Performance

Report

**1800 951 822**

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| Name: | Emmerton Park Aged Care Facility |
| Commission ID: | 8006 |
| Address: | 2-10 Seniors Drive, SMITHTON, Tasmania, 7330 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 18 October 2023 to 19 October 2023 |
| Performance report date: | 22 November 2023 |
| Service included in this assessment: | Provider: 622 Emmerton Park Inc  Service: 4979 Emmerton Park Aged Care Facility |

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 Emmerton Park Aged Care Facility (**the service**) has been prepared by L. Malone, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **Not Applicable as not all requirements have been assessed** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The service was found non-compliant with Requirement 3(3)(a) following a site audit from 23 August to 25 August 2022. At that time, the service did not demonstrate effective management of restrictive practices and did not accurately identify consumers prescribed a restrictive practice. Actions implemented in response to the deficits included updating relevant policies and procedures, staff training, changes to processes of obtaining informed consent, transition to an electronic medication and care management system, review of individualised behavioural support strategies, and improved monitoring of prescribed interventions. Management was able to describe how these actions had led to improvements in the quality of clinical and personal care delivered to consumers.

At recent Assessment Contact on 18 October to 19 October 2023, consumers and representatives were satisfied the care delivered is safe and effective, and that it meets the needs of the consumer. Representatives said they are consulted as appropriate to provide informed consent to interventions. Care staff described the use of restrictive practice to be in line with best practice, the organisation’s policies, and training objectives. Staff were able describe behavioural triggers and individualised supports for individual consumers, the use of alternative strategies and how restrictive practices are used as a last resort. The service maintains accurate documentation and regular monitoring of the use of restrictive practices for individual consumers. Consumer care file documentation demonstrated comprehensive assessment, informed consent, and individualised behavioural strategies for consumers with changed behaviours and who are prescribed a restrictive practice.

I have considered the evidence and find Requirement 3(3)(a) Compliant.

The service was found to be non-compliant with Requirement 3(3)(b) following a site audit from 23 August to 25 August 2022 as the service did not demonstrate effective management of high-impact or high-prevalence risks, specifically in falls management and monitoring for neurological complications post-fall.

Actions implemented to address the non-compliance included staff training including the management of unwitnessed falls and monitoring for post-falls complications, review of policies and procedures to ensure they guide staff in appropriate monitoring and audits of care.

At the recent Assessment Contact, the service demonstrated these actions had been implemented effectively and that high-impact, high-prevalence risks to consumer wellbeing were identified and prevented. Consumers and representatives were satisfied with the way the service manages risks and incidents and provided examples such as timely referrals to medical or physiotherapy for review following a fall. Staff were able to describe how they manage risk in line with policy such as monitoring a consumer for signs of head injury following a fall. Consumer care files documentation in the form of progress notes, monitoring charts, assessment and care planning information reflected information provided by staff and management and demonstrated effective management of high-prevalence, high-impact risks, and response to clinical incidents.

I have considered the evidence and I find Requirement 3(3)(b) Compliant.

# Standard 8

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| Organisational governance | |  |
| 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)(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

The service was found non-compliant with Requirement 8(3)(c) following a site audit from 23 August to 25 August 2022 due to deficits in governance systems related to information management and regulatory compliance.

The service implemented a range of actions to address the deficits found including reviewed and updated policies and procedures to align with legislative requirements for the use of restrictive practices and ensuring that these policies were available to staff. The service implemented a medication management system with improved documentation of the indication for the use of a restrictive practice.

At the recent Assessment Contact, management and staff described undertaking regular audits of care including post-falls management, and how these processes support safe and effective care to consumers. Staff were able to describe how policies were relevant to their role, the legislative requirements of restrictive practices and how they access relevant information. Management described how they maintain current information regarding regulatory obligations and described effective processes of communicating any changes to staff.

I have considered the evidence and I find Requirement 8(3)(c) Compliant.

The service was found non-compliant with Requirement 8(3)(e) following a site audit from 23 August to 25 August 2023 as effective clinical governance related to restrictive practices and antimicrobial stewardship. A range of actions to address the deficits found were implemented including the delivery of relevant staff training, review of the clinical governance framework to guide practice in the use of restrictive practices and antimicrobials, and redistribution of policies to staff.

The Assessment Team found these actions to be effectively embedded and that the service demonstrated a clinical governance framework which supports the delivery of safe and quality care to consumers. Staff were able to describe principles of best practice in use of restrictive practices and antimicrobial stewardship, and provided examples of how these relate to the care they deliver to consumers. Management described effective processes of monitoring the quality of clinical care and described how clinical data is captured and utilised to identify trends and improvement opportunities. The service engages consultant pharmacists to regularly review medication use at the service and has effective systems to monitor, review and minimise the use of restrictive practice and antimicrobials.

I have considered the evidence and I find Requirement 8(3)(e) Compliant.

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