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| Name of service: | Performance report date: |
| Emerald Terrace Aged Care | 09 September 2022 |
| Commission ID: | Activity type: |
| 3682 | Site audit |
| Approved provider: | Activity date: |
| Orollo Pty Ltd | 8 August 2022 to 11 August 2022 |

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 Terrace Aged Care (**the service**) has been considered by D. McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.
* the provider’s response to the assessment team’s report received 9 September 2022.
* 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 | **Non-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

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.

* Requirement 3(3)(g) – the Approved Provider ensures standard and transmission-based precautions to prevent and control infection including for COVID-19 are consistently implemented including processes for screening of visitors and staff use of personal protective equipment.

# Standard 1

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| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| 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, respect, and they felt valued as an individual. Staff spoke about consumers in a respectful manner and were familiar with consumers' individual backgrounds and preferences. Care planning documents outlined consumer's backgrounds and personal preferences including their preferred name. Staff were observed interacting with consumers respectfully.

Consumers and representatives confirmed the service recognised and respected their cultural backgrounds as care delivered was consistent with their cultural traditions and preferences. Staff identified consumers from a culturally diverse background and described information for each consumer which aligned with their care plan, this included cultural activities each consumer liked to maintain. Policies and procedures on cultural diversity and inclusion guided staff practice.

Consumers said they were supported to make choices, maintain their independence and relationships of choice, staff gave examples of supporting consumers with choices and relationships, a married couple confirmed they were supported to live together by having a shared room and were afforded private time together. Staff were observed taking meals to consumers who chose to stay in their rooms for meals.

Staff demonstrated they were aware of risks taken by consumers, and said they supported the consumer’s wishes to take risks to live the way they chose. Consumers described how the service supports them to take risks such as leaving the service independently and managing their own medication. Care planning documents contained risk waivers and were signed by the service, the medical officer and consumer.

Consumers described how they received information and were supported to understand information which enabled them to make choices. Management and staff described different ways in which information was provided to consumers, in line with their needs and preferences. The service provided and displayed information throughout the service to inform and support consumers to exercise choice, this included menu options and lifestyle calendars.

Consumers described how their privacy was respected by staff. Staff confirmed all consumers’ personal information was kept confidential and not discussed in front of other consumers, consumers’ files were stored on computers and were password protected. The service has protocols in place to protect consumer privacy.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Most consumers and representatives said staff involved them in assessment and planning processes to identify consumer’s current needs, goals and preferences including advance care planning and end of life preferences, if the consumer wished. Identified advance care and end of life needs and preferences were evident in care plans.

Consumer care planning documentation reflected the consumer and others were involved in assessment and planning. Staff described processes for making referrals to allied health professionals and could recall recent situations that required input from external organisations. A consumer described no longer feeling pain after attending regular sessions with a physiotherapist.

Some consumers and representatives said they did not have a copy of their care or didn’t feel the need to have a copy, however, they knew they could access a copy if they wanted to. Progress notes evidenced prompt communication with the consumer’s next of kin following a pain management assessment. However, a consumer and their representative did not feel staff communicated changes to a consumer’s health effectively and said they had not had access to their care plan. Management advised they were working on improving the levels of communication between staff and representatives.

Care planning documentation evidenced review on a regular basis or when circumstances changed, or incidents occurred, consumers and representatives confirmed timely reviews of care plans. Staff described the process of responding to an incident such as where a consumer had a fall, this included review by a medical officer and physiotherapist, updating of assessments and care plans accordingly.

# Standard 3

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| Personal care and clinical care | | Non-compliant |
| 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. | Non-compliant |

## Findings

I have found this Quality Standard as non-compliant as I am satisfied the service was not able to demonstrate how it met this Requirement:

* 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.

The Site Audit Report identified the service had effective antibiotic practices in place, were prepared in the event of an infectious outbreak, including for COVID-19 and consumers and representatives considered the service had handled the management of COVID-19 precautions and other infection control practices adequately, however, infection control breaches were observed in relation to COVID-19 screening processes by staff and inconsistent hand hygiene practices.

The Approved Provider responded on 9 September 2022, accepting the deficits identified in the Site Audit Report, and confirmed no other information was to be submitted.

Therefore, I am satisfied, based on the evidence in the Site Audit Report that the service was not able to adequately demonstrate standard and transmission-based precautions to prevent or control infection were being consistently implemented.

Therefore, I find Requirement 3(3)(g) is non-compliant.

Regarding the remaining requirements which I have found compliant, consumers said they received effective personal and clinical care as per their identified care needs. A representative described effective management of the consumer’s chronic pain through both pharmacological and non-pharmacological interventions, these were identified on their care plan. Care plans for consumers subject to restrictive practices evidenced medical officer review of respective restraints, the use of alternative strategies to be trialled and consent forms were in place.

Consumers and representatives felt risks to consumers' health were well managed by the service particularly for falls and skin integrity issues. Staff accurately identified at-risk consumers and associated risk prevention strategies such as use of a beam sensor and regular sessions with a physiotherapist for a consumer at risk of falls. Progress notes evidenced regular reviews of care directives by allied health professionals such as podiatrists for consumer’s with skin integrity issues.

Care planning documentation for consumers who wished to consider their end of life preferences had been completed by the consumer or a representative. Consumers and representatives felt the service would support the consumer’s end of life wishes and assist them to be as free as possible from pain. Staff described the way care delivery changed for consumers nearing end of life and they practiced ways to maximise a consumer’s comfort.

Care planning documentation and progress notes reflected the identification of, and in response to, deterioration or changes in condition. Representatives said the service was responsive to consumer’s care needs and informed them of any deterioration to their health along with planned management strategies. Clinical staff explained how deterioration was discussed during handovers and staff meetings, changes could trigger a medical officer review and/or hospital transfer if needed and a subsequent review of care planning documentation.

Consumers and representatives confirmed their care needs and preferences were effectively communicated between staff and other providers of care, relevant care planning documentation and/or progress notes demonstrated adequate information was documented to support effective and safe sharing of the consumer’s information amongst providers of care. A representative confirmed staff often phoned them to communicate changes to care and medication and consumer files reflected responses to a change in a consumer’s condition or clinical incident such as medical officer consultation.

Staff described the process for referring consumers to other health professionals, the service was supported by a physiotherapist, dietitian, dentist and speech pathologist who visited the service regularly or as required. Consumers confirmed they were referred to providers of care and services in a timely manner, these were reflected in care plans evidencing appropriate referral systems in place.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 they were supported to do the things they enjoyed. Staff knew what was important to consumers,how activities at the service met the needs of consumers and confirmed consumer feedback informed activity planning. Care planning documentation described consumer's preferences and needs. Consumers were observed engaged in a range of daily living activities and described their favourite activities as a football tipping competition.

Consumers described how staff supported them when feeling low, and how the service promoted their emotional, spiritual and psychological wellbeing such as ensuring religious consumers could continue to practice their faith through regular visits from a priest. Staff described providing emotional and psychological support for consumers and facilitated connections with people important to them, a consumer said staff were arranging a community volunteer to visit another consumer who reported feeling isolated. Care planning documentation identified people important to individual consumers and the activities of interest to each consumer.

Consumers said they felt supported to participate in activities within the service and outside in the community and to maintain social and personal connections that were important to them. Staff provided examples of consumers supported to maintain their hobbies such as arranging transport for a consumer to attend classes outside the service; the consumer was encouraged to lead hobby activities back at the service which had been well supported by other consumers.

Consumers and representatives said consumer needs and preferences were well communicated to staff within the service and with others where responsibility is shared. Staff said they documented changes in the electronic care management system and discussed changes at handovers. The service had policies for identifying, reporting and recording changes in consumer's conditions, needs and preferences.

Consumers confirmed they were referred to other organisations, individuals and providers of care services for the provision of lifestyle supports. Consumer's care plans showed the service collaborated with external providers to support the diverse needs of consumers, one consumer said they regularly attended the pet therapy sessions held at the service by a volunteer. Lifestyle staff described how a new volunteer service run through the local council would be contacted and included for further lifestyle activity support.

Consumers said the service provided meals which were varied and of suitable quality, special dietary needs were accommodated, and staff were knowledgeable regarding their dietary needs. The service has feedback mechanisms which allowed consumers to have a say in the performance of the kitchen.

Consumers advised the service environment was clean, they had access to clean and well-maintained equipment to support them in their daily living and they felt safe using the equipment which was always kept clean and well maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 said the service environment was welcoming and easy to navigate. Staff described aspects of the service design which helped consumers to feel welcome and optimised a sense of belonging and ease of navigation; they said every effort was made to help consumers feel at home at the service. The service had a courtyard with outdoor seating and balconies for rooms on the first floor, as well as indoor communal areas and libraries. Clear signage was observed throughout the service for navigation and the service was clean and well maintained.

Consumers were observed moving freely indoors and outdoors and confirmed cleanliness of the service was adequate. Staff described cleaning responsibilities and duties including preventative maintenance. Consumers said their rooms were cleaned every day and thoroughly cleaned weekly, maintenance concerns were reported to staff and maintenance would attend to issues promptly.

Furniture, fittings and equipment was observed to be safe and well-maintained; this was confirmed by consumers who said their equipment was checked regularly. Whilst regular cleaning was observed to occur, some items on cleaning logs had not been attended to however management explained this was due to COVID-19 outbreak at the service. Call bells were observed to be in working order and cleaning staff were seen cleaning consumers’ rooms daily and high touch point areas frequently.

Furniture in communal areas was observed to be clean, in good condition, and frequently used by consumers. Staff said cleaning of personal care items such as standing machines and hoists was the responsibility of the staff member who used them, this was consistent with observations.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 said they knew how to give feedback or make a complaint and felt comfortable doing so. Consumers described how they could give feedback verbally to staff, at family and representative meetings, by using feedback and complaints forms and the locked boxes provided. Staff knew how to support a consumer to provide feedback or make a complaint such as raising issues on their behalf and escalating complaints with clinical staff in need.

Consumers and representatives said they were aware of external complaints and advocacy services; these were observed to be referenced on the back of the monthly newsletter. Management said they currently had no consumers requiring interpreter services however information on accessing external complaints, language and advocacy services was observed throughout the service.

Consumers said management addressed complaints and provided solutions in response to feedback or complaints raised by them or representatives, or when an incident had occurred. Management and staff described open disclosure processes including open communication processes for feedback with consumers and representatives, offering an apology where appropriate and responding effectively to feedback and complaints.

Consumers and representatives considered their feedback was used to improve the service. Management described the actions and changes implemented in response to complaints, including for a complaint raised by a representative in relation to the effective management of the consumer’s wound which they felt was unresolved. Management described the complaints handling process, this was reflected on the complaints register and continuous improvement log and evidenced management actions in response to concerns raised. For some recent complaints observed not documented within the complaints register, management confirmed all complaints, including ongoing complaints, would be documented in the complaints register for monitoring and review of feedback processes, whilst the register was updated monthly, management would endeavour to update this more frequently.

# Standard 7

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| Human resources | | Compliant |
| 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

Whilst most consumers and representatives said there was not enough staff, they still felt the service was able to meet the needs of the consumers. Management said they ensured there was enough staff to provide safe and quality care despite challenges posed by COVID-19 and felt staff shortages were more reflective of the sector and not specific to the service. Call bell reports evidenced adequate response rates, rosters showed unplanned absences were well managed, no shifts had been unfilled in the past 6 weeks and clinical staff were onsite and available 24 hours a day.

Consumers and representatives said staff were kind, gentle and caring when providing care. Staff were observed greeting consumers by their preferred name and were familiar with each consumer's individual needs and identity. The service has written materials, such as staff induction packages and training material, outlining the importance of staff in respecting consumers’ individual identities.

Consumers and representatives considered staff performed their duties effectively, and were confident staff were skilled to meet their care needs. Management described annual mandatory and essential training delivered centrally and monitored by management and induction processes for new staff including buddy shifts. Training records showed most staff were up to date with their mandatory training, position descriptions included key competencies and qualifications desired and essential for each role.

Management described performance reviews conducted annually for all staff and after an initial probation period for new staff, observed performance appraisal documentation showed appraisals had been completed and up to date.

# Standard 8

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| Organisational governance | | Compliant |
| 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 and representatives were engaged in the delivery and evaluation of care and services through a variety of ways including care plan conferences held with consumers and representatives monthly or as required, a monthly newsletter and a clear feedback management system and process. Consumers said the service responded to issues brought to their attention such staffing levels raised with management, the service had responded positively and made changes based on feedback. Clinical staff said they gained an understanding of consumers’ behaviours and lifestyle preferences through consultation with consumers’ families, one consumer had been a housewife and liked to fold laundry, the service allowed the consumer to assist them to fold laundry.

The service had policies and procedures to promote a culture of safe, inclusive and quality care and services. Staff described how the governing body promoted its’ accountability and took responsibility for driving quality care and services. Management received regular communication from the governing body on a range of issues including legislative changes and staff training and development as well as outcomes of regular reviews of quality clinical indicators. Quality indicator reports for the past quarter demonstrated a trend of falls as the biggest issue to be monitored and managed.

The service demonstrated effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints. Staff confirmed they could access the information they need to perform their roles which includes care plans, the electronic incident management system, online training and policies and procedures available on the service's online document storage system.

The service had policies and procedures to support the management of risk, this included high impact and high prevalence risks to consumers; abuse, neglect and incident reporting, and how consumers are supported to take risks. Staff demonstrated an understanding of consumers with high impact or high prevalence risks, who wished to take risks and when incidents occurred how these were reported and escalated.

A documented clinical governance framework was in place including policies for antimicrobial stewardship, the minimisation of restraint and open disclosure. Staff demonstrated knowledge of the policies and gave examples of how each is applied in the care of consumers. Management described how they used monthly clinical indicator reports to have oversight of incidents, restrictive practice, infections, and the use of antibiotics.

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-2)