Estia Health Forster

Performance Report

105 The Southern Parkway
Forster NSW 2428
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**Commission ID:** 0837

**Provider name:** Estia Investments Pty Ltd

**Assessment Contact - Site date:** 9 July 2020

**Date of Performance Report:** 13 August 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
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| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(b) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(d) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site 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 Contact - Site report received 22 July 2020.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Overall sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

The organisation has a culture of inclusion, consumers are treated with dignity and respect. Consumers are encouraged to do things for themselves and staff know what is important to them. Consumers personal privacy is respected.

The Assessment Team did not assess all requirements, as such no overall rating for the Standard is provided.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

The Assessment Team provided information that consumer feedback and examples provided by staff indicate that care and services are being delivered in a culturally safe manner. In addition, the service has implemented policies around diversity and culturally appropriate care. The Assessment Team acknowledged education on this topic has commenced and is an ongoing component of the education program.

The staff said that they respect all consumers as individuals, that consumers all have their own individual needs, and because of this they (staff) feel they are providing service that is culturally safe for all consumers of all different backgrounds.

I find this requirement compliant.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

The service has systems and processes to ensure assessment and planning occurs and includes consideration of risks. Assessment and planning inform the development of care plans that direct the delivery of safe and effective services, this includes advanced care planning.

The Assessment Team did not assess all requirements, as such no overall rating for the Standard is provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(d) Compliant

*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.*

The Assessment Team provided information that all consumers have a care and services plan that is accessible to staff, consumers also have ready access to their care plan at any time.

#### Management provided evidence all consumers have been offered a copy of their care plan, a letter was sent to each consumer/rep and this has been signed to acknowledge they are aware they can access the care plan at any time and returned to the clinical director. The clinical director said this will be an ongoing process for all new consumers to the service.

Care staff said they would refer anyone asking for their care plan to the registered nurse. The registered nurses said they are able to print and discuss care plans with their consumers and representatives at any time.

I find this requirement is compliant.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

The service has policies and procedures to guide staff practice in providing clinical and personal care that is tailored to their needs and preferences.

Staff demonstrated they have access to relevant clinical information and they are able to share this information with allied and medical health specialists. Referrals occur in a timely manner and consumers with changing conditions are recognised and responded to in a timely manner.

The Assessment Team did not assess all requirements, as such no overall rating for the Standard is provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

The Assessment Team provided information that consumers are receiving personal and clinical care that is best practice, tailored to their needs and optimises their health and wellbeing. Most consumers interviewed said they receive the care they need in a timely manner and the way they prefer. They said staff know what they are doing, and they are confident they are receiving the care they should be getting.

Care staff interviewed were able to describe individual strategies used to assist the consumers sampled to maintain their health and wellbeing, such as assistance with eating and drinking, assistance with personal hygiene and mobility.

Registered nurses advised they refer consumers to medical officers for follow-up and referral to other specialist medical services when required.

I find this requirement is compliant.

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

The Assessment Team provided information that consumers needs, goals and preferences regarding end of life care are recognised and respected, care is provided to maximise their comfort and dignity.

Care staff were able to describe the way they deliver comfort care to consumers who are approaching the end of their lives.

The registered nurses said they develop close communication with the consumers next of kin/nominated representative to keep them informed and offer support, they said they manage the administration of pain-relieving medications and notify the medical officer if there is a need for review.

I find the requirement is compliant.

### Requirement 3(3)(d) Compliant

*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.*

The Assessment Team provided information that consumers who experience a change of condition have their needs recognised and responded to in a timely manner. For the consumers reviewed care notes show consumers who have changes in condition or who are deteriorating are recognised, and the response is generally timely and appropriate.

Consumers and representatives said they are kept informed if there are changes in a consumer’s condition.

The registered nurses and the care coordinator said they discuss any changes in condition with the consumers substitute decision maker and any decision made to transfer to hospital is done in consultation where possible.

I find this requirement is compliant.

# STANDARD 4 Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers are able to provide staff with knowledge about themselves as individuals, this information is then used to develop ongoing plans to assist consumers to optimise their independence, health, well-being and quality of life. Consumers are supported to participate within the community, have social and personal relationships and are assisted to do things of interest to them.

The Assessment Team did not assess all requirements, as such no overall rating for the Standard is provided.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

The Assessment Team provided information that consumers are able to provide staff with knowledge about themselves as individuals, this information is then used to develop ongoing plans to assist consumers to optimise their independence, health, well-being and quality of life.

Staff were able to demonstrate and provide detailed information about consumers likes and dislikes.

The leisure and lifestyle staff advised they the service has three activities calendars running in the service at once to give the consumers a variety if choice of the activities they would like to attend.

I find this requirement is compliant.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

Documentation reviewed identified that new systems have been implemented by the organisation as a result of consumer feedback from consumer surveys, resident meetings and internal audits held in January 2020. Plans to improve quality care and services have been implemented, however are yet to be evaluated.

The Assessment Team did not assess all requirements, as such no overall rating for the Standard is provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

The Assessment Team provided information that the governing body promotes a culture of safe, inclusive and quality care and services.

Management interviews and documentation reviewed identify changes made in the last six months as a result of consumer feedback from consumer surveys, resident meetings and internal audits held in January 2020. Plans to improve quality care and services have been implemented.

The service has established systems for the monitoring of audits, actions plans and ensuring the findings of audits and feedback are logged and actioned where required in the PCI. A Quality Management System (QMS) tracker has been developed and implemented on 29 April 2020 to monitor the clinical audit system on a monthly basis.

Education has been provided to key staff to ensure auditing skills are consistent and understood. Plans are in place to ensure new RNs will also be trained to undertake the monthly audits. The organisation’s policies and procedure guide the service’s continuous improvement processes

I find this requirement is compliant.

### Requirement 8(3)(c) Compliant

*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.*

The Assessment Team provided information that the organisation was able to demonstrate it generally has effective organisation wide governance systems.

A review of staffing and staff practices over the last six months has been undertaken by the organisation to support the service in managing their governance systems. Staff interviewed stated that they could readily access the information they need to provide care and services to consumers.

The organisation has invested in information technology to promote cross collation of information regarding the consumer. It has processes to ensure limited access is given to relevant stakeholders and all computers are password protected.

The recently implemented QMS system will enable results of audits, feedback, complaints, incidents/accidents to be communicated to consumers and staff via resident and staff meetings and PCI displayed in the staff room.

Interviews with management, meeting minutes and reports indicate that the organisation has financial governance systems in place.

The service has processes to ensure skilled or qualified staff carry out specific care planning activities as required by relevant legislation.

Consumers and representatives interviewed said they know how to make a complaint and felt comfortable in doing so.

I find this requirement is compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.