Performance

Report

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| Name of service: | Emmy Monash Aged Care |
| Service address: | 518 -526 Dandenong Road CAULFIELD NORTH VIC 3161 |
| Commission ID: | 3037 |
| Approved provider: | Emmy Monash Aged Care Inc |
| Activity type: | Site Audit |
| Activity date: | 19 June 2023 to 22 June 2023 |
| Performance report date: | 28 July 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Emmy Monash Aged Care (**the service**) has been prepared by G-M. Cain, 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.
* other information and intelligence held by the Commission in relation to the service.Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said consumers were treated with dignity and respect, and staff were aware of consumers’ individual identities, cultures, and personalities, with staff considering this while delivering care and services. Consumers spoke of staff ‘understanding and respecting who we are, especially our culture, where we come from and our background’. Staff demonstrated knowledge of individual consumers, and described how they treated consumers with dignity and respect. Care planning documents identified consumers history, personal preferences, identity, and cultural practices.

Consumers and representatives said care and services were delivered in line with consumers cultural needs and preferences. One consumer who converses in Russian described how staff had learnt some Russian phrases to support communications. Staff were aware of consumers diverse cultural backgrounds and explained how they delivered culturally safe care and services.

Consumers and representatives said they were supported to make and communicate decisions about their care, including who should be involved, and were able to maintain relationships of choice. Staff explained how they supported to consumers to exercise choice and independence, and maintain connections and relationships.

Consumers said they were supported to take risks to live life on their terms. Staff were aware of consumers choices, and described how they supported consumers to do things with an element of risk. Care planning documents evidenced dignity of risk assessment and discussions with consumers, representatives, and providers of care to support decisions in relation to identify risks. Care plans evidenced the implementation of risk mitigation strategies.

Consumers and representatives advised consumers were provided up to date information which assisted them to make decisions. Staff explained how they provided information to help consumers make informed decisions, such as announcements over the public address system. Information was observed throughout the service environment to support consumers in making decisions.

Consumers and representatives considered consumers privacy was respected by staff, and personal information was kept confidential. Staff described how they maintained the confidentiality of consumers personal information, which aligned with observations. Staff were observed respecting consumers privacy, such as knocking on a consumer’s door before entering; and staff had completed a Privacy and Dignity training module.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives considered risks associated with consumers health and well-being were appropriately identified and managed. Staff described the assessment and planning processes, including the 3 monthly care plan and assessment review, to identify risks to consumers health and well-being. Care planning documents evidenced risks were identified and assessed in consultation with consumers, representatives, and other providers of care, with risk mitigation strategies documented to guide the delivery of care and services.

Consumers and representatives said they had discussed consumers’ needs, goals, and preferences, including end of life wishes with staff. Care planning documents demonstrated consumers current needs, goals, and preferences were identified and addressed with strategies listed, including advance care and end of life planning.

Consumers and representatives said they were involved in the ongoing assessment and planning of consumers care and services, and included others they wished to involve, such as other health professionals. Staff described how they involved consumers, representatives, and other providers of care in assessment, planning, and review of consumers care and services. Care planning documents demonstrated consumers and others were involved in ongoing assessment and planning processes, consistent with feedback. Observations showed, the dietitian reviewing individual consumers care documentation and consulting with clinical staff, consumers and representatives.

Consumers and representatives said they were provided a copy of the care plan, as observed. Staff explained how they communicated information and updates to consumers care plans through verbal and documented handover processes.

Consumers and representatives said consumers care and services were regularly reviewed, including when consumers circumstances changed or incidents impacted on the needs, goals, or preferences of the consumer. One consumer representative spoke of ‘being well informed’. Staff advised consumers care and services were reviewed for effectiveness every 3 months, or when circumstances changed, as care planning documents demonstrated.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives said consumers received personal and clinical care which was safe, effective, tailored to their needs, and optimised consumers’ health and well-being. Staff demonstrated knowledge of consumers' personal and clinical care needs and how they meet these. For example, the importance of monitoring and documenting consumers' changed behaviours and using non-pharmacological strategies before using psychotropic medication. Care planning documents demonstrated consumers received safe, effective care, tailored to specific needs and preferences, and included input from specialists to support best-practice care. Consumers subject to restrictive practices were assessed and managed in accordance with requirements set out in the Quality-of-Care Principles, including having behaviour support plans in place. The service had policies, procedures, and guidelines to support the delivery of best-practice care.

Consumers and representatives considered the service effectively managed high-impact, high-prevalence risks associated with the care of consumers, with strategies to mitigate risk. Staff explained how they minimised individual risks to consumers. Care planning documents demonstrated high-impact, high-prevalence risks were assessed and monitored, and risk mitigation strategies were implemented. The service utilizes an electronic incident management system, and incident reports are generated following an incident such as the identification of a pressure injury, with appropriate assessments such as skin integrity are reviewed and updated accordingly.

Management and staff described how the delivery of care and services changed for consumers nearing end of life, and how they supported consumers dignity and comfort. For example, staff said they liaised with the medical officer, palliative care services, consumers and representatives to support consumers’ needs and preferences. Care planning documents contained relevant palliative care information to support the needs, goals, and preferences of consumers.

Consumers and representatives considered deterioration or changes in consumers condition, health, or ability were identified and responded to in a timely manner. Management and staff described the processes in identifying, and reporting changes in consumers. Care documentation reflected the identification of, and response to, deterioration or changes in their condition, including referral to the medical officer or transfer to hospital if appropriate.

Consumers and representatives were satisfied that consumers' care needs and preferences were effectively communicated among staff. Care documentation demonstrated that progress notes, care and service plans, and handover reports provide adequate information to support the effective and safe sharing of consumer information. Staff described how consumer care and service changes are communicated in the service's electronic care documentation system and at shift handover.

Consumers have access to relevant health professionals, and referrals are timely, appropriate and occur when needed. Care documentation indicated the input of other health professionals, such as medical officers, dietitians, and specialist services.

The service has documented policies and procedures to support minimising infection-related risks, including an outbreak management plan and antimicrobial stewardship. Clinical staff understood the principles of antimicrobial stewardship, including minimising the use of antibiotics through non-pharmacological strategies used when possible and ensuring appropriate antibiotic usage. The service had an appointed Infection Prevention Control leads, and staff demonstrated an understanding of key infection control practices.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said they were supported to do things of interest, which optimised their health, well-being, and quality of life. Staff demonstrated knowledge of consumers’ needs, goals, and preferences, and outlined ways they supported consumers. Consumers were observed engaging in activities to support the diverse needs and preferences of consumers.

Consumers considered they received services and support which met their emotional, spiritual, and psychological needs. Staff said they knew consumers well, and if they noticed changes in the consumers condition, they would provide emotional support. Staff described how they supported consumers emotional and spiritual needs, with strategies and services outlined in care planning documents.

Consumers advised they were supported to participate in their community within and outside the service environment, have social and personal relationships, and do things of interest. Staff explained how the service supported consumers social participation and to do things of interest, for example, partnering with a local primary school program. Care planning documents included information about consumers interests, activities, social and personal relationships, and ways to support consumers.

Consumers and representatives considered information about consumers was effectively communicated. Staff described how they communicated information about consumers condition, needs, and preferences through verbal and documented processes.

Consumers said, and documentation confirmed consumers received timely and appropriate referrals for individuals, organisations, and providers of other care and services.

Consumers reflected meals were of satisfactory quality and quantity. Management and staff explained consumers feedback, cultural, spiritual, and individual dietary preferences were incorporated into the menu and provision of meals. Staff said consumers were able to request alternative meals if current offerings were not to their preference.

Management explained equipment was assessed to determine suitability for consumers, and explained the processes and systems in place to maintain the safety and cleanliness of equipment. Equipment used to support consumers engagement with activities of daily living was observed to be safe, suitable, clean, and well maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said the service environment was welcoming, and consumers felt at home. Management and staff explained how they supported consumers to feel at home, such as encouraging consumers to decorate their rooms with personal belongings, as observations confirmed. The service environment had common areas, various rooms, and facilities for consumers to use and socialise with others. The service environment was well-lit, with clear signage available to assist consumers and visitors with navigation.

Consumers and representatives said the service environment was clean, well maintained, and comfortable, and consumers were able to freely move indoors and outdoors. Staff explained the systems and processes in place for maintaining the service environment, furniture, fittings, and equipment, including reactive and preventative maintenance. Documentation confirmed cleaning was performed and up to date in line with schedules, with reactive and preventative maintenance completed. The service environment was observed to be clean and well maintained. Consumers were observed freely moving around the service environment.

Consumers said the service's furniture, fittings, and equipment are clean and well-maintained. The service had a scheduled preventative maintenance plan with specialist contractors in place where required. Observations showed that furniture, fittings, and equipment were clean and well-maintained.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they were supported to provide feedback and make complaints. Staff described how they encouraged and assisted consumers and representatives provide feedback or complaints, such as through feedback forms.

Consumers and representatives said consumers were aware of other complaints resolution pathways, such as advocates and language services, to raise and resolve complaints. Management and staff demonstrated knowledge of and described how they would access advocacy and language services to support consumers.

Observations showed noticeboards displaying information on advocacy services, feedback forms, and collection boxes were available for consumers and representatives to submit forms. Information was available in a variety of languages.

Consumers and representatives said when complaints were provided or things went wrong, appropriate action was taken in a timely manner to resolve matters, with staff using an open disclosure approach. Management and staff demonstrated knowledge of open disclosure principles, such as communicating in an transparent manner, providing an apology, and implementing strategies to minimise reoccurrence.

Consumers and representatives provided examples of how their feedback, or previous complaints were reviewed and used to make changes to care and services. Management said feedback and complaints were analysed to identify trends and improvements in the quality of care and services. Documentation, such as the service’s plan for continuous improvement demonstrated feedback and complaints were reviewed and used to improve the quality of care and services, with open disclosure implemented.

# 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

Consumers and representatives considered there were enough staff available to meet their needs. Management explained the workforce planning and management processes in place, including accounting for unplanned leave, to enable the delivery of safe, quality care and services. Documentation and observations demonstrated consumers’ calls for assistance were answered in a timely manner.

Consumers and representatives said staff treated consumers with dignity and respect, and were considerate towards consumers’ needs, which aligned with observations. Staff were guided to provide appropriate care, with respect to consumers’ identity, culture, and diversity through training, resources, policies, and procedures.

Management explained workforce competency was determined in various ways, such as recruiting appropriately qualified and knowledgeable staff, providing training and education, and staff competency checks. Documentation demonstrated staff had the appropriate knowledge, qualifications, and registrations consistent with position descriptions.

Staff advised they were supported in their roles through ongoing training and resources, and documentation confirmed staff training was up to date. Staff were provided training and education covering various topics relevant to the Quality Standards, such as incident reporting, dementia care, and antimicrobial stewardship.

Management explained the workforce was regularly assessed, monitored, and reviewed for performance on an annual basis. Overall, documentation demonstrated performance appraisals were up to date, with an action plan in place to address overdue appraisals. Policies and procedures were in place to guide performance management.

The service has a suite of documented policies and procedures which guide the management of the workforce, the selection and recruitment of staff, orientation, and probationary processes, monitoring of staff performance and the performance management of staff when issues are identified in performance.

# 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

Consumers and representatives advised they were engaged in feedback processes concerning care and services through various mechanisms, such as feedback forms, consumer and representative meetings, the consumer advisory body, and direct feedback to management. Management described how consumers were involved in the design and delivery of services, and provided examples of improvements driven by consumer feedback, with documentation confirming consumers involvement.

Management explained the governing body demonstrated accountability for the delivery of safe, inclusive, quality care and services in several ways, such as clear organisational reporting lines, various subcommittees, and audits. Management said, and documentation confirmed the governing body received and reviewed reports detailing the services performance, to identify wider trends and drive improvements. The board met monthly discuss the service’s performance, with documentation demonstrating discussion of matters such as clinical indicators, audit results, quality initiatives, and incidents.

Organisation wide governance systems were effectively supported by policies, procedures, training, audits, and reporting mechanisms, relating to: information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. For example, financial governance was supported by effective financial management and reporting systems, a planned budget, with mechanisms in place to support emerging changes of the consumer cohort.

Effective risk management systems and practices were in place to manage high-impact, high-prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live their best life, managing and preventing incidents. Risk management was supported by clear organisational reporting and escalation processes, policies and procedures, training, review and evaluation mechanisms. Management and staff described how they would identify and respond to risks, including allegations of abuse and neglect, and mandatory reporting requirements. The service’s incident management register identified appropriate and prompt reporting of incidents under the Serious Incident Response Scheme.

The clinical governance framework was supported by policies, procedures, training, reporting, review and evaluation mechanisms. Management and staff provided examples relevant to their role, and outlined the processes in place and training provided for antimicrobial stewardship, minimising the use of restraint, and using open disclosure. Management explained the governance strategies to support the delivery of safe, best practice, and consumer focussed clinical care, such as review of clinical reports, medication incidents, clinical education programs, and clinical alerts.

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)