Performance

Report

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| Name of service: | Performance report date: |
| Emmavale Gardens | 28 July 2022 |
| Commission ID: | Activity type: |
| 3549 | Site Audit |
| Approved provider: | Activity date: |
| Menarock Aged Care Services (Templestowe) Pty Ltd | 1 June 2022 to 3 June 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 Emmavale Gardens (**the service**) has been considered by Kathryn Spurrell, 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, and others
* the provider’s response to the Assessment Team’s report received 6 July 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 | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

* Requirement 5(3)(b) - The Approved Provider ensures the service environment enables consumers to move freely, both indoors and outdoors
* Requirement 7(3)(a) - The Approved Provider ensures 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
* Requirement 8(3)(e) - The Approved Provider ensures a clinical governance framework, including but not limited to antimicrobial stewardship; minimising the use of restraint; and open disclosure.

# 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 they are treated with dignity and respect, and their individual culture and beliefs are valued. Staff demonstrated understanding consumers’ backgrounds and described how consumers’ culture influenced the delivery of care and services. Care planning documents were personalised and reflected the diversity of consumers including information about their culture, religion, spirituality, vocation, relationships and interests.

Consumers and representatives said they are satisfied they are supported to exercise choice and independence when making and communicating decisions about care and who is involved in their care. Staff described how consumers are supported to maintain relationships with people who are important to them.

Consumers considered they are supported to take risks to enable them to live their best life. Staff provided examples of how consumers are supported to take risks. Care plans demonstrated a consistent approach to the identification, assessment and planning of risk taking.

Consumers and representatives stated they receive the necessary assistance and information to help make decisions about consumers’ care and lifestyle. Staff explained how information is provided according to consumers’ needs and preferences.

Consumers were satisfied care and services are provided in a way that respects their privacy. Staff described measures in place to protect consumers’ privacy, including knocking on consumers’ doors prior to entering and confirming the identity of representatives prior to sharing information with them. The Assessment Team observed that confidential information was securely stored.

# 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

Initial and ongoing assessments inform consumers’ care and service plans. Care documentation is individualised and identifies risks that inform the delivery of safe and effective care and services. The Assessment Team observed evidenced-based assessment tools built into the electronic care documentation system, including non-verbal pain assessments and falls risk assessment.

Care planning documentation described consumers’ needs, goals and preferences, including those relating to advance care planning, advance health directives and end of life wishes. Consumers were satisfied with assessment and planning processes.

Care planning documentation demonstrated that consumers and representatives are involved in assessment and planning of care and services, and health professionals and other services are involved where required. Staff stated consumers are referred to a range of health professionals and services and described how they are involved in consumers’ care.

Consumers and representatives are aware of the outcomes of assessment and planning processes. Staff said they communicate outcomes of assessments and planning through care plan conferences and directly to representatives. The outcomes of assessment and planning are documented in care plans and progress notes which are also accessible through the electronic care management system.

Consumers and representatives confirmed care and services are reviewed regularly and when consumers’ circumstances change, or incidents occur. Staff described the monthly review process and three-monthly care plan evaluation process, and described how incidents may trigger a reassessment or review.

# Standard 3

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| Personal care and clinical care | | 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. | Compliant |

## Findings

Consumers and representatives considered consumers receive safe and effective care that is tailored to their needs and optimises their health and well-being. Staff are guided by policies and procedures to provide best practice personal and clinical care to consumers. Care documentation identified timely and appropriate referrals to medical and other health professionals.

The service demonstrated risks including falls, skin integrity and pain are effectively managed. Staff described the high impact and high prevalence risks to individual consumers, and risk management strategies were reflected in care documentation.

Care planning documentation contained advance care plans and strategies to preserve consumers’ dignity as they approach the end of life. Staff described how care delivery changes for palliating consumers and policies and procedures were in place to support staff manage end of life care, including pain management and comfort care.

Care documentation evidenced changes in consumer’s care needs are recognised and responded to in a timely manner. Representatives are satisfied with the delivery of care including the recognition of deterioration or changes in consumer’s condition. Staff described how they identify and respond to deterioration or change in consumers’ condition.

Care documentation, case conference notes and progress notes included adequate information to effectively and safely share consumers’ condition, preferences and care needs. Staff described how changes in consumers needs are communicated within the organisation and with others where responsibility for personal and clinical care is shared.

The service had policies and processes to promote antimicrobial stewardship and prevent and control infection. Staff demonstrated knowledge of infection control practices and provided examples of the appropriate use of antibiotics.

# 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 felt supported to do the things they want to do and considered the service supported them to maintain their independence. Staff described how they safely support consumers’ preferences for daily living and care planning documentation captured who and what is important to each consumer to promote their well-being and quality of life. The Assessment Team observed equipment used for activities of daily living to be safe, suitable, clean and well maintained.

Consumers and their representatives provided examples of how consumers’ spiritual and psychological well-being was supported, which was confirmed by care documentation which included information about consumers' emotional, spiritual, and psychological well-being and strategies for staff to support them.

Care documentation included information about consumers’ interests, preferences, and personal relationships. Staff described how they support consumers to keep in touch with people important to them and participate in activities within and outside the service.

# Staff described how they share information when consumers’ condition, needs and preferences change. The electronic care management system shares consumer information with relevant staff and external providers where services and supports for daily living are shared. The Assessment Team observed brochures and resources available to support referral to external organisations.

# The service demonstrated meals provided to consumers are varied and of suitable quality and quantity and consumers reported they enjoy the food provided. Care planning documentation generally reflected the dietary needs and preferences of consumers.

# Standard 5

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| Organisation’s service environment | | Non-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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* The service environment:

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

The Assessment Team spoke with consumers and representatives who confirmed the service environment is safe, clean and well maintained, however advised that consumers rooms were locked when not in use. Cognitively competent consumers were provided with a key to access their rooms, while consumers with impairment could not freely access their rooms.

The Assessment Team identified impacts to consumers that included, consumers not being able to access personal bathrooms as needed, resulting in episodes of incontinence and an instance of lost keys and inability for the consumer to access personal space when desired.

Management explained consumers’ doors were locked to restrict wandering consumers from entering rooms, at the time of the Site Audit, management acknowledged the potential restriction issues, and the doors were unlocked.

The Approved Provider responded in writing on 6 July 2022 and further summarised action taken to ensure doors to consumers’ bedrooms remain unlocked unless consumers’ express otherwise. Safety and risk assessments have been completed for the 12 consumers who elected to have their doors locked during the day, restrictive practice authorisation forms have been reviewed and updated, and the consumers have been reviewed by allied health professionals to assess their capability to use their keys to unlock their door.

The Approved Provider has also completed follow-up consultation with consumers and representatives and conducted education sessions on restrictive practices. While I am satisfied the Approved Provider has taken action to provide free access to consumers’ room unless otherwise requested, and to ensure appropriate assessments and reviews are completed, at the time of the Site Audit consumers did not have unrestricted access to their rooms.

As such, I find the service environment did not enable consumers to move freely within the service and find Requirement 5(3)(b) is non-compliant.

I am satisfied that the remaining 2 requirements of Quality Standard 5 are compliant.

Consumers said they feel at home at the service and comfortable in the environment, the service encourages consumers to personalise their rooms which were observed to be clean and in good condition. The Assessment Team observed the indoor area to be safe and easy to move around, supported by wide corridors, hand rails and signage.

The Assessment Team observed furniture, equipment and fittings to be clean and well-maintained. Consumers said they feel safe when staff provide care using mobility equipment. Staff described the process for maintenance reporting and repairs. The Assessment Team reviewed the electronic maintenance request system which evidenced regular maintenance of the service environment.

**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 understood how to provide feedback and make a complaint and felt comfortable doing so. Staff proactively seek feedback regarding care being provided through the care planning review process, feedback forms, monthly meetings and surveys. The Assessment Team observed that meeting minutes invite feedback and noted feedback forms and mailboxes throughout the service.

Consumers and representatives were aware of other avenues to provide feedback and make a complaint and noted the brochures available at reception and the information in the consumer handbook. Staff had a shared understanding of advocacy and interpreter services and knew how to provide consumers with information on external complaint processes. Staff understood the open disclosure policy and how it relates to complaints.

Consumers and representatives said management respond appropriately to feedback and complaints and provided examples of how care had improved. Representatives confirmed verbal complaints are actioned immediately. Complaint data is reported monthly and discussed at governance meetings as part of the service’s quality monitoring process.

**Standard 7**

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| Human resources | | Non-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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* 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.

The Assessment Team spoke with consumers, representatives and staff who consider there are not enough staff at the service. Consumers described having to wait for assistance with toileting or call bell responses due to the service being short staffed, representatives noted an absence of lifestyle staff and an inability to make contact with staff over the weekend and staff described working at times, with insufficient staffing levels and noted staff do not always have time to engage in informal conversation with consumers.

In its written response of 6 July 2022, the Approved Provider advised it has conducted a review of call bell reports and updated its continuous improvement register to require weekly call bell monitoring instead of monthly and investigate call bell responses over 10 minutes. This is intended to help the Approved Provider monitor staffing levels, performance and compliance with policies and procedures. The Approved Provider noted some staff work mutually agreed extension shifts, and staff are provided with meals, transport allowance if needed, incentives and welfare checks by the service.

The Approved Provider advised of ongoing recruitment, with some new staff recently commencing including the vacant Lifestyle Coordinator position, and a fortnightly meeting between the General Manager People and Culture, Administration Manager and Residential Manager to monitor unfilled shifts.

I acknowledge the actions taken by the service to increase workforce numbers and reduce impacts to consumers, such as call bell response times. However, find the service did not demonstrate a sufficiently planned workforce, enabled to deliver quality and safe care and services at the time of the Site Audit. I find requirement 7(3)(a) is non-compliant.

I am satisfied the remaining 4 Requirements in Quality Standard 7 are compliant.

Consumers and representatives said staff are kind, caring and respectful in their interactions with consumers. The Assessment Team observed staff and consumer interactions to be kind and respectful, including through staff greeting consumers and stopping with what they are doing to assist consumers.

The Assessment Team observed recruitment processes and position descriptions set out minimum qualifications for all clinical, care and service roles. Management explained staff complete an induction process, initial and annual competency training and competency assessment to ensure they effectively complete their roles. Staff expressed confidence in their knowledge and competence and felt supported to ask for support if required.

Consumers and representatives consider staff know what they are doing and provide quality and safe care. Staff said they receive training on the Quality Standards, that annual mandatory training programs are undertaken, and they felt comfortable discussing training needs with management. Training records demonstrate most staff have completed their annual mandatory training.

The service evidenced that annual performance appraisals are conducted, in addition to daily observations and feedback and a 6-month probation review. The electronic care management system enables management to track performance reviews and other relevant information.

**Standard 8**

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| Organisational governance | | Non-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. | Non-compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* 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;

open disclosure.

The Assessment Team observed the service has a clinical governance framework in place, however identified issues relating to consumer’s freedom of movement within the service and access to personal rooms which was considered further under Requirement 5(3)(b). The Assessment Team found that while the service has policies on the use of restraint, the policies do not identify the different types of restraints and guide how to identify and minimise their use.

In its written response of 6 July 2022, the Approved Provider evidenced it has communicated with consumers and representatives regarding the locked doors and freedom of movement and that this will be further addressed with consumers and representatives at the next resident relative meeting.

The Approved Provider advised it has updated its policy on minimising the use of restrictive practices to provide guidance on the types of restraints and how to identify and minimise their use. The policy on High Risk Care has also been updated to include minimising the use of restrictive practices and recognise restrictive practices as a high impact, high prevalence risk.

The Approved Provider has conducted a staff education session on restrictive practice and recognising environmental restraints and reviewed and updated the Safety and Risk Assessment and the Restrictive Methods and Practices Authorisation forms.

I am satisfied the Approved Provider has updated policies and taken other action to ensure a shared understanding of the use of restraint. At the time of the Site Audit, however there were deficiencies in the governance systems and policy in relation to the use of restraint. I find Requirement 8(3)(e) is non-compliant.

I am satisfied the remaining 4 Requirements of Quality Standard 8 are compliant.

Consumers and representatives are involved in service improvements through monthly advocacy meetings, during care plan reviews, providing feedback directly to the consumer advocates, as part of monthly audits and through focus groups. Management described how it uses consumer and representative feedback, incidents and meetings to develop, deliver and evaluate care and services.

The service’s governing body is accountable for the delivery of care and services and promotes a safe, inclusive and quality-driven culture through monitoring and reviewing performance against the Quality Standards, reviewing its key performance indicators and implementing change arising from consumer feedback. The service demonstrated effective organisation wide governance systems to guide information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The organisation has policies and procedures that demonstrate risk management systems to support the management of high impact or high prevalence risks, identifying and responding to the abuse and neglect of consumers and supporting consumers to live their best life. Management identified the service’s main high impact and high prevalence risks and described its daily review of incidents and progress notes to identify consumers at risk or following an incident.

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)